Printed: 07/22/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER Aperion Care Chicago Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 490 West 16th Place Chicago Heights, IL 60411	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	PEFICIENCIES and by full regulatory or LSC identifying information)	
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and neglect by anybody. **NOTE- TERMS IN BRACKETS H Based on interview and record review who were identified as being at risk failure effected 3 of 3 (R2, R5, R19). Findings include: R2 R2 was admitted on [DATE] with a legal blindness, and deaf nonspeal R2's progress note dated 5/23/21 a noted with swelling to right eye. Unevidence of pain exhibited by residence of	diagnosis of schizophrenia, moderate king. at 0600 documents by V23 (nurse): Du nable to open eye. Redness and irritatio	ONFIDENTIALITY** 39340 e policy by not ensuring residents, acks and physical abuse. This intellectual disabilities, epilepsy, ring round this morning, resident on noted under right eye. No s redden and swollen. ree which indicates moderate risk esident has history of n. 5/21 documents: Resident scored a d to integrate into the peer gestures (score 0-5). In his room with right eye swelling leaf and legally blind and unable to

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 1 of 24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
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Aperion Care Chicago Heights		490 West 16th Place	TO CODE
		Chicago Heights, IL 60411	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0600 Level of Harm - Minimal harm or potential for actual harm	R2 facility reported incident final report dated 5/28/21 documents the allegation of abuse cannot be substantiated. Basing on investigation and observation R2 was seen hitting himself on different occasions and does have history of banging his head and significant scratching. Through investigation and chart review indicates R2 has history of self-harming behaviors when responding to internal stimuli.		
Residents Affected - Few	R2's progress note dated 5/28/21 documents: R2 alert and oriented x1. Due to resident's confusion, disorientation and difficulty communicating, resident was unable to describe the cause of the swelling and redness to his eye. Based on the investigation and observations R2 was seen hitting himself on different occasions R2 has a history of self-harm i.e banging his head and significant scratching. R2 has received a room change to be closer to the nurse's station to provide increased staff supervision.		
	On 6/23/21 at 4:34 pm, V7 (PRSD) said she did not observe any care plan interventions related to self-harm behaviors prior to 5/23/21. V7 said she has not observed R2 exhibiting any self-harm behaviors but behavior was reported to her by unknown staff.		
	R2's progress note dated 5/23/21 documents: Resident noted with the marked reddened swelling early this morning. Resident does have the history of self-harm. Resident's roommates reporting resident with self-harm and occasionally observed doing this to self.		
	On 6/16/21 at 1:05PM, R7, R8 and R9 who were R2's roommate at time of incident all denied observing self-harm behaviors for R2. All said they were unaware of what happened to R2.		
	On 6/24/21 at 11:20AM, V31 (MD) said he was unaware that R2 had any self-harming behaviors. V31 said he saw R2's injury via tele visit and reported it looked pretty bad. V31 said he requested R2 go to hospital for evaluation to ensure no severe injuries. V31 said unable to determine if R2's injury were self- inflicted and if self-inflicted he should be seen by psychiatrist for follow up.		
		NP) said she was unsure if R2 had an es if she was made aware of any beha	
	of self-harm and did not believe an	istrator) said they were unsure what ca yone hit/struck R2. V1 was asked to pr nted with only progress notes from 9/2	ovide documentation of self-harm
	R2's progress note dated 9/22/202 forehead. R2 was sent out via petit	0 progress note documents resident se ion for psychiatric evaluation.	elf-inflected laceration to his
	, ,	0 documents: Hospital staff reported nable to collaborate the petition. R2 retu	
	(continued on next page)		

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's local hospital record dated 5/2 group of people, per residents at hR2 is legally blind. Under physical and left side of face. Right side of tRight eye is swollen shut. There is and did not show signs of understars R5 R5 was admitted with the diagnosis for mental status dated 5/10/21 doc Abuse/neglect screening dated 2/2 based on history and current obseron 6/22/21 at 1:05pm, V11 (nurse) her. On 6/22/21 at 2:40pm, V13 (mentator of the incomplete of the	23/21 documents: Per Emergency med ome yesterday night. R2 has swollen ri exam: traumatic skin with scratch mark he face with ecchymosis and purple br moderate amount of periorbital edema anding through American sign languages of Paranoid Schizophrenia and other cuments a score of ten which indicated to documents: R5 presents with a moderation from staff. I said, I saw R5, who had bruising around the latter than the strator) said, it was reported that R5 too cident. I was unable to substantiate the latter to take R4's glasses. I heard R4's roof e eye. R4 claimed R5 stole his glasses a but did not see the incident. R5 has n	ical service, R2 was assaulted by a ght orbit with eye lid closed shut. It is and red bruising to the forehead uising localized around the eye. In R2 was unable to provide history or attempts to sign himself. In psychotic disorders. Brief interview moderate impairment. It is an advantage of the provide history and the eye around. R5 said, R4 hit white hit by R4. I saw R5's black eye. In R4 kR4's glasses. R5 said, R4 hit her. abuse allegation. In cursing R5 out. In talking to R18. R4 told R5 to get abuse a R4 denied hitting R5. I saw R5 ever reported anyone hitting her In show R5 was abused, when the eyer said, anyone hit her before. In the MHT behavior sheet, it's an abuse of the left eye. R5 said, a male which she claims of not having. He	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bloody nose. R5 said, another residence Social service assessment dated [I-Resident to Resident. R5 was pure Care plan initiated 8/24/20 document present mental health diagnosis. In immediately. Care plan dated 1/29/20 document Schizoaffective Disorders related to (5/3/21): I exhibited physical aggree Police report dated 5/3/21 document reported being in her assigned rook R5 with a closed fist in the right eye. Final Abuse Investigation dated 5/8 reported, going into R4's room to slaid on the bed and thirty-forty five R5 in the face. R5 was noted with history of verbal and physical aggree Facility abuse prevention and reported from abuse, neglect, misapproof injury, unreasonable confinement anguish. It includes verbal abuse, abuse, means the individual must be injury or harm. R19 R19 was admitted to the facility on disorder, hypertension, intellectual R19's abuse and neglect screening history /recent mistreatment and/or mouth. R19 said he was bleeding a of incident. R19's progress note dated 4/29/21 in the hallway, asked what happen	nts: R5 was the victim of a battery. R4 m when R4 entered her room accusing e and the bridge of her nose. 6/21 documents: Both R5 and R4 were peak with the roommate but walked baminutes later R4 came into R5's room a bruised left eye and complain of discression. rting policy revised 1-22-19 documents oppriation of resident property and exploint, intimidation or punishment with resu sexual, physical and mental abuse. Will have acted deliberately; not that the incomplaint in the property in the property in the property and exploint in the property and mental abuse. Will be provided the property in the property and the property in the property	she was in her room. essment: Physical Altercation ated to psychiatric history and/or fabuse or neglect to administrator aggressive related to ted people in my living area. was the offender. Narrative: R5 R5 of taking his glasses. R4 stuck alert and oriented times three. R5 ick out. R5 went back into her room, asking about his glasses. R4 struck omfort to eye and nose. R4 has a Exception: Residents have the right to be itation. Abuse is the willful infliction liting physical harm, pain or mental liful, as used in this definition of dividual must have intended to inflict chizophrenia, major depressive which indicates a high likelihood for elated to mistreatment. ew said R1 punched him in the aid he was scared and sad at time reggressive towards by another peer appened, he told writer I did not

