

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Initial Comments</p> <p>Complaint Investigation:</p> <p>2292185/IL144822 - Section 330.710 Resident Care Policies and Section 330.4210 General cited.</p> <p>Facility Reported Incident of 2/10/22/IL144177 - Section 330.710 Resident Care Policies cited.</p> <p>Facility Reported Incident of 2/2/22/IL144178 - Section 330.1110 Medical Care Policies cited.</p>	S 000		
S9999	<p>Final Observations</p> <p>Section 330.710 Resident Care Policies</p> <p>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.</p> <p>c) The written policies shall include, but are not limited to, the following provisions:</p> <p>1) Admission, transfer and discharge of residents, including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, and other types of transfers.</p> <p>2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services.</p> <p>3) A policy to identify, assess, and develop strategies to control risk of injury to residents and</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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 1</p> <p>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:</p> <p>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.</p> <p>B) Education of nurses in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling.</p> <p>C) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment.</p> <p>D) Restriction, to the extent feasible with existing equipment and aids, of manual resident handling or movement of all or most of a resident's weight, except for emergency, life-threatening, or otherwise exceptional circumstances.</p> <p>F) Development of 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.</p> <p>include: Section 330.4210 General</p> <p>o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 2</p> <p>This regulation was not met as evidenced by:</p> <p>#1 Based on interviews and record reviews the facility failed to have a written policy on notice of change in condition; failed to follow their policy on providing medical treatment for serious injury in a timely manner by not sending a resident out to the hospital upon discovering they developed a fracture; not notifying a resident's family member/resident representative that the resident developed a fracture while at the facility; and failed to follow their policy on thoroughly investigating an injury of unknown origin by not including information regarding the circumstances leading up to a residents injury in their investigation. This failure applies to one resident (R3) in a total sample of 3 residents reviewed for injury of unknown origin.</p> <p>Findings include:</p> <p>R3 is a 72 year old female with a diagnoses history of Dementia, Unsteadiness on Feet, and Fracture of First Lumbar Vertebra and Susequent Encounter for Fracture with Routine Healing present on admission who was originally admitted to the facility 01/10/2019.</p> <p>R3's Progress note dated 02/16/2022 documents PAL (Personal Liaison Assistant) requested nurse examine R3's foot, nurse observed R3 noted lying in bed with right foot extremely rotated and complaining of pain when nurse attempted to move right lower extremity; physician's office notified and x-ray requested.</p> <p>R3's Progress note dated 02/17/2022 documents V24 (Family Member/Resident Representative) called the facility asking about the results of R3's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 3</p> <p>X-ray and stated she would call back later for the results.</p> <p>R3's Progress note dated 02/22/2022 documents V24 (Family Member/Resident Representative) called and requested R3 be sent to the hospital for further evaluation, R3 was sent to the hospital.</p> <p>R3's patient x-ray report dated 05/28/2020 documents examination of right hip, unilateral with pelvis revealed mild degenerative arthritic changes with no evidence of recent fracture or dislocation; examination of right femur revealed mild degenerative arthritic disease with no evidence of recent fracture or dislocation.</p> <p>R3's patient x-ray reports dated 02/17/2022 documents an examination of femur R3 revealed a fracture of the right proximal femur with some demineralization and degenerative arthritic changes; ankle condition of mild soft tissue swelling with no evidence of recent fracture or dislocation. Impression: of no recent fracture or dislocation; examination of tibia and fibula revealed mild soft tissue swelling with no evidence of recent fracture or dislocation; examination of knee revealed soft tissue swelling with moderate degenerative arthritic changes and vascular calcifications with no evidence of a recent fracture or dislocation.