Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: ______ B. WING ______	04/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF SOUTH HOLLAND	**2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473**

(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
S 000	Initial Comments Incident Report Investigation IRI of 3/15/15 - IL76028	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. c) The written policies shall include, but are not limited to, the following provisions: 3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: A) Analysis of the risk of injury to residents and nurses and other health care workers, taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs. Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: ______ B. WING ______	04/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF SOUTH HOLLAND	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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
S9999	Continued From page 1	S9999		

These requirements were not met as evidenced by:

Based on observation, record review and interview the facility failed to policy and provide appropriate care for an aggressive dementia resident to prevent injury or abuse of the resident. This applies to one of three residents (R2) reviewed for physical abuse in a sample of three.

Findings include:

R2 is a 84 year old admitted to the facility 8/22/15. R2 has diagnoses including Dementia, Hypothyroid and leg swelling.

On 3/31/15 at 3:45pm, R2 was noted seated at a table in a dining area. E5 (caregiver) was with R2 at this time. E1 (director of nursing) asked R2 if she could take a look at her arms. R2 stated, "sure". R2 proceeded to pull her sleeves up. No redness, bruises or open skin areas were noted on R2's arms or wrists. However, a small red circular area was noted to R2's left hand, between the thumb and 1st finger.
E1 stated, "yes, that's left over from the fingernail mark."

The Incident Report - Resident Involved dated 3/16/15 indicates R2 was noted with multiple bruises to bilateral arms. Right foot swollen and bruised also. Two nail marks also noted to right forearm. Upon investigation - injuries received during evening care on 3/15/15.
The physical assessment indicates bruises noted to bilateral wrists and hands with 2 nail marks to right wrist and swollen bruise to top of right foot.

The written statement dated 3/16/15 from Z1 (a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: ______ B. WING ______	04/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF SOUTH HOLLAND	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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
S9999	Continued From page 2 visitor of another resident) indicates Z1 heard thumping in R2's room. At first R2 didn't want to go with the caregiver (E3). When they (E3 and E4/caregivers) got in the room, E3 called for E4 to come help her. I heard R2 screaming and swearing. I heard 4 thumps then didn't hear anything else after that. They brought R2 out to the living room and R2 sat there licking her right hand and rubbing it. Z1 told the caregiver (E4) R2 needs help. E4 looked at her (R2) and just left. Then I saw E4 talk to E3. They never checked R2 out. The written statement dated 3/16/15 given by E3 (care giver) indicates R2 head butted E3 and E4 (care giver). R2 was trying to bite both of them. R2 was hitting her head with her arms. E3 said she held R2's arms so that E4 could take R2's incontinent brief off. R2 was screaming saying that she would kill them. When E1(director of nursing) asked if E3 informed the nurse (E2) about the incident. E3 stated, "no, because R2 always acts like that. We were trying to get BM (bowel movement) off of her and clean her up and get her comfortable." When E1 asked E3 if she asked the nurse for help at any time. E3 stated, "no". The written statement dated 3/16/15 indicates E4 stated, "basically R2 is pretty aggressive. When we were trying to change her, she was trying to head butt me. I asked E3 to hold her hands so I can get her pants off of here and her incontinent brief without her hitting me. R2 didn't have a BM, but she need to be change because she was wet with an odor and needed to get ready for bed - this was about 7pm." When E1 asked E4 if she notified the nurse, E4 stated, "no, because this usual for R2.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014989	A. BUILDING: ____ B. WING ____	04/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF SOUTH HOLLAND	2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473

(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
S9999	Continued From page 3	S9999		

On 3/31/15 at 11:40am, E1 stated, "we were made aware of this incident by Z1. Z1 came in on 3/16/15 and reported to our marketing director. Z1 said when R2 came out of her room, her wrists and arms were red. R2 started licking her wrist and hand, appearing to be in pain."

E1 further stated, "R2 is demented and has expressive aphasia. I asked both E3 and E4 what was the urgency. They said this was their second time approaching her (R2). They had to hold her wrists down so the one caregiver could take her pants down. They both have been relieved of their duties."

On 4/1/15 at 4:00pm E2 (nurse) stated, "yes, R2 sometimes is aggressive. When R2 is agitated, I tell them (caregivers) to leave her alone and come back later. That day I didn't know anything. E1 called me and told me what happened. I worked a double that day. Thye didn't say anything to me. At 5 o'clock when I passed my meds, R2 was fine."

R2 was not assessed until 3/16/15 after E1 was made aware of the incident that occurred on 3/15/15. R2 has orders for Ativan 0.5mg, 1 tablet by mouth twice a day and PRN (as needed) for agitation.

(B)