

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/13/2019
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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF ELK GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 1 of 5 Violations</p> <p>330.1710a) 330.1710b)</p> <p>330.1710 Resident Record Requirement</p> <p>a) Each facility shall have a medical record system that retrieves information regarding individual residents.</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure that complete and current medical records of residents were available.</p> <p>This applies to 1 of 6 residents reviewed for medical records (R4) in the sample of 6 and 5 residents (R7, R8, R9, R10, R13) in the supplemental sample.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>1) On 11/13/19 at 11:00 AM during medication reconciliation review, the most current POS (Physician Orders) were either partially found or completely missing in the medical records. The November 2019 orders for R4, R9 and R10 were not found. The orders for R7, R8, and R13 were partially incomplete.</p> <p>On 11/13/19 at 11:55 AM, V3 (Licensed Practical Nurse/LPN) was the only nurse working during the shift, stated she could not find the missing October 2019 physician orders. On 11/13/19 at 12:00 PM, V2 (Executive Director) was informed of the missing records. Since V2 was just covering for the permanent Executive Director, V2 also stated she was unable to find the missing records. V2 was requested to have their pharmacist provide the physician orders. The orders sent for R4 and R7 were dated 12/1/19. The orders were reviewed with V2, who stated she did not know why the orders would be dated for the following month.</p> <p>R8's medication administration time orders were documented in the MAR (Medication Administration Record) but was not updated in the November 2019 POS.</p> <p>The progress notes showed R4 fell on 2/14/19, 2/19/19, 3/9/19, 4/6/19, 4/27/19, 6/26/19, 7/21/19, 7/22/19, 7/25/19, 7/28/19, 8/14/19, 8/31/19, 9/24/19, 9/30/19, 10/6/19, 11/3/19 and had episodes of myoclonus episodes on 1/18/19, 3/18/19, 4/9/19, 4/15/19, and 4/22/19. Falls and myoclonus episodes were not identified in the plan of care and had no interventions.</p> <p>On 11/13/19 at 3:05 PM, V12 (R4's Physician) stated R4 has episodes myoclonus movements</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>and clarified the medication orders.</p> <p style="text-align: center;">(B)</p> <p>330.780a) 330.780b) 330.780c) 330.4240a) 330.4240b) 330.4240d)</p> <p>330.780 Incidents and Accidents Section 330.780 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>330.4240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) (A, B)</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter of the department. (Section 3-610 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to investigate and report</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>an injury of unknown origin for 1 of 1 resident (R2) observed with bruising to both hands and lower forearms.</p> <p>Findings include:</p> <p>According to the Older Adult Healthcare Progress note dated 9/12/19 record shows R2 has the following diagnoses: dementia, chronic kidney disease, osteoarthritis of both knees, depression.</p> <p>The service plan dated 8/4/19, shows R2 requires the assistance of at least one staff with all activities of daily living including bathing, dressing/undressing, personal hygiene, and toileting.</p> <p>On 11/12/19 at 11:52 AM, R2 was sitting in dining room at the table waiting for lunch to be served. R2 had deep purple bruising to both hands. The right hand and fingers appeared to be swollen. At 12:16 PM, V8 (son of R2) arrived to assist his mother with lunch. V8 looked at R2's hands and asked V7 (Caregiver) and V11 (Caregiver) what had happened to his mother's hands. V7 and V11 both were unsure and stated that the hands were like that when they came that morning. V8 requested to speak with the nurse on duty. V3, LPN (Licensed Practical Nurse) was called to the unit, asked by V8 what had happened to his mother's hands. V3 stated, "I don't know, they were like that when I came in this morning, but I can get an ice pack for her." V8 stated to V3, "I was here last night and put her to bed at 8:30 and her hands did not look like this." V3 was asked to do a complete skin assessment.</p> <p>On 11/12/19 at 12:30 PM, V2 (Executive Director)</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>was notified of R2's injury of unknown origin.</p> <p>On 11/12/19 at 1:13 PM, V3 in the presence of V8 completed the skin assessment. V3 stated R2 had the following: two vertical scratches about 4 cm long located between the shoulder blades crescent shaped green and light purple bruise approximately 4 cm x 1 cm on left upper inner thigh left lower leg, above the foot a round purple bruise the size of a penny back of right hand near the thumb a dark purple 5.7 cm x 9 cm area right wrist 1cm x 1 cm purple area Lower forearm above the wrist a 4 cm x1.8 cm dark purple area back of left hand near the thumb a 7 cm x 6 cm dark purple area back of left hand closer to the fifth finger a 3 cm x 4 cm dark purple area left wrist above the thumb area a 4 cm x 5 cm dark purple area fingers on left hand a light purple and appear swollen.</p> <p>On 11/12/19 at 1:30 PM V8 stated "I am afraid to leave mom alone here, this really upsets me."</p> <p>Review of the nurse progress notes showed there was no documentation of injury being reported prior to 11/12/19.