</p> <p>Incident report dated 02/22/2022 documents on 02/16/2022 at 3:15PM staff reported to the nurse that R3's right leg has external rotation and complained of pain. Nurse was called and assessed R3. R3 complained of pain when right leg was moved. No swelling or bruises noted on right leg. No report of a fall. x ray order was received. Physician and V24 (Family Member/Resident</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 4</p> <p>Representative) notified of order for x-ray. x-ray result received 02/17/2022 showed fracture of right femur with no significant displacement. Family considered hospice readmission but elected to send resident to emergency room for evaluation. R3 was sent to hospital emergency room 02/22/2022 per family's request for evaluation and was admitted to hospital and received hip surgery; V7 (Registered Nurse) who worked during the morning shift was interviewed and reported checking on R3 during her shift and did not notice redness, swelling, deformity, or misalignment of R3's right leg. V7 reported R3 ate well and did not complaint of pain; V17 (Personal Assistance Liaison) was interviewed and reported he rose R3 up on the morning of the incident using a mechanical lift then put her back in bed after lunch. V17 reported he noted R3's left knee looked bigger than her right knee. V17 reported that R3 was more quiet than usual and seemed to be in pain. V17 reported he notified V7 (Registered Nurse) and V7 stated to him that it was not unusual for R3 to complain of pain. V7 reported she checked on R3 later when she was in the dining room; V5 (Licensed Practical Nurse) who worked during the evening shift (3PM - 11PM) was interviewed and reported she was informed by V10 (Personal Assistance Liaison) that R3's right leg does not look normal. V5 reported she checked on R3 while she was in bed and did not notice any swelling, redness, bruises, or signs of external injury. V5 reported R3 complained of pain when her left leg is moved. V5 reported she instructed staff not to get R3 up for dinner and R3 had dinner in her room. V5 reported she notified the physician of her observations and received an order for an X-ray. V5 reported that she notified V24 (Family Member/Resident Representative) and V24 called the facility again later to ask if the X-Ray</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 5</p> <p>was completed; On 02/17/2022 V4 (Licensed Practical Nurse) was interviewed and reported she received R3's X-ray result after 4PM, she contacted the doctor's office to relay the result and faxed the results over, she was told by the doctor's office they will review the result and will call with orders if need be. V4 reported the nurse practitioner did not call back with an order; On 02/21/2022 V2 (Director of Nursing/Registered Nurse) was interviewed and reported the facility was still waiting to hear back from the nurse practitioner regarding the X-ray results. V2 reported he notified V24 about the X-ray results and V24 reported she had not been informed R3's X-ray results. V2 reported he asked V24 if she wanted R3 to be sent to the hospital for evaluation for a possible surgery or hospice and was undecided at the time. V2 reported he asked V24 to consult with R3's nurse practitioner then inform the facility of her decision. V2 reported he checked R3's left leg and observed no swelling, bruises or redness and R3 stated she was not having pain when asked however, she did complain of pain when her leg was moved; V2 reported he was informed that V24 requested to send R3 to the hospital and confirmed the request with V24 then sent R3 to the hospital; The facility was not able to conclude when and how R3's injury of unknown origin occurred, video surveillance for fall detection did not detect a fall incident prior to injury. R3 was discharged from hospice on -2/14/2022. R3 is unable to recall what happened. The incident report did not include observations, interviews, or record reviews regarding the days leading up to the discovery of R3's fracture.</p> <p>On 03/22/2022 at 2:15PM V12 (Personal Assistant Liaison) stated she did not work with R3 when she was in the facility but would see her in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/24/2022
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025		