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F 0600 Level of Harm - Minimal harm or potential for actual harm	R19 was observed with swelling to	rt dated 4/29/21 documents residents were engaged in physical altercation. to upper lip and abrasion inside of upper lip. Under summary of evidence: nd struck him in the face. R1 reported R19 calling him names in Spanish	
Residents Affected - Few	On 6/24/21 at 1157, V1 (administra she did not feel that R1 was trying t	tor) said the abuse was not substantia	ted between R19 and R1 because
	Facility abuse prevention and repor free from abuse, neglect, misappro of injury, unreasonable confinemen anguish. It includes verbal abuse, s abuse, means the individual must h injury or harm. Local police report dated 4/29/21 de hallway when one of them struck th R1. R19 reported he was standing	ting policy revised 1-22-19 documents priation of resident property and exploit, intimidation or punishment with resultexual, physical and mental abuse. Will have acted deliberately; not that the indecuments: V2 (DON) reported that R1 are other with a closed fist. V2 identified in the hallway with R1 joking around woved his mask and showed me the inju	tation. Abuse is the willful infliction ting physical harm, pain or mental ful, as used in this definition of ividual must have intended to inflict and R19 had been standing in the the victim as R19 and the offender hen R1 punched him with his right

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F 0689	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.		les adequate supervision to prevent
Level of Harm - Immediate jeopardy to resident health or safety		HAVE BEEN EDITED TO PROTECT CO	
Residents Affected - Some	Based on interview and record review, the facility failed to supervise smoking breaks to ensure residents properly dispose of smoking material and failed to ensure residents identified as supervised smokers are not in the procession of smoking contraband. These facility failures apply to 5 of 5 (R6, R10, R11, R12 and R13) residents reviewed for unsafe smoking in a sample size of sixteen.		
	As a result, on 6/14/2021 R6 who is assessed as an unsafe smoker could possess smoking materials and smoked in an unauthorized smoking area (resident room) and started a fire in the room with his roommate (R2).		
	This was identified as immediate jeopardy situation that began on 6/14/21 and was removed on 7/1/21. V1 (administrator) was informed of the immediate jeopardy on 6/25/21. While the immediacy was removed on 7/1/21, the facility remains out of compliance at a severity level two until the facility can evaluate the effectiveness of staff training for monitoring residents at risk for unsupervised smoking and disposal of smoking material.		
	Findings include:		
	R6		
	mental status dated 5/31/21 docum Safety Risk assessment dated [DA items and panhandles for smoking smoking material. Behavior note da couldn't sleep and why should any R6's room. Fire noted on R6's bed about the facility policy on smoking documents: R6 set fire to bed. Beh self or others. Transfer form dated	s of Schizoaffective Disorders and Homents: R6 has a score of fifteen which in TE] documents: R6 had a minimal probamaterial. R6 requires supervision with ated 6/14/21 documents a fire was note one else. Initial Reportable dated 6/14/2 sheets. Care plan dated 5/21/21 documents: locations, times and safety concerns. avior changes: Verbal aggression (curs 6/14/21 documents: Reason for transfebehaviors. Census dated 6/9/21 documents.	ndicated cognitively intact. Smoking olem begging, borrowing, trading smoking and is not able to store and in R6 room. R6 said, if he 21 documents: Smoke coming from ments R6 is a smoker, instructed Change in condition dated 6/14/21 sing and screaming) and danger to ber: behavior symptoms (agitation
	On 6/16/21 at 1:23pm and 1:29pm East/West wing patios during a sm	, multiple cigarette butts/buds were obs oking break.	erved on the ground on the
		tenance Director) said, it was a small fi ackened area on the bed frame and floo icken area is from the fire.	
	(continued on next page)		

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 6/17/21 at 3:57pm, R6 who was smoking a cigarette in my room. It lit. I must have dropped some ashe few minutes later I heard staff yell if was burnt. I save the cigarette and On 6/16/21 at 4:19pm, V4 (Certifier and melting to the floor. The fire [N verbal and physical aggressive behavior of the fire, the smoke was too R6's mattress was burnt. The fire of fire. Fire Department report dated (6/14 R6's room. The mattress burned at Smoking Safety Policy dated 11-28 facility will designated area for app smoking material in his/her posses smoking products, matches and lig R13 R13 was admitted with the diagnos mental status dated 4/12/21 docum Risk assessment dated [DATE] docorientation to understand the facility smoking in unauthorized areas or of the facility smoking policy, requires 6/15/21 documents: R13 was cauge to smoke that kind of thing again. Fin passing R12 a lit joint to. Care plar (bedroom) on 1/21/21 and 4/28/21. Intervention: R13 requires supervisibehavior occurs address, counsel as Smoking in an unauthorized area: Smoking in an unauthorized area.	s assessed to be alert and orient to per valked to my bathroom to put the cigare so as I walked back from the bathroom. The bed sheets lighter, I found on the ground during so d Nursing Assistant) said, I put out the AME] was on the covers that was partle aviors before the fire. said, there was a fire on the foot portion thick to see into the room and we were department said, the fire was set on pure at the foot end. R6 reported, he was smooth the foot end. R6 reported, he was smooth to the foot end. R6 reported, he was smooth to the foot end. R6 reported, he was smooth to the foot end. R6 reported, he was smooth to the foot end. R6 reported, he was smooth to the footh end. R6 reported, he was smooth to the footh end. R6 reported, he was smooth to the footh end. R6 reported, he was smooth to the footh end. R6 reported, he was smooth the footh end. R6 reported, he was smooth the footh end. R6 reported, he was smooth the sacre of the sacre o	rson, place and time, said, I was ette out but it must have still been. I walked out of my room, then a sand the tile under the bed sheet moking break to smoke later. fire. The bed sheets were on fire y on the floor. R6 was exhibiting. In of R6's bed. R2 was in the room not able to reach R2. A portion of rpose based on the location of the facility reported furniture burning in oking in the room. ealthy living environment. The ealthy living environment. The facility restrict access to some sons. The facility restrict access to type. R13's brief interview for oderately impaired. Smoking Safety with general awareness and sing injury to self or other from has a severe problem with following moking material. Nursing note dated king weed. R13 was redirected not so R13 was caught in R12's room smoked in an unauthorized area in another resident's room. tored in the activity room and if ate smoker form dated 6/15/21: n.

