

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145830</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/10/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>APERION CARE WEST CHICAGO</b>		STREET ADDRESS, CITY, STATE, ZIP <b>201 WEST NORTH AVENUE WEST CHICAGO, IL 60185</b>	
For information on the nursing home's plan to correct this deficiency, please contact 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)		
F 0550  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<b>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</b>  Based on interview and record review, the facility failed ensure resident wishes for food preferences were taken care of by the staff for five of nine residents (R1, R2, R5, R6, and R8) in the sample of 9. The findings include: The facility's Daily Newsletter, 9/9/2020, provided to the residents' daily, shows, Fast food ordering between the hours of 4 PM-7 PM residents on scheduled day, floor, and time, can order fast food and have it delivered. The receptionist will notify social service when a fast food delivery has been made. The social service rep will deliver the order to the resident. Tuesdays 4-7 PM 3rd floor, Wednesday 4-7 PM 1st floor, Thursday 4-7 PM 2nd floor .Family drop off: family may ONLY bring 2 items for example 2 6 pack soda beverages or 1 snack box and a container of coffee to be delivered. Any additional items brought in will not be delivered. The Facility's Grievance Logs for May, June, July, and August show there were food service/meal complaints. On 9/9/2020 at 9:22 AM, R2 said the facility food is bad. The corporate made a decision to ban take out food. R2 says he has complained about the food but it has not gotten better. R2 stated that him and R5 (R2's roommate) used to order out a lot, but now only allowed to do one day. R2 said he has tried to compromise and be able to order out two days a week, but he was told there isn't enough staff to do so. At 9:25 AM, R5 said he tried to order subway on an off day and staff threw it out. At 9:50 AM, R1, anonymous, stated the facility food is sh*t. The facility food makes R1 sick. R1 said that the facility has a strict policy on ordering food once a week because of corporate. At 9:52 AM, R6, anonymous, said she doesn't like the food, and she was told if she doesn't like the food to go to another facility. At 9:00 AM, R8 said the facility food isn't too good. On 9/9/2020 at 12:30 PM, V4, 1st floor Psychiatric Rehabilitation Services Coordinator, said this is the second week that residents have been able to order carry out. Prior to this residents, were not able to order out at all. V4 said Administration was the ones that said residents can only order out weekly. Pre pandemic, residents could order out as much as they wanted. At 12:52 PM, V1, Administrator, said residents want fast food, but the delivery drivers aren't allowed in the facility, and residents are not allowed to get it. V1 said residents are allowed to order out one day per week. V1 said residents cannot order out more because she does not have the staff to be able to do so. V1 said the food delivery drivers wait in between the facility's two front doors and staff go and get the food from the delivery driver. Residents are allowed to order between 4-6:30 PM one time per week. Weekly ordering just started about ten days ago. Prior to that, a restaurant club raffle was done by the activities staff and whichever resident won the raffle was able to pick a restaurant. Prior to the COVID pandemic, residents were able to order whenever they wanted to. If residents have family members, they can drop off food on Wednesday and Saturday. The facility's undated Resident and Family Handbook shows, The facility must provide services to keep your physical and mental health, and sense of satisfaction with yourself at their highest practical levels .you do not lose your rights as a citizen of Illinois and the United States because you live in a long term care facility .you have the right to participate in social and community activities that do not interfere with the rights of other residents.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.