(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	<p>Continued From page 6</p> <p>the dining room for meals. V12 stated R3 did not typically show signs of distress and would switch from periods of being sleepy to restless but otherwise pleasant.</p> <p>On 03/22/2022 at 2:24PM V5 (Licensed Practical Nurse) stated she worked with R3 regularly. V5 stated R3 did not complain much about anything. V5 stated R3 usually seemed comfortable. V5 stated R3 received pain medication every afternoon and it seemed sufficient for R3 during her shift. V5 stated R3's pain medication was scheduled and R3 did not ask for any additional medication during her shift. V5 stated she didn't notice any changes in R3's physical condition until the day staff brought it to her attention 02/16/2022 that R3's foot appeared abnormal. V5 stated it's hard to tell if R3's foot position on that day was normal for her. V5 stated R3 was having an issue with one of her legs not staying on the wheelchair rest so a geriatric recliner was ordered for her to ensure her legs don't hang.</p> <p>On 03/23/2022 at 10:56AM V15 (Personal Assistant Liaison - PAL) stated she worked with R3 on a regular basis until 02/14/22 when her schedule changed. V15 stated R3 was always giggling and smiling and joyous and never really complained about anything and did not express or show signs of pain or discomfort usually. V15 stated she worked with R3 during the 3-11 shift on 02/16/2022. V15 stated when she walked into the R3's unit that day the other 2 PALs kept her in bed that day and were instructed they keep R3 in bed because her right leg was twisted out. V15 stated she worked with R3 on Saturday 02/19/2022 and asked the nurse in the morning about her condition before getting her up and she seemed fine that day. V15 stated she didn't notice any issues with R3 on that morning. V15 stated</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 7</p> <p>R3 went to the hospital at a later time but did not go out on the days she worked with her.</p> <p>On 03/23/2022 at 11:15AM V17 (Personal Assistance Liaison) stated he worked with R3 occasionally. V17 stated he noticed during the last time he worked with R3 on 02/16/2022 he noticed her left knee seemed bigger than the right one. V17 stated he informed V7 (Registered Nurse) about his observations and V7 stated R3 always seems uncomfortable. V17 stated it's unusual for R3 to be quiet and she is usually cheerful. V17 stated R3 doesn't normally appear to be in discomfort or pain. V17 stated at the time he had not observed R3 ankle or feet. V17 stated before he rose R3 out of bed that morning he informed V7 of his observations so she would be aware of any potential issues.</p> <p>On 03/23/2022 from 1:00PM - 2:40PM V24 (Family Member/Resident Representative) stated R3 became septic in June of 2020 and was placed on Hospice. V24 stated once this occurred, R3 then required 2 people to stand. V24 stated she believed the facility waited to tell her about R3's fracture acquired 02/16/2022 because they wanted her to die. V24 stated R3 was sent to the hospital 02/22/22 for her fracture and was transferred to another hospital to have surgery for the injury. V24 stated one of R3 hospital records from one of the hospitals she was sent to documented although no fall were reported there was an indication that trauma was the cause of the hip fracture which resulted in surgery on 02/23/2022. V24 stated there's no way R3 fell because she's non-weight bearing and has to be transferred by mechanical lift. V24 stated when she spoke to V2 (Director of Nursing) about R3's fracture he suggested that she stay in the facility and remain in bed and be placed on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 8</p> <p>hospice 02/23/2022. V24 stated she did not know what she should do in this situation. V24 stated that V2 repeatedly told her R3 is not a candidate for surgery. V24 stated V21 (Nurse Practitioner) contacted her 02/21/2022 in response to a request to be contacted. V24 stated when she asked V21 what should be done about R3's hip fracture V21 advised R3 should be taken to an Orthopedic Physician for an appointment. V24 stated she was concerned of how R3 could be transported for an orthopedic appointment based on her mental and physical state based and the potential difficulties that could be caused with transportation. V24 stated she also felt seeing an orthopedist was not a solution for a broken bone. V24 stated she expressed her concerns to V21 and asked what is recommended if someone is laying in the bed with a broken bone? V24 stated V21 advised R3's bone could immobilized and she would also be there to see R3 that upcoming Wednesday 02/23/2022. V24 stated V21 then stated the facility does not have any records to review for R3 online so she will just have to wait until she can see R3 on Wednesday. V24 stated she asked V21 if an Orthopedist could see R3 at the facility and V21 replied no in a very short and aggressive tone. V24 stated she then decided 02/22/2022 to have R3 sent to the hospital because she felt she should be sent because she wanted a formal diagnosis. V24 stated during this incident R3 was not on hospice. V24 stated R3 had been taken off hospice 02/14/2022. V24 stated