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Smoking Safety Policy dated 11-28 facility will have a designated area keeping smoking material in his/her access to smoking products, match R12 R12 was admitted with the diagnos 5/27/21 documents a score of fiftee dated [DATE] documents: R12 requ Social service note dated 6/15/21 d marijuana. Inappropriate smoker fo automatic three day ban. Care plan room. Intervention: Notify the nurse On 6/22/21 at 4:10pm, V15 (PRSC from room AAA. I knew it was weed to R12. We took the joint and put it confiscated the lighter. On 6/23/21 at 12:52pm, R12 who we elaborate on smoking in the room of Smoking Safety Policy dated 11-28 facility will have a designated area keeping smoking material in his/her access to smoking products, match R10 R10 was admitted with the diagnos documents R10 was observed recewill not smoke without supervision. score of thirteen which indicates coobserved smoking in another reside R10 has a minimal problem with ge causing injury to self or others from following the smoking policy and a smoking material. R10 requires sup On 6/17/21 at 10:41am, ashes were Two dark brown cigarettes butts, fix observed on the floor.	i-12 documents: To provide safe and happroved for smoking by resident. The possession for health, safety and section which indicated cognitively intact. Social services are immediately if it's suspected R12 violations, said, I smelled what smelled like weed based on the smell. I walked in the root. R12/R13 would not tell me where was assessed to be alert and orient to provide and ighters for person deemed unsured to the smell. I walked in the root. R12/R13 would not tell me where was assessed to be alert and orient to provide and the smell in the root. R15/21 or where the smoking parapharation of the smell in the root. R15/21 or where the smoking parapharation is of Schizophrenia. Social service looking smoking parapharation of the smell interview for mental status dated ignitively intact. Social service note datent's room. Smoking Safety Risk assessing smoking in unauthorized area or care moderate problem with trading, borrow pervision with smoking and is not able to the light beige cigarettes butts with white all Health Tech), said, I saw five to six of all Health Tech), said, I saw five to six of the light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of free light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of free light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of free light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of free light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of free light beige cigarettes butts with white all Health Tech), said, I saw five to six of the same and the smell of the same and the smell of free light beige cigarettes butts with white all the same and the	ealthy living environment. The facility prohibits resident from urity reasons. The facility restricts safe. erview for mental status dated moking Safety Risk assessment not able to store smoking material. It of accepting a lit joint of thorized area: Smoking drugs ught smoking marijuana in his ated the smoking policy. ed (THC/marijuana/ joint) coming nom and caught R13 passing a joint they got the weed from. I herson, place and time refused to thernalia came from. ealthy living environment. The facility prohibits resident from urity reasons. The facility restrict safe. expected by the state of the same of the safe and the same of the safe and the same of the safe. Expected by the same of the safe and the safe and same of the same of the safe and same of the safe and same of the same of the safe and same of the same of the same of the safe and same of the same of the same of the same of the same

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety	On 6/17/21 at 11:04am, V21 (maintenance) said, I smelled smoke in room BBB. R11 was trying to hide in between the closet space and the wall next to the window. I asked, R11 to come out. I notice a pair of jeans behind R11. V22 (maintenance) and myself pulled the pants out and noticed a lite cigarette on the pants. R10 and R11 admitted to smoking in the room. I don't know where they got the lighter or cigarette from. We didn't find the lighter. I only saw the buds and ashes on the floor.		
Residents Affected - Some	On 6/17/21 at 11:15am, a pair of blue jeans with a fresh smell of smoke was noted with a small burned area on the left upper leg near the front pants pocket measuring 5cm. On 6/17/21 at 11:30am, R10 who was assessed to be alert and orient to person, place and time, said, I was smoking. We got caught smoking. R11 got the cigarette off the ground on the smoke patio.		
	On 6/17/21 at 5:18pm/5:19pm, V18 (PRSC)/V19 (PRSC) both said, they did not do a room search for R10/R11.		
	On 6/17/21 at 6:08pm V7 (Social Service Director) said, I didn't directly assign anyone to do a room search. We don't have any resident who are assessed to smoke independently or hold their smoking material. I don't know if staff found the lighter in room BBB. There is no smoking allowed in the building.		
	On 6/17/21 at 6:23pm, V1 (Administrator) said, no one is assessed to smoke independently or to have smoking material. During smoking breaks, staff is observing for residents breaking off filters, smoking difficulties with dumping their ashes or holding the cigarette. I wasn't given anything from the room search.		
	On 6/17/21 at 6:37pm, V20 (Activity Director), said the mental health tech monitors the resident for picking up cigarette butts and pocketing them. We provide the cigarettes with the dark brown filter.		
	On 6/17/21 at 7:30pm, observed over 100 cigarette butts outside the window of room BBB, along with an empty package of cigarettes and a lighter. Cigarettes butts had both light and dark brown filters.		
	R11		
	documents: R11 has a score of fifted dated [DATE] documents: R11 requiversing noted dated 2/19/21 and 6 smoking cigarettes. R11 was assessinger which was dark in nature. R1 off the tip/filter of his cigarettes to gin an unauthorized area. Intervention of cigarettes once done.	sis of Schizophrenia. Brief interview for een which indicates cognitively intact. S uires supervision with smoking and is r /17/21 documents: R11 was caught lea ssed to have a change in skin integrity I1's right hand had a change in skin pig jet the full effect. Care plan dated 6/17/ on: staff should monitor R11 while smo	Smoking Safety Risk assessment not able to store smoking materials. Aving out of the room with a peer to the left thumb, index and middle gmentation. R11 admits to breaking 21 documents: R11 was smoking
	(continued on next page)		

