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Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES ((X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G:	COMP	IPLETED	
		IL6014989	B. WING		0.410	4/00.	
		120014303	L		04/0	1/2015	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
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ARDEN	COURTS OF SOUTH I	SOUTH H	OLLAND, II	_ 60473			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	. D	PROVIDER'S PLAN OF CORRECTION	או	()(5)	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE			
				DEFICIENCY)			
S 000	Initial Comments		S 000				
	Incident Report Inve	estigation	on a second				
y m Addadadam	IRI of 3/15/15 - IL76		WWW.				
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59999	Final Observations		S9999				
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	STATEMENT OF LI	CENSURE VIOLATIONS:					
	STATEMENT OF LICENSURE VIOLATIONS:		Province and Automatical Automatica Automatical Automa				
	Section 330.710 Re	sident Care Policies	And the second s				
	a) The facility shall I	nave written policies and					
PP/PP-date		ng all services provided by the					
-	facility. The written policies and procedures shall				The state of the s		
		he 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						
la constant de la con							
		served by the facility and the					
		t in which the resident					
	handling and moven	nent occurs.			- AND		
	0 () 005 (5)			A stanhmant A			
	Section 330.4240 Abuse and Neglect			Attachment A			
a) An owner, licensee, administrator, employee or]		
agent of a facility shall not abuse or neglect a			Statement of Licensure Viola	EIIVIIA			
resident.						1	
		DA MONTE DE LA CONTRACTOR DE LA CONTRACT				I	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 04/16/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING IL6014989 04/01/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2045 EAST 170TH STREET ARDEN COURTS OF SOUTH HOLLAND SOUTH HOLLAND, IL 60473 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) 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."

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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

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

during evening care on 3/15/15.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6014989	B. WING		04/	01/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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ANDLIN	COOK13 OF 3001H P	SOUTH H	OLLAND, IL	. 60473		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page	ge 2	S9999			
	visitor of another resthumping in R2's roogo with the caregive E4/caregivers) got in to come help her. It swearing. I heard 4 anything else after the living room and hand and rubbing it. needs help. E4 look. Then I saw E4 talk to out. The written statement (care giver) indicates	sident) indicates Z1 heard om. At first R2 didn't want to er (E3). When they (E3 and in the room, E3 called for E4 heard R2 screaming and thumps then didn't hear hat. They brought R2 out to R2 sat there licking her right Z1 told the caregiver (E4) R2 ed at her (R2) and just left. They never checked R2 int dated 3/16/15 given by E3 is R2 head butted E3 and E4				
	R2 was hitting her he she held R2's arms sincontinent brief off. that she would kill the When E1(director of informed the nurse (stated, "no, because were trying to get BM her and clean her up	nursing) asked if E3 E2) about the incident. E3 R2 always acts like that. We I (bowel movement) off of and get her comfortable."				
	When E1 asked E3 in help at any time. E3 The written statement stated, "basically R2 we were trying to chapted butt me. I asked the parts off to be the part of t	f she asked the nurse for stated, "no". It dated 3/16/15 indicates E4 is pretty aggressive. When ange her, she was trying to d E3 to hold her hands so I of here and her incontinenting me. R2 didn't have a BM, hange because she was wet ded to get ready for bed -				

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IL6014989 B. WING	1	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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