Medicare removed R3 from Hospice because she had a better than 6 month life expectancy. V24 stated the orthopedic physician she spoke to stated surgeries are conducted on individuals whether or not on hospice unless in the dying process or death is imminent within 2 weeks. V24 stated she spoke to V7 (Registered Nurse) 02/17/2022 and V7 stated bones don't just</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 9</p> <p>break but felt there was nothing wrong with R3. V24 stated V7 reported all the PALS were telling her that there is nothing wrong with R3. V24 stated she asked V7 will she inform her when R3's X-ray results are in and she said yes. V24 stated over the summer R3 was having cramping and her left leg would turn. V24 stated she had not heard anything from the facility about her X ray so she assumed there was nothing wrong.</p> <p>On 03/24/2022 from 11:11AM - 12:21PM V2 (Director of Nursing/Registered Nurse) stated he remembers V17 (Personal Assistant Liaison) informing V7 (Registered Nurse) that R3 was in pain and V7 stated it's not unusual for her to complain of pain which is why she is on a scheduled dose of pain medications. V2 stated V7 should have immediately examined R3 once she received the report of her condition from V17. V2 stated he did ask V7 at what point did she observe R3 and V7 stated she observed R3 in the dining area sitting in the chair eating breakfast as normal and her legs appeared normal. V2 stated V7 could have examined R3 more closely when they put her to bed after breakfast or followed up with the PALS to inquire if they noticed anything unusual. V2 stated that V7 reported that because R3 did not complain of pain and she did not observe any abnormalities of her legs she believed R3 was ok. V2 stated R3's X-ray results came in on 03/17/2022 and V4 (Licensed Practical Nurse) notified the physician's office and waited for the physician to call back before she notified R3's family of the results. V2 stated unfortunately V21 (Nurse Practitioner) did not call the facility back and this is why V4 had not communicated the results of R3's x-ray to her family. V2 stated R3's family should have been informed of the X-ray results immediately. V2 stated he is unsure of why R3's left leg was not</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 10</p> <p>X-rayed as well as the right in light of the reports and observations of her left leg. V2 stated the evening nurse likely observed that R3's right leg showed more prominent injury and the focus was given to the right leg. V2 stated he thought the nurses were aware that R3 has arthritis on the left side and it has always been slightly bigger than the right. V2 stated if the physician doesn't respond timel, he would follow up within a couple of hours and the following shift can also follow up with another call. V2 stated he spoke with V21 and asked if there was any condition that may have contributed to R3 developing any fractures without even moving and V21 speculated osteoporosis could potentially be a contributing factor to R3's fracture. V3 stated he did not find any diagnoses in R3's medical history that would suggest an increased likelihood of spontaneous fractures. V2 stated based on R3's medical history not including identified conditions of susceptibility of fractures and no evidence of a fall, there was no investigation into potential abuse because of the nature of the injury the facility did not look at it as abuse. V2 stated he did not observe any signs of abuse in R3's condition and considered if it could have happened during a transfer or just moving her. V2 stated his mind R3 is a well-liked resident and did not really consider abuse. V2 stated there were no signs of bruising or any other signs of abuse for R3. V2 stated even R3 was unaware she was injured. V2 stated R3's injury was considered and injury of unknown origin and was investigated. V2 stated R3 was released off hospice on Monday 02/14/2022 and her injury occurred on a Friday 02/16/2022. V2 stated there was an attempt to go back over the shift prior to R3's incident but it did not lead to any additional information found and therefore no documentation in the final report or further investigation into abuse. V2 stated on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 11</p> <p>Monday 02/14/2022 R3's hospice worker woke her up. V2 stated he did not note anything out of the norm in the previous days and he did speak to V14 (Personal Assistance Liaison) about her experiences during the day on Tuesday 02/15/2022 and did not receive any unusual reports. V2 apologized for not including this information in the final investigation report due to the information not leading to any unusual findings. V2 stated he was told by the corporate office there was no policy on change in condition.