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	On 6/17/21 at 11:44am, R11 who was assessed to be alert and oriented said, I was smoking. I brought the cigarettes in last night after the 7:30pm smoking break. I didn't smoke all of my cigarette. I put the cigarette out and brought the rest of the cigarette in just in case, I got the urge to smoke later. R11 was noted with light brown burn marks on his right index finger, thumb and left third finger. R11 had thick hard dark brown burn marks on his left index finger, thumb. R11 said, this happened when I smoked on the patio. I break the top of the cigarette off and smoke the cigarette down. I don't throw it away when it gets little. On 6/17/21 at 11:57am, V2 (Director of Nursing) said, R11's fingers are signs of unsafe, inappropriate smoking. R11's left hand is old and healing, the right hand are new burns. R11's left hand has the most chard skin on the thumb, index and third finger. On 6/22/21 at 2:52pm, V14 (Mental Health Tech), said after three pm, I am the only person outside to do the 7:30pm smoke break. I have to light the cigarettes then I go out for 5-6 minutes to monitor the residents smoking.		
	Smoking Safety Policy dated 11-28-12 documents: To provide safe and healthy living environment. The facility will designate an area for approval for smoking by resident. The facility prohibits resident from keepir smoking material in his/her possession for health, safety and security reasons. The facility restrict access to smoking products, matches and lighters for person deemed unsafe.		
	Fire Department report dated 6/13/21 documents: smoke detector activated, set off by cigarette smoke.		
	R17		
	mental status dated 5/21/21 docume assessment dated [DATE] docume smoking material. Progress note dates his bathroom. All smoking contrabation the building. Daily Communication lighter out of two batteries/razor black.	sis of schizoaffective disorder (Bipolar to ments a score of fifteen which indicates ents: R17 requires supervision with smo ated 6/18/2021 documents: R17 was call and was confiscated. R17 was verbally on dated 6/20/21 documents: R17 was ades. Care plan dated 12/04/20 documents smoking and smoking routines. Intervell safety.	cognitively intact. Smoking oking and is not able to store aught trying to light a cigarette in warned about the no smoking rule smoking in the room and made a ents: R17 is physical and
	made a lighter from batteries and a the other side of the battery to the my cigarettes to smoke in the bathi	as assessed to be alert and oriented tin a razor. I took a razor blade, put it on th negative side, it will heat up, get hot an room. I saved my cigarette from smoke for later. I do it all the time. I was smoki	e positive end of a battery and turn d light like a lighter. I used it to light time. I don't smoke all of it. I'll put
	On 6/23/21 at 4:28pm, V7 (PRSD) a battery and a piece of razor blade	said, R17 was trying to light a cigarette e from a razor that you shave with.	e in his bathroom with an apparatus,
	Fire Department report dated 6/20/	21 document: tobacco smoke set off th	ne alarm.
	(continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER Aperion Care Chicago Heights		STREET ADDRESS, CITY, STATE, ZI 490 West 16th Place	P CODE
Apendir Care Chicago Heights		Chicago Heights, IL 60411	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Smoking Safety Policy dated 11-28 facility will designated area for approximation smoking material in his/her posses smoking products, matches and lig R1 R1 was admitted with the diagnosis status dated 4/29/21 documents a assessment dated [DATE] docume panhandles for smoking material, smoking and not able to store smol caught by V15 (PRSC) and V20 (andor. V7 (PRSD) found additional expension of the companient of the compa	3-12 documents: To provide safe and he roved for smoking by resident. The fact sion for health, safety and security reach thers for person deemed unsafe. So of schizophrenia and nicotine dependence of score of fifteen which indicated cognitivants: R1 has a minimal problem with be safely following the facility smoking policking material. Social service noted date ctivity director) in a peers bathroom with sending material. Social service noted date ctivity director) in a peers bathroom and for denied having any more or a lighter. On sevidence of unauthorized smoking. R1 amounts smoking weed with another peer. Social service of unauthorized smoking in the bathroom and for denied having any more or a lighter. On sevidence by possession of smoking raught smoking in the bathroom. (6/17/2) did odor. I admitted to smoke weed. Interest should be allowed to smoke weed. Interest with the other residents. Society and R15 were smoking weeled the bathroom. R1 and R15 had just the report where they got the weed. Society and R15 were smoking weeled the bathroom. R1 and R15 had just the report where they got the weed. Society and R15 were smoking weeled the bathroom. R1 and R15 had just the potential safe and head of the potential s	ealthy living environment. The ility prohibits resident from keeping sons. The facility restrict access to be lence. Brief interview for mental vely intact. Smoking safety risk gging, borrowing, trades items, cy, requires supervision with ed 6/17/21 documents: R1 was ich was smoke filled with a distinct admitted smoking weed. Nursing ital service note dated 6/12/21 und a lit cigarette.R1 reported, he are plan dated 6/12/21 documents: naterials, smoking in unauthorized 21) R1 was caught in peer erventions (6/12/21) uphold liate area for contraband material if and time said, I smell the weed,

SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	full regulatory or LSC identifying information	agency.
plan to correct this deficiency, please configurations of the second summary statement of DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	B. Wing STREET ADDRESS, CITY, STATE, ZII 490 West 16th Place Chicago Heights, IL 60411 Eact the nursing home or the state survey a	07/07/2021 P CODE
plan to correct this deficiency, please configurations of the second state of the seco	STREET ADDRESS, CITY, STATE, ZII 490 West 16th Place Chicago Heights, IL 60411 act the nursing home or the state survey a IENCIES full regulatory or LSC identifying information	P CODE
plan to correct this deficiency, please confidency SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	490 West 16th Place Chicago Heights, IL 60411 Eact the nursing home or the state survey a IENCIES full regulatory or LSC identifying information	agency.
SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	Chicago Heights, IL 60411 Eact the nursing home or the state survey a IENCIES full regulatory or LSC identifying information	
SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	cact the nursing home or the state survey a IENCIES full regulatory or LSC identifying information	
SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by R15 was admitted with the diagnos mental status dated 5/2/21 docume	IENCIES full regulatory or LSC identifying information	
R15 was admitted with the diagnos mental status dated 5/2/21 docume	full regulatory or LSC identifying information	on)
mental status dated 5/2/21 docume	is of Schizonhrenia and Borderline Per	
smoking in unauthorized areas or of the facility smoking policy. R15 requests has a history of smoking unauthorized. Smoking as Social service note dated 6/17/21 of filled smoke with an odd odor. Conference of Nursing note dated 6/17/21 of Social service note dated 6/18/21 of confiscated. R15's care plan dated inappropriate smoking evidence by admitted to taking a puff of peer's with smoking weed. On 6/22/21 at 3:46pm, R15 who was elaborate on smoking or where the On 6/22/21 at 4:10pm, V15 (PRSC) and filled the bathroom. R15 had just report were the contraband came for Smoking Safety Policy dated 11-28 facility will designate an area approsimoking materials in his/her posses to smoking products, matches and The surveyor confirmed through obtaining materials in his/her posses to smoking products, matches and The surveyor confirmed through obtaining materials in his/her posses to smoking products, matches and The surveyor confirmed through obtaining materials in his/her posses to smoking products, matches and The surveyor confirmed through obtaining materials in his/her posses to smoking products, matches and The surveyor confirmed through obtaining materials in his/her posses to smoking products, matches and Care plans. Resign updates. Initiated 06-14-21, 6-17-2 monthly thereafter. Room searches 1. Updated list of inappropriate smokers have social service department. Nursing rounds. Administrator and/or design rounds. Administrator and/or design	nts a score of fifteen which indicated conts: R15 has a minimal problem for cauareless use of smoking material, with huires supervision with smoking and is inthorized. Smoking assessment dated [Issessment 6/18/21 documents: R15 was ocuments: R15 and another peer was raband was retrieved from R1's room. documents: R15 was caught smoking we 6/17/21 documents: I am a smoker. I his smoking in my room. I was caught in a reed. R15's care plan dated 6/18/21 documents assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking contraband came from. It is assessed to be alert and oriented to smoking on the alth, safety and security realighters for persons deemed unsafe. It is a security realighters for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe. It is a security realighter for persons deemed unsafe.	ognitively intact. Smoking using injury to self or others from nazardous behavior and following not able to store smoking materials. DATEJ documents: R15 admitted to scaught smoking unauthorized. found in another peer's bathroom R15 reports, taking a puff off some in the room with another peer. and in his room. Contraband was ave a history of suspected a peer's bathroom smoking. I cuments: I was caught allegedly person place and time, refused to a bathroom. The smoke was fresh a lighter nor would either resident ealthy living environment. The ity prohibits residents from keeping isons. The facility restricts access that the following actions to the is responsible for updating ting had assessment and care plan 4 weeks. This will be continued and smoking material. Sesessments. Activity Director is the passes as a sessment of d 06/14/21 and ongoing and desk, activities department, mappropriate smokers during Staff on leave will be in serviced
	smoking unauthorized. Smoking as Social service note dated 6/17/21 d filled smoke with an odd odor. Cont weed. Nursing note dated 6/17/21 d confiscated. R15's care plan dated inappropriate smoking evidence by admitted to taking a puff of peer's w smoking weed. On 6/22/21 at 3:46pm, R15 who wa elaborate on smoking or where the On 6/22/21 at 4:10pm, V15 (PRSC) and filled the bathroom. R15 had ju report were the contraband came fr Smoking Safety Policy dated 11-28 facility will designate an area approsmoking materials in his/her posses to smoking products, matches and The surveyor confirmed through ob remove the immediacy: 1. Updated/reviewed smoking asse assessments and care plans. Residupdates. Initiated 06-14-21, 6-17-27 monthly thereafter. Room searches 1. Updated list of inappropriate smokers have social service department. Nursing rounds. Administrator and/or desigrupon return. New hires will be in-se	On 6/22/21 at 3:46pm, R15 who was assessed to be alert and oriented to elaborate on smoking or where the smoking contraband came from. On 6/22/21 at 4:10pm, V15 (PRSC) said, R15 was smoking weed in R12's and filled the bathroom. R15 had just finished smoking. We did not find the report were the contraband came from. Smoking Safety Policy dated 11-28-12 documents: To provide safe and he facility will designate an area approved for smoking by residents. The facil smoking materials in his/her possession for health, safety and security reato smoking products, matches and lighters for persons deemed unsafe. The surveyor confirmed through observation, interview and record review remove the immediacy: 1. Updated/reviewed smoking assessments and care plans. Social Service assessments and care plans. Residents identified with inappropriate smokupdates. Initiated 06-14-21, 6-17-21, 6-18-21 and will continue biweekly x monthly thereafter. Room searches are an update to the removal of reside 1. Updated list of inappropriate smokers based on the updated smoking as responsible for updating the inappropriate smokers list on a daily/weekly be inappropriate smoking behavior and/or new resident admission. Complete 2. List of inappropriate smokers have been placed at the nurses', behavior Social service department. Nursing staff in serviced regarding monitoring i rounds. Administrator and/or designee is responsible for in-servicing staff. upon return. New hires will be in-serviced during the staff orientation process.

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NAME OF PROVIDER OR SUPPLIER Aperion Care Chicago Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 490 West 16th Place Chicago Heights, IL 60411	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	Rounds will be conducted every hour. Mental Health Technicians will be conducting rounds. Room census will be used as an audit tool. MHT will note on the room census which rooms that were entered upon their rounding. MHT's are schedule on a 24-hour basis. Nurse and/or designee will conduct MHT rounding if deemed necessary. PRSD and/or designee will audit MHT rounding. Monitoring for inappropriate smokers is an addition to well-being checks on residents. Initiated 06/14/21 and updated weekly. Inservice was conducted on 6/21/21, 6/22/21, and ongoing to account for staff on leave of absence, vacation, and new hires.		
	How the facility will monitor system: 1) New residents will be assessed upon admission for any inappropriate smoking behavior and the resident may not be admitted if this behavior is identified. New residents will be assessed within 72 hours following entrance into the facility. 2) Staff have been in serviced on 6/14/21 to report any resident noted to have smoking materials to management, so the smoking material can be obtained and stored according to policy. Initiated 06/14/21 an updated weekly. Inservice was conducted on 6/21/21, 6/22/21, and ongoing to account for staff on leave of absence, vacation, and new hires. Staff on leave will be in serviced upon return. New hires will be in-serviced during the staff orientation process.		
	Upon admission, staff will perfor inappropriate smoking materials.	m a search of the resident/belongings	for contrabands including
		gnee will do random inspections of resions of resions ible methods for residents to set a finanthly thereafter.	
	Inspection will be done by visual of	eptionist will inspect all resident packag oservation of the items. All resident pac umstances. Initiated 6/29/21 with frequ	ckages will be inspected coming
	6/21/21 with frequency of daily inspreplace the current screen materia	checks on window screens to inspect for pections. Facility will be identifying a mo I within the resident windows. Maintena oved for repair by conducting hourly vising until completion.	ore durable screen material to ance and MHT staff will monitor
		ling for maintaining a clean and safe er ne ground. Initiated 6/21/21 with freque	
	supervising the resident smoke bre	red disposing of their smoking material eak will be responsible for the visual obgnated ashtrays placed on the resident	servation of residents disposing of