</p> <p>On 11/13/19 at 9:00 AM, V2 (Executive Director) stated that the facility began their investigation of R2's injuries of 11/12/19. V2 stated all staff are mandated reporters, and this should have been reported as soon as it was noticed she had bruising to both her hands. At 9:30 AM, R2 was sitting in her wheelchair and dark purple color has</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>spread down the fingers.</p> <p>Facility resident abuse policy dated 08/2009 stated the Executive Director and the Resident Services Coordinator are notified immediately of any suspected abuse, the Executive Director notifies the state agency of the suspected resident abuse situation according to the regulations. The Executive Director conducts an immediate investigation and takes appropriate action.</p> <p>Review of facility policy failed to identify injury of unknown origin as potential abuse. The facility failed to have a policy on reporting injuries of unknown origin.</p> <p style="text-align: right;">(B)</p> <p>330.790a) 300.790c)1)</p> <p>330.790 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention,</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow standard infection control process with regards to hand hygiene and glove changing during provisions of care.</p> <p>This applies to 3 of the 5 residents (R1, R3, R5) reviewed for hand hygiene and glove changing during provisions of care.</p> <p>The findings include:</p> <p>1. On 11/12/19 at 1:00 PM, V4 and V5 (Both Resident Caregivers) provided incontinence care to R3 who had a bowel movement. V4 cleaned R3's frontal and back peri-area, then she (V4) proceeded to apply clean incontinence brief and pulled up R3's pants. V4 completed all these tasks while wearing same soiled gloves. There was no hand hygiene done in between task.</p> <p>On 11/13/19 at 11:30 AM, V3 (Nurse) provided wound care to R3's pressure wound in the left hip. V3 removed the soiled wound dressing, cleansed wound with normal saline, measured the wound, applied medi-honey and covered the wound with foam dressing. All these tasks were done while wearing same soiled gloves and there was no hand hygiene performed from dirty to clean task.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>2. On 11/13/19 at 9:37 AM, V6 and V7 (Both Resident Caregivers) rendered incontinence care to R1 who was wet with urine. V7 started cleaning R1 in the rectal area with wet wipes then proceeded to clean the frontal peri-area with another set of wet wipes by wiping/cleaning peri-area in an upward stroke, V6 and V7 applied new incontinence brief and repositioned R1. These were conducted while wearing same soiled gloves and without hand hygiene from dirty to clean task.</p> <p>On 11/13/19 at 9:53 AM, V3 (Nurse) provided wound care to R1 who has a pressure ulcer in the sacral area. V3 cleansed R1's wound with normal saline, while wearing same soiled gloves V3 unwrapped the wound care materials from its packages. After unwrapping the wound dressing materials, V3 changed gloves without hand hygiene proceeded to apply calcium alginate and cover the wound with dressing.</p> <p>3. On 11/13/19 at 10:15 AM, V6 and V7 rendered perineal care to R5. V6 cleaned R5's back peri-area with wet wipes, then she (V6) got another set of clean wet wipes to use in the frontal peri-area. V6 proceeded to wipe R5's frontal peri-area in an upward stroke while wearing same soiled gloves. After completing peri-area, V6 and V7 transferred R5 back to the wheelchair and propelled R5 outside the room while wearing same soiled gloves and without hand hygiene.</p> <p>On 11/13/19 at 1:15 PM, V2 (Nurse/Executive Director) stated that when staff provides direct resident care, the staff should wash their hands before and after care. Staff should also perform hand hygiene and glove changing in between task. The staff should remove their gloves and</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>wash hands prior to leaving resident's bedroom.</p> <p>Facility's Hand Hygiene Policy and Procedure showed:</p> <p>Hand hygiene is the single most important measure for reducing the risk of the spread of infection. Hand hygiene is part of standard precautions. It can reduce the transmission of healthcare associated infections to patients and staff.</p> <p>Hand hygiene occurs before and after each direct patient contact. Handwashing occurs after contact with blood, body fluids, secretions, excretions, and equipment or contaminated articles. Consistent practice of good hand hygiene procedures reduces healthcare associated infections by preventing the spread of microorganisms.</p> <p>The following is a list of some situations that require hand hygiene:</p> <ul style="list-style-type: none"> - Before and after direct resident contact. - After removing gloves or apron. - After contact with a resident's mucous membranes and body fluids or excretions. - After handling soiled or used linens, dressing, bedpans, catheters and urinals. <p style="text-align: right;">(C)</p> <p>330.1155b) 3301155c) 330.1155e)2)</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p> <p>b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.</p> <p>c) Residents shall not be given antipsychotic drugs unless antipsychotic drug therapy is necessary, as documented in the resident's comprehensive assessment, to treat a specific or suspected condition as diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Section 330.Appendix E.