</p> <p>On 03/24/2022 at 3:50PM V2 (Director of Nursing/Registered Nursing) stated normally the response to a resident developing a fracture would be to send them out to the hospital however the facility has always known V24 (Family Member/Resident Representative) to prefer her to remain in hospice care and be provided comfort measures. V2 stated when he spoke with V24 and asked how she wanted the injury to be addressed she was considering hospice and was undecided on whether to place her on hospice or be sent to the hospital. V2 stated he was first informed about R3's injury on 02/21/2022 when V4 (Licensed Practical Nurse) notified him that the facility had not yet heard from V21 (Nurse Practitioner) regarding R3's fracture. V2 stated he should have been notified by the staff about R3's fracture on 02/17/2022 when R3's X-ray results revealing her fracture were received. V2 stated V24 should have been notified of R3's X Ray results once they were received. V2 stated the facility should have consulted with V24 on 02/17/2022 to determine if R3 should be sent to the hospital for further evaluation rather than on 02/21/2022 to prevent a delay in care. V2 stated a delay in treatment for a fracture could result in an embolism or further injury.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 12</p> <p>The facility's abuse policy reviewed 03/24/2022 states: "When an incident or injury of unknown origin is reported, the Community Manager will appoint a staff member to investigate the incident." "The Investigation Shall Consist of: Review of all circumstances surrounding the incident."</p> <p>#2 Based on observations, interviews, and record reviews the facility failed to follow their policy on updating residents service plan to include necessary fall interventions by not updating service plans and not implementing necessary interventions to prevent falls including assigning a personal caregiver, increasing monitoring, and referring residents to physical therapy services for residents at increased risk for falls. This failure applies to three residents (R1, R4, and R6) in a total sample of 3 residents reviewed for quality of care regarding safety/falls</p> <p>Findings Include:</p> <p>R1 is an 80 year old male with a diagnoses history of Dementia without Behavioral Disturbance, Cerebral Infarction, and Hypothyroidism who was originally admitted to the facility 12/09/2021.</p> <p>On 03/21/2022 at 11:05AM Observed R1 in his room sitting on his bed showing no signs of distress or injury. R1 stated he was bored. R1 stated he fell a few times but did not have any real injuries from it. Observed R1 ambulating with some imbalance in his gait.</p> <p>Fall log from October 2021 to March 2022 documents: R1 had a fall on 01/25/2022 while ambulating in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 13</p> <p>the hallway with no injury and a fall 02/10/2022 that resulted in swelling and was sent to the hospital.</p> <p>R1's Physician note dated 01/25/2022 documents R1 stated to his therapy technician that he fell today near the doorway of his apartment; had no injury of complaints of pain or discomfort; stated he was fine.</p> <p>Incident report dated 02/10/2022 documents R1 reported that morning he had a fall at 1AM the previous night, got up by himself and did not report the incident to staff immediately. Noted a bump at the back of his head. Nurse was called and assessed R1. R1 complained of neck pain. 911 was called and he was transported to the hospital emergency room for evaluation. CT scan of head showed no injury. After further testing he was sent back to the facility on the same day with a diagnosis of closed head injury.</p> <p>R1's Physician Communication dated 02/10/2022 documents R1 stated he fell in his room around 1AM but reported it the incident at 9:30AM. R1 was noted with a bump on the right side of the back of his head and complaints of pain in the base of his neck. R1 was sent to the hospital emergency room for evaluation and returned with a diagnoses of closed head injury.</p> <p>R1's current service plan documents he walks independently; staff reminds resident to use assistive devices and occasional stand by assistance when unsteady.</p> <p>R4 is a 95 year old female with a diagnoses history of Insulin Dependent Diabetes Mellitus, Depression, and Hypertension who was originally admitted to the facility 05/31/2019.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 14</p> <p>On 03/21/2022 at 2:30PM Observed R4 sitting in the dining area in her wheelchair with bruising across her cheeks, a moderately large sized laceration on her forehead that appeared to be old and have stiches. Observed R4 stated her back hurts. V11 (Personal Assistance Liaison) stated R4 did complain of back pain earlier. V11 and V10 (Personal Assistance Liaison) stated they were not sure how long R4 has complained of pain.