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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide medically-related social se **NOTE- TERMS IN BRACKETS H Based on interview and record revi provided for 2 of 2 (R3,R1) residen Findings include: R3 was admitted to facility on 7/10/ R3 brief interview for mental status R3's preadmission screening and r health rehabilitation, aggression/an participation and community re-inte R3's progress note dated 4/26/202 was separated by staff. No injury no R3's progress note dated 4/29/202 physical aggression towards facility occurrence, along with safety meas communicate with others at the tim document, communicate regularly at R3's progress note dated 5/10/202 Residents. Resident is highly agitat and was hostile to peers. Resident Resident to be transferred to local l and destroying facility property. Re redirected. On 6/22/21at 11:25AM, R3 who wa groups or one to one with counselo On 6/24/21 at 10:10AM, V19 (PRS) to behaviors but he refused. V19 w counseling provided.	rvices to help each resident achieve the IAVE BEEN EDITED TO PROTECT Colors, when facility failed to ensure that the streviewed for psychosocial and theral 20 with diagnosis of schizophrenia. score dated 4/6/21 document15/15 where sident review dated 7/10/20 document ger management, illness self-manager egration activities. 1 documents: Resident attempted to go oted. 72 hours behavior monitoring in part of the surface of discussion. It is advised that all face and provide positive role-modeling with a documents: Resident Noted to be higher than the sident and provide positive role-modeling with a documents: Resident Noted to be higher than the sident refusing ordered PRN medications alert and oriented at time of interview as alert and oriented at time of interview as alert and oriented at time of interview.	e highest possible quality of life. ONFIDENTIALITY** 39340 rapeutic programming was peutic programming nich indicates cognitively intact. Its under special services: mental ment, incentive program to improve et physical with another resident, progress. Iter that the resident attempted the resident concerning the agitated and did not want to cility staff will continue to monitor, in the resident. Ighly aggressive towards other ent tied to destroy facility properties and Emergency contact notified. Iteratives throwing paint at roommates ons. Resident unable to be It was throwing paint at roommates ons. Resident unable to one if group refusals or one to one

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
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F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility job description titled Psychi Psychiatric Rehabilitation service of department. This can include assumet/maintained on an individual bat accordance with facility policy and R1 R1 was admitted to the facility on [Indepressive disorder, schizophrenia R1's brief interview for mental status intact. R1's progress note dated 4/29/21 of in hallway. Peer alleges this reside he did not report anything and does visible signs of injury. Resident der allegation against him. R1's progress note dated 4/29/21 of had with R19. R1 states that R19 he R1's medical record did not docum. On 6/22/21 at 3:29PM, R1 who was interested in attending psychosocia staff have not invited him to attend. On 6/22/21 at 4:45PM, V1 (administ documentation of refusals or atternial psychiatric Rehabilitation service of the state of the st	iatric Rehabilitation service coordinator oordinator assists in the implementation ring that the medically related emotional sis, to safeguard the health, safety and regulations. DATE] with diagnosis of hypothyroidism and hyperparathyroidism. It dated 4/29/21 documents a score of documents: R1 was involved in a physic not walked up to him and hit him in the right know what happened. Body assessines pain and discomfort. Continue to videocuments: Writer spoke with resident that become verbally aggressive with him ent any psychosocial programs groups as alert and oriented at the time of the interpretation of the programming but was unsure when or groups or provided counseling on psychosocial they have had no in house psychosocial said R1 refused to attend psychosocial programs groups or provided to attend psychosocial programs groups at the program groups or provided to attend psychosocial program groups or provided to attend groups or provided to attend groups or provided to attend groups	under summary documents: the n of programs the social service al and social needs of resident are divelfare of all manner. In n, nicotine dependence, major 15/15 which indicate cognitively cal altercation with male peer when mouth. When R1 was interviewed, sment was done and there are no erbalize nothing towards peer's to follow up on an altercation he m and I put hands on him. Interview said he would be or where they were held. R1 said chosocial social programs since April. Dissocial groups but unable to provide under summary documents: the n of programs the social service
		sis, to safeguard the health, safety and	

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NAME OF PROVIDER OR SUPPLII	NAME OF DROVIDED OR SURDIJED		P CODE
Aperion Care Chicago Heights			PCODE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0926	Have policies on smoking.		
Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	**NOTE- TERMS IN BRACKETS H Based on observation, interview ar prohibiting residents from keeping unsupervised in non-designated ar R17, R15) residents reviewed for unsupervised in non-designated ar R17, R15) residents reviewed for unsupervised in non-designated ar R17, R15) residents reviewed for unsupervised in mondate J (administrator) was informed of the 7/1/21, the facility remains out of confectiveness of staff training for monosimal status and the diagnosis mental status dated 5/31/21 documental status dated 5/31/21 documents and panhandles for smoking smoking material. Initial Reportable R6's bed sheets. Care plan dated 5/35 smoking: locations, times and safe bed. Transfer form dated 6/14/21 diated 6/9/21 document: R6 was in On 6/16/21 at 1:23pm and 1:29pm. East/West wing patios during a smoon of 1/16/2021 at 2:46pm V3 (Maint pretty quickly. V3 measured the black of long. V3 said, the bedframe black on 6/17/21 at 3:57pm, R6 who was was smoking a cigarette in my roor I walked out of my room and heard bed sheet were burnt. I saved the clater. On 6/16/21 at 4:19pm V4 (Certified	multiple cigarette butts/buds were obsoking break. enance Director) said, it was a small firectened area on the bed frame and flockened area is from the fire. se assessed to be alert and oriented to perform the same as the same as the same as the same and lighter, I found on the ground I Nursing Assistant) said, I put out the firectened in the same as the same a	ow the smoking policy by not a smoking material and smoking 5, R10, R11, R12, R13, R15, and onty-one. If and was removed on 7/1/21, V1 the immediacy was removed on the facility can evaluate the sed smoking and disposal of smoking and disposal of smoking and is not able to store ming from R6's room. Fire noted on tructed about the facility policy on 16/14/21 documents: R6 set fire to a fire setting behaviors. Census the reverse on the ground on the served on the ground on t
	On 6/22/21 at 1:27pm V6 (Nurse) s	AME] was on the covers that was partly said, there was a fire on the foot portion tment said, the fire was set on purpose	of R6's bed. A portion of R6's