</p> <p>e) For the purposes of this Section:</p> <p>2) "Psychotropic medication" means medication that is used for or listed as used for antipsychotic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the latest editions of the AMA Drug Evaluations (Drug Evaluation Subscription, American Medical Association, Vols. I-III, Summer 1993), United States Pharmacopoeia Dispensing Information Volume I (USP DI) (United States Pharmacopoeial Convention, Inc., 15th Edition, 1995), American Society of Health Systems Pharmacists, 1995), or the Physicians' Desk</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>Reference (Medical Economics Data Production Company, 49th Edition, 1995) or the United States Food and Drug Administration approved package insert for the psychotropic medication. (Section 2-106.1(b) of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to obtain consent, identify targeted behaviors in the service plan, establish corresponding diagnosis and monitor behavior for the use of psychotropic medications.</p> <p>This applies to 3 of the 3 residents (R5, R11, R12) reviewed for psychotropic medications in the sample of 14.</p> <p>1. R5 is a 91-year-old who has multiple medical diagnoses to include unspecified dementia with behavioral disturbance. Medication Administration Record (MAR) for November 2019 showed that R5 receives Quetiapine 25 milligrams (mg) twice daily, Trazodone 25 mg tablet at bedtime, Lorazepam 1mg (0.5 milliliters/ml) every morning, and Sertraline 100 mg tablet every morning. There was no evidence of documentation that consent was obtained for the use of these psychotropic medications. V1 and V2 (Both Executive Directors) were unable to present documentation for R5's psychotropic consents.</p> <p>2. R11 is a 74-year-old who has multiple medical diagnoses including Alzheimer's disease. R11's MAR dated November 2019 showed, R11 receives Escitalopram 10 milligrams (mg) once daily and Olanzapine 5 mg tablet once daily (every 8PM) and Trazodone 50 mg at bedtime. There was no corresponding diagnosis for the use of Olanzapine.</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>3. R12 is an 81-year-old who has multiple medical diagnoses to include Alzheimer's disease. R12's MAR for November 2019 showed, R12 receives Risperidone 0.25 mg at bedtime. There was no evidence of documentation of consent for the use of Risperidone. V1 and V2 (Both Executive Directors) were unable to present documentation for R12's psychotropic consent.</p> <p>R5, R11 and R12 has no corresponding diagnosis, indication and targeted behavior in the service plan for the use of psychotropic medication. In addition, R5, R11 and R12 has behavioral monitoring form in their MAR. However, there was no evidence of consistent monitoring for behavioral changes.</p> <p>From 11/12/19 (between 11:35 AM to 3:00 PM) through 11/13/19 (between 9:00 AM to 12:30) intermittent observations were conducted to R5, R11 and R12. All these residents were seen staring into space with a flat affect or a blank expression on their faces.</p> <p>On 11/13/19 at 4:00 PM, V2 stated that there should be consent, specific diagnosis and behavioral monitoring in place for the use of psychotropic medications.</p> <p style="text-align: right;">(B)</p> <p>330.1160c) 330.1160d)</p> <p>330.1160 Vaccinations</p> <p>c) A facility shall provide or arrange for</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2019
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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF ELK GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Continued From page 13</p> <p>administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to ensure that recommended complete pneumonia vaccines were provided to the residents.</p> <p>This applies to 3 of the 5 residents (R3, R5, R11) reviewed for vaccination in the sample of 5.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. R3's documentations does not have evidence that a pneumonia vaccine was offered and/or provided. There was also no documentation that R3 or R3's guardian refused pneumonia vaccine. 2. R5 has documentation that she (R5) received the PPSV 23 (Pneumococcal Polysaccharide Virus) pneumonia on 10/13/16. However, there was no evidence that the Prevnar 13 was offered or provided. 	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014419	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2019
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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF ELK GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007
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S9999	<p>Continued From page 14</p> <p>3. R11 has documentation that she (R11) received the PPSV 23 pneumonia on 9/22/17. However, there was no evidence of documentation that Prevnar 13 was offered or provided or refused when it was offered.</p> <p>Facility's Immunization Policy showed: All residents are offered the Pneumonia Vaccination on Move-In and the Flu vaccine on an annual basis.</p> <p>On 11/13/19 at 1:15 PM, V1 (Executive Administrator) stated, when a resident moves in to the facility, the facility staff discuss with the resident or the power of attorney (POA) about recommendations of flu and pneumonia vaccines. Staff obtain history of the resident receiving the flu and pneumonia vaccines in the past. Facility staff will also obtain consent if the resident and/or POA wants the flu and pneumonia vaccines while at the facility. There should be a signed consent prior to administration and a documentation whether the resident received or refused.</p> <p>(AW)</p>	S9999		
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