</p> <p>On 03/21/2022 at 2:54PM V4 (Licensed Practical Nurse) stated R4 had a fall while trying to get up off of her high low bed about a week ago and another fall a few days ago. V4 stated she believes the fall occurred during the 11-7PM shift. V4 stated staff were alerted to R4's fall by the safety you surveillance video inside her room. V4 stated R4 was sent to the emergency room for the bruising and laceration and believes she received stitches.</p> <p>Incident report dated 03/14/2022 documents R4 was found on the floor in her apartment and noted with a laceration on her forehead. High low bed was in lowest position and fall mattress in place on the bedside. Was sent to emergency room for evaluation; Contacted R4's responsible party and discussed putting a private caregiver back at night and the responsible party stated she would consider it.</p> <p>Progress notes dated 03/14/2022 03/15/2022 document R4 fell, noted with swollen left knee and laceration to forehead; complained of knee and neck pain; was sent to hospital, received stitches to forehead; x-ray of knee and neck results were negative.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 15</p> <p>Incident report dated 03/19/2022 documents staff responded to R4 floor mat going off, R4 was found on floor next to bed. Video showed R4 got up from bed and fell backwards. High low bed in lowest position and floor mat with alarm in place when incident happened. No injuries observed. R4 was sent to the hospital in the days following due to abnormal vital signs and labs. The facility had another conversation with R4's family and they agreed to get her a private care giver at night if R4 comes back.</p> <p>Physician note dated 03/19/2022 documents R4 was noted on the floor in a sitting position, upon review of the video R4 got up from bed and walked towards the bathroom lost balance, fell back, head on the foot of bed, no new injuries noted except from old bruises from previous fall.</p> <p>R4's hospital discharge instructions dated 03/14/2022 documents a facial laceration with stitches and acute concussion.</p> <p>R4's hospital discharge instructions dated 03/20/2022 documents diagnosis of a fall, acute pain of left knee and bruise of occipital region of scalp.</p> <p>R4's current service plan (Assessment date 03/22/2022) documents she is a high risk for falls with interventions including high-low bed in lowest position when in bed, floor mat with alarm in place when in bed. R4's current service plan was not updated to include a personal caregiver.</p> <p>R6 is a 92 year old female with a diagnoses history of Age Related Osteoporosis, Generalized Muscle Weakness, and Depression who was originally admitted to the facility 12/16/2021.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 16</p> <p>On 03/22/2022 at 7:45AM Observed V18 (Personal Assistance Liaison) assisting R6 with toileting. R6 stated her body hurts around her legs and back pretty badly but not as high as a level 10. R6 stated she has had this pain since she had an incident at home. Observed R6 had some bruising on her left shin.</p> <p>Fall log from October 2021 to March 2022 documents: R6 had a fall 01/01/2022 while in her room lying in her bed with no injuries, had a fall 02/27/2022 while lying in bed resulting in a skin tear, had a fall 03/17/2022 while ambulating in the common area resulting in abnormal vital signs and was sent to the hospital.</p> <p>Incident report dated 03/17/2022 documents R6 was sitting on chair in a common room area, lost her balance and fell when she got up; fall was witnessed. Nurse assessed R6. R6 complained of right thigh pain and was transported to the hospital emergency room for evaluation. After further testing R6 was discharged back to the facility with a diagnosis of a UTI and closed fracture of ramus of right pubis.</p> <p>Progress note dated 03/17/2022 documents R6 fell while attempting to transfer herself, fell before staff could reach her, hit her head into the couch, was sent to the hospital emergency room for assessment.</p> <p>Physician progress note dated 03/18/2022 documents R6 returned from the hospital with a diagnosis of a closed fracture of ramus of right pubis, initial encounter, and bladder infection.</p> <p>R6's current service plan (Assessment date</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 17</p> <p>03/18/2022) documents requires one person transfer assistance and does not include fall risk interventions.