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For information on the nursing home's	For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	R6's room. The bed mattress burned Smoking Policy dated 11-28-12 doc designate an area approved for sm smoking material in his/her posses Department. The facility restricts accursafe. R13 R13 was admitted with the diagnoss mental status dated 4/12/21 documents assessment dated [DATE] doc orientation to understand the facility smoking in unauthorized areas or of the facility smoking policy, requires 6/15/21 documents: R13 was caugent to smoke that kind of thing again passing R12 a lit joint. Care plan in (bedroom) on 1/21/21 and 4/28/21. Intervention: R13 requires supervisibehavior occurs address, counsel as Smoking in an unauthorized area: Smoking in an unauthorized area: Smoking in R12's room. from. R12 R12 was admitted with the diagnoss 5/27/21 documents a score of fiftee assessment dated [DATE] documents making material. Social service not lit joint of marijuana. Inappropriate drugs automatic three-day ban. Cahis room. Intervention: Notify the not 0n 6/22/21 at 4:10pm, V15 (PRSC from R12's room. I knew it was ween smoking was service as service not lit joint of marijuana. Inappropriate drugs automatic three-day ban. Cahis room. Intervention: Notify the notation of the service of the service notation. Intervention: Notify the notation of the service of th	Journal of the second of the s	y living environment, the facility will ibits residents from keeping all smoking material to the Activity and lighters for person deemed type. R13's brief interview for oderately impaired. Smoking Safety with general awareness and using injury to self or others from thas a severe problem with following moking material. Nursing note dated oking weed. R13 was redirected ents: R13 was caught in R12's room oked in an unauthorized area in another resident's room. It is smoker form dated 6/15/21: in. The person, place and time. R13 said, I se smoking paraphernalia came erview for mental status dated intact. Smoking Safety Risk oking and is not able to store is caught in the midst of accepting a man unauthorized area: Smoking was caught smoking marijuana in f violating the smoking policy.

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F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	refused to elaborate on smoking in Smoking Policy dated 11-28-12 dodesignate an area for approved smaterial in his/her possession. Res Department. The facility restrict accursafe. R15 R15 was admitted with the diagnosmental status dated 5/2/21 docume assessment dated [DATE] docume smoking in unauthorized areas or of the facility smoking policy. R15 req R15 has a history of smoking unausmoking unauthorized. Smoking as Social service note dated 6/17/21 of filled smoke with an odd odor. Consome weed. Nursing note dated 6/18/21 of Contraband was confiscated. R15's suspected inappropriate smoking esmoking. I admitted to taking a pufful allegedly smoking weed. On 6/22/21 at 3:46pm, R15 who was elaborate on smoking or where the On 6/22/21 at 4:10pm, V15 (PRSC room. The smoke was fresh and fill the lighter nor would either resident Smoking Policy dated 11-28-12 dodesignate an area for approved smaterial in his/her possession. Res) said, R1 and R15 were smoking wee led the bathroom. R1 and R15 had just	y living environment the facility will as residents from keeping smoking and material to the Activity dilighters for person deemed resonality disorder. Brief interview for a cognitively intact. Smoking using injury to self or others from a hazardous behavior and following not able to store smoking material. DATE] documents: R15 admitted to as caught smoking unauthorized. The found in another peer's bathroom and the reper's proom. The peer's peed in another peer's room. The peer's bathroom and a smoker. I have a history of caught in a peer's bathroom and following the peer's bathroom and following the peer's bathroom and following in the room with other peers. The peer's bathroom are smoker. I have a history of caught in a peer's bathroom and following the person place and time, refused to the din the bathroom of room R12's are finished smoking. We did not find any living environment the facility will as residents from keeping smoking any material to the Activity

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	status dated 4/29/21 documents a assessment dated [DATE] docume panhandles for smoking material, smoking and not able to store smocaught by V15 (PRSC) and V20 (a odor. V7 (PRSD) found additional Note dated 6/17/21, R1 was caugh documents: Staff smelled smoke, a just came across the cigarette and R1 was an inappropriate smoker as area/unauthorized times. R1 was cobathroom filled with smoke of an oconsequences for inappropriate smoking unauthorized is suspected. On 6/22/21 at 3:29pm, R1 who was weed, went in the room and was smoking Policy dated 11-28-12 documents an area for approved smaterial in his/her possession. Respertment. The facility restrict accumsafe. R10 R10 was admitted with the diagnost documents R10 was observed recewill not smoke without supervision. score of thirteen which indicates coobserved smoking in another reside R10 has a minimal problem with gecausing injury to self or others from following the smoking policy and a smoking material. R10 requires supersom. Two dark brown cigarettes be were observed on the floor.	s accessed to be alert to person, place moking with the other residents.) said, R1 and R15 were smoking wee led the bathroom. R1 and R15 had just	rely intact. Smoking safety risk gging, borrowing, trades items, cy, requires supervision with ed 6/17/21 documents: R1 was nich was smoke filled with a distinct admitted smoking weed. Nursing cial service note dated 6/12/21 und a lit cigarette. R1 reported, he are plan dated 6/12/21 documents: materials, smoking in unauthorized 21) R1 was caught in peer erventions (6/12/21) uphold diate area for contraband material if and time. R1 said, I smelled the d in the bathroom of room R12's ininished smoking. We did not find a living environment the facility will be residents from keeping smoking material to the Activity d lighters for person deemed seed 6/17/21 documents: R10 has a seed 6/17/21 documents: R10 was sement dated [DATE] documents: moking materials, potential for less use of smoking material.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	ID CODE
Aperion Care Chicago Heights		490 West 16th Place	PCODE
Chicago Heights, IL 60411			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying inf		ion)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety	On 6/17/21 at 11:04am V21 (maintenance) said, I smelled smoke in R14's room. R11 was trying to hide in between the closet space and the wall next to the window. I asked, R11 to come out. I notice a pair of jeans behind R11. V22 (maintenance) and myself pulled the pants out and noticed a lite cigarette on the pants. R10 and R11 admitted to smoking in the room. I don't know where they got the lighter or cigarette from. We didn't find the lighter. I only saw the butts and ashes on the floor.		
Residents Affected - Some	On 6/17/21 at 11:15am, a pair of blue jeans with a fresh smell of smoke was noted with a small burned area on the left upper leg near the front pants pocket measuring 5cm.		
	On 6/17/21 at 11:30am, R10 who was assessed to be alert and oriented to person, place and time. R10 said I was smoking. We got caught smoking. R11 got the cigarette off the ground on the smoke patio.		
	On 6/17/21 at 5:18pm/5:19pm V18 (PRSC)/V19 (PRSC) both said, they did not do a room search for R10/R11.		
	We don't have any residents who a	ervice Director) said, I didn't directly as re assessed to smoke independently o in R14's room. There is no smoking all	or hold their smoking material. I
	smoking material. During smoking	trator) said, no one is assessed to smo breaks, staff are observing for resident s or holding the cigarette. I wasn't given	breaking off filter, smoking
		Director), said the mental health techsem. We provide the cigarettes with the	
		ver 100 cigarette butts outside the wind ghter. Cigarettes butts had both light ar	
	Smoking Policy dated 11-28-12 documents: To provide a safe and healthy living environment the facility designate an area for approved smoking by residents. The facility prohibits residents from keeping smok material in his/her possession. Residents are required to turn in all smoking material to the Activity Department. The facility restrict access to smoking products, matches and lighters for person deemed ur		s residents from keeping smoking ng material to the Activity
	R11		
	(continued on next page)		

