## Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 07/02/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025	
NAME OF PROVIDER OR SUPPLIER  Aperion Care International		STREET ADDRESS, CITY, STATE, ZIP CODE  4815 South Western Ave Chicago, IL 60609		
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	Γ OF DEFICIENCIES preceded by full regulatory or LSC identifying information)		
F 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	**NOTE- TERMS IN BRACKETS IN Based on observation, interview artwo (R12 and R13) residents confiresidents residing on the second fluctures in the seco	ical records private and confidential.  HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40515  Ind record review, the facility failed to follow the facility policy and provide dentiality of medical records. This failure has the potential to affect 23 loor and 23 residents residing on the third floor.  Initted to the facility on [DATE] with diagnoses not limited to: Essential and Collapse, Acute Respiratory Failure with Hypoxia, Hypothyroidism, Malignant Neoplasm of Parotid Gland  Idmitted to the facility on [DATE] with diagnoses not limited to: Type 2 reations, Hyperglycemia, Unspecified, Chronic Obstructive Pulmonary by Failure, Unspecified, Cognitive Communication Deficit  rounding on second floor in hall observed V10's (LPN) computer on cart (Medication Administration Record) open and in view of anyone walking roveyor stood at computer and waited for V10 to returned. Upon V10's puter on medication cart three was her cart. V10 stated, yes. Surveyor open with resident information visible. V10 stated, no. Surveyor asked why. Private, and computer should not be left open.  In rounding on third floor observed, V6's RN (Registered Nurse) medication tient information visible to public. V6 was not at cart nor in vicinity of open asked V5 (LPN) if cart with open computer was her computer. V5 stated, at (Health Insurance Portability and Accountability Act) we are supposed to		
	(continued on next page)			

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: 146001

If continuation sheet Page 1 of 2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146001	(X2) MULTIPLE CONSTRUCTION  A. Building  B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025	
NAME OF PROVIDER OR SUPPLIER  Aperion Care International		STREET ADDRESS, CITY, STATE, ZIP CODE  4815 South Western Ave Chicago, IL 60609		
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			
F 0583  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	computer information with resident in front of the computer, supposed resident privacy and personal information is team 3.  On 1/25/2025 at 12:02pm asked V2 be open without nurse at computer walk away from the computer, they log off computer. V2 stated, because and is a privacy concern.  Review of nursing facility assignment that received medication from second medication from third floor cart three Facility Policy Residents' Rights (unafforded confidentiality of treatments)	asked by surveyor if she was responsi information should be open. V6 stated to be down. It (referring to computer) smation and anyone can look at it. V6 stated. DON (Director of Nursing) if a computer. See you can see resident information, district sheets for 1/24/25 and 1/25/25 shownd floor cart three and V6 was the nurse. Indated) shows (in part): J. Residents hat. X. Residents have the right to confide to be treated as individuals with considerations.	, I thought I logged out. If I am not hould never be left up because of ated, this computer and medication ter with resident information should away from computer and if they Surveyor asked why should nurse agnosis, medication, date of birth ws V10 was the nurse for residents see for residents that received ave the right to the following: 6) Be entiality of all personal and clinical	