



## **Medicare and Medicaid Notice to the Public**

Notice is hereby given that on May 3, 2023 the agreement between the Secretary of Health and Human Services and Aperion Care Chicago Heights in Chicago Heights, IL as a skilled nursing facility in the Medicare program will be terminated. In addition, notice is given that the facility's agreement as a nursing facility in the Medicaid program will be terminated effective May 3, 2023.

The Centers for Medicare & Medicaid Services has determined that Aperion Care Chicago Heights has failed to attain substantial compliance with the following Medicare and Medicaid participation requirements:

- 42 C.F.R. § 483.10 Resident Rights
- 42 C.F.R. § 483.12 Freedom from Abuse, Neglect, and Exploitation
- 42 C.F.R. § 483.15 Admission, Transfer, and Discharge
- 42 C.F.R. § 483.20 Resident Assessments
- 42 C.F.R. § 483.21 Comprehensive Resident Centered Care Plans
- 42 C.F.R. § 483.24 Quality of Life
- 42 C.F.R. § 483.25 Quality of Care
- 42 C.F.R. § 483.40 Behavioral Health Services
- 42 C.F.R. § 483.45 Pharmacy Services
- 42 C.F.R. § 483.50 Laboratory, Radiology, and Other Diagnostic Services
- 42 C.F.R. § 483.65 Specialized Rehabilitative Services
- 42 C.F.R. § 483.70 Administration
- 42 C.F.R. § 483.80 Infection Control
- 42 C.F.R. § 483.90 Physical Environment

The Medicare program will not make payment for skilled nursing facility services furnished to residents admitted to the facility on or after December 2, 2022. This date is due to a previously imposed denial of payment for new admissions. For residents admitted prior to December 2, 2022, payment may continue to be made for up to 30 days of services on or after May 3, 2023, the date of termination.

In addition, Federal Financial Participation will not be available to the State for any Medicaid residents admitted to the facility on or after December 2, 2022. For Medicaid residents admitted prior to December 2, 2022, Federal Financial Participation may continue to be made to the State for up to 30 days of covered services to qualified residents furnished on or after May 3, 2023, the date of termination.

This action is mandated by §§ 1819(h)(2)(C) and 1919(h)(3)(D) of the Social Security Act and Federal regulations at 42 C.F.R. §§ 488.412 and 488.456. If the provider demonstrates substantial compliance with all CMS requirements, and a revisit survey confirms substantial compliance prior to May 3, 2023, the provider will remain active in the Medicare and Medicaid programs and CMS will not terminate the provider agreement.