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
NAME OF PROVIDER OR SUPPLIER Aperion Care Chicago Heights		STREET ADDRESS, CITY, STATE, ZI 490 West 16th Place Chicago Heights, IL 60411	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	documents: R11 has a score of fifte dated [DATE] documents: R11 req Nursing notes dated 2/19/21 and 6 smoking cigarettes. R11 was assestinger which was dark in nature. R1 off the tip/filter of his cigarettes to g in an unauthorized area. Interventic cigarettes once done. On 6/17/21 at 11:44am R11 who we cigarettes in last night after the 7:3 out and brought the rest of the cigalight brown burn marks on his right burn marks on his left index finger the top of the cigarette off and smood on 6/17/21 at 11:57am V2 (Directors smoking. R11's left hand is old and skin on the thumb, index and third on 6/22/21 at 2:52pm V14 (Mental 7:30pm smoke break. I have to light smoking. Smoking Policy dated 11-28-12 documental in his/her possession. Respertment. The facility restrict accumsafe. R17 R17 was admitted with the diagnosmental status dated 5/21/21 documental status dated 5/21/21 documental status dated [DATE] documental s	Health Tech) said after 3:00pm I am that the cigarettes then I go out for 5-6 minutes the cigarettes then I go out for 5-6 minutes. To provide a safe and healthy coking by residents. The facility prohibit sidents are required to turn in all smoking cess to smoking products, matches and siss of schizoaffective disorder (Bipolar that the same sents: R17 requires supervision with smooth states and was confiscated. R17 was verbally on dated 6/20/21 documents: R17 was ades. Care plan dated 12/04/20 documents and smoking and smoking routines. Intervent	Smoking Safety Risk assessment not able to store smoking material. Aving out of the room with a peer to the left thumb, index and middle gmentation. R11 admits to breaking in its property discards and

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Aperion Care Chicago Heights		490 West 16th Place Chicago Heights, IL 60411	PCODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		agency	
To information on the marsing nome s	plan to correct this delicitiety, please con	tact the harsing home of the state survey	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		ion)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety	On 6/23/21 at 4:20pm R17 who was assessed to be alert and oriented time person, place and time. R17 said, I made a lighter from batteries and a razor. I took a razor blade, put it on the positive end of a battery and turned the other battery to the negative side. It will heat up, get hot and light like a lighter. I used it to light my cigarettes to smoke in the bathroom. I saved my cigarette from smoke time. I don't smoke all of it. I'll put the cigarette out and in my pocket for later. I do it all the time. I was smoking in my bathroom yesterday.		
Residents Affected - Some	On 6/23/21 at 4:28pm V7 (PRSD) said, R17 was trying to light a cigarette in his bathroom with an apparatus a battery and a piece of razor blade from a razor.		
	Fire Department report dated 6/20/21 document: tobacco smoke set off the alarm.		
	Fire Department report dated 6/13/	21 documents: smoke detector activat	ed, set off by cigarette smoke.
	The surveyor confirmed through observation, interview and record review that the following actions were taken to remove the immediacy of the Immediate Jeopardy:		
		earches for removal of residents smoking biweekly x 4 weeks. This will be conting oval of resident smoking material.	•
	 Residents who smoke have been re-educated on the smoking policy to include turning in to staff smoking material. Evaluation of the effectiveness will continue with ongoing interventions. Adjustments/interventions implemented: increase MHT rounding, staff supervising smoke patio will observe disposal of smoking material, Reception/MHT will visually inspect packages, and facility in the frequency of room searches. Initiated 6/14/21 at 10 a.m. and ongoing. 		
	updating assessments and care pla These residents had assessment a	essments and care plans. PRSD and/o ans initiated for residents identified with and care plan updates. These updates es, assessment/care plans will be updates	n inappropriate smoking behaviors. were completed 06/14/21 and are
	4. The Facility updated a list of inappropriate smokers based on the updated smoking assessme Director is responsible for updating the inappropriate smokers list on a daily/weekly basis based assessment of inappropriate smoking behavior and/or new resident admission. Completed 6/14/3 ongoing.		ily/weekly basis based on
	(continued on next page)		

STATEMENT OF DEFICIENCIES	(XI) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. Building	COMPLETED
	145180	B. Wing	07/07/2021
NAME OF PROVIDER OR SUPPLI	NAME OF PROVIDER OR SUPPLIER		P CODE
Aperion Care Chicago Heights 490 West 16th Place Chicago Heights, IL 60411			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0926 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Some	department, and Social service departments and Social service departments. Administrate in serviced upon return. New hir conducted every hour. Mental Heal an audit tool. MHT's will note on the are scheduled on a 24-hour basis. PRSD and/or designee will audit Mell-being checks on residents was 6/21/21, 6/22/21, and ongoing to accept the serviced on	upon admission for any inappropriate so r is identified. New residents will be assisted and stored accorded acc	regarding monitoring inappropriate n-servicing staff. Staff on leave will rientation process. Rounds will be ds. Room census will be used as entered upon their rounding. MHT's HT rounding if deemed necessary, at smokers in addition to Inservice was conducted on acation, and new hires. to include that staff will maintain and will report to administrator or administrator and/or designee are sturn. New hires will be in-serviced in services were conducted on acation, and new hires. smoking behavior and the resident sessed within 72 hours following have smoking materials to ding to policy. Initiated 6/14/21 and ng to account for staff on leave of return. New hires will be in-serviced for contraband including dent rooms for smoking materials re. This was initiated 6/14/21, then es for any contraband items.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/07/2021
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	Chicago Heights, IL 60411		
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)	
F 0926 Level of Harm - Immediate jeopardy to resident health or safety	6) Maintenance will conduct daily checks on window screens to inspect for tears/repairs needed. This was initiated 6/21/21 with a frequency of daily inspections. The facility will be identifying a more durable screen material to replace the current screen material within the resident windows. Maintenance and MHT staff will monitor areas when screens are being removed for repair by conducting hourly visual observations of resident rooms. This was initiated 7/01/21 and ongoing until completion.		
Residents Affected - Some	7) Maintenance will increase rounding for maintaining a clean and safe environment ensuring that the cigarette butts are removed from the ground. This was initiated 6/21/21 with a frequency of daily inspections		
	supervising the resident's smoke by	ed disposing of their smoking material reak will be responsible for the visual or gnated ashtrays placed on the resident sections.	bservation of residents disposing of