</p> <p>On 03/22/2022 at 2:15PM V12 (Personal Assistant Liaison) stated R4 has had a few falls. R4 only complained about her knee and forehead from fall where she fell forward but otherwise no complaints. R4's bruises came from a fall she had last week.</p> <p>On 03/22/2022 at 2:24PM V5 (Licensed Practical Nurse) stated R4 has fall mats next to her bed. V5 stated R4 used to have a 24 hour caregiver and a fall mat was placed near her bed once the 24 hour care giver was no longer in place. V5 stated a 12 hour caregiver was also assigned to R4 then removed.</p> <p>On 03/23/2022 from 3:08PM - 5:10PM V2 (DON) stated surveillance videos are taken in the residents rooms and every 10 minutes if there is no fall detected the video automatically deletes. V2 stated however, if there is a fall the videos captured are saved for months. V2 stated private PALS (Personal Assistant Liaison) are assigned if residents need more care or supervision than what can be provided. V2 stated some families agree and some can't afford it. V2 stated R4 used to have a private care giver from an outside agency from December to January until the family discontinued those services. V2 stated R4 had a fall back in December and another fall in while in the emergency room. V2 stated some intervention for R4 included a high low bed that can be lowered to the floor which seemed like a more feasible option for her and her family. V2 stated R4 also had a mat placed next to her bed. V2 stated R4 had been doing fine without any falls until March. V2 stated the facility noticed on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 18</p> <p>her surveillance video she would push away the mat and would get up which he informed her family of. V2 stated it was decided R4 needed a caregiver and assigned one when she came back on the 03/20/2022. V2 stated R4's family agreed to have a caregiver assigned to her at night when she seems to have the most issues. V2 stated R4's fall on 03/15/2022 occurred at 4:45AM and on 03/19/2022 at close to 10PM in the evening. V2 stated fall risk assessments are conducted every 6 months or as needed and service plans are updated to reflect changes in interventions for falls V2 stated fall risk assessments are performed if there are a pattern of falls within a short span of time such as a month. V2 stated 2 or more falls in a month would be considered a pattern. V2 stated R1 is not considered a fall risk resident and he is really independent in ambulating. V2 stated R1 had a very low fall risk score. V2 stated the facility is not really sure of exactly what is causing R1 to fall. V2 stated the course of action for R1 is to continue therapy for balance and gait. V2 stated he spoke with R1 after his fall and asked what happened and R1 stated I don't know I just fell. V2 stated he suggested to R1 to ask for assistance and use his call light and R1 replied he'll see but he doesn't really need help and doesn't want staff in his room. V2 stated the facility has a psychologist and nurse practitioner following him. V2 stated he asked R1 if it would be ok for someone to check on him a few times during the night and he would only agree to being checked on once. V2 stated R1 is a very private person and we want to respect his rights as a private individual. V2 stated R1's care plan was updated to reflect changes in his needs regarding falls in February. V2 stated R6 had a history of multiple falls before her admission and the family reported she is very impulsive. V2 stated R6 will attempt to do things</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 19</p> <p>without asking for assistance. V2 stated after every fall he would encourage V2 to call for help and she assured she would. V2 stated due to R6's behaviors the facility advised a fall mat and her family finally agreed for her to have one. V2 stated R6 now has a pendant around her neck to call for help anytime but she still forgets. V2 stated R6 still believes in her mind she can do things on her own and will attempt to do them. V2 stated R6 is actually still higher functioning but has poor safety awareness. V2 stated he did speak with R6's family about her impulsiveness and suggested she be assigned a private care giver and they declined due to it being expensive. V2 stated he informed the family they cannot be with her at all times and she is at risk however they insisted she does not need a caregiver. V2 stated he cannot push families to obtain a caregiver if they cannot afford one. V2 stated the facility will continue monitoring R6 more. V2 stated that during the day he will just have to try to get R6 involved in as many programs as possible. V2 reported R6's last fall occurred around 6PM. V2 stated he believes the facility tried half rails for R6 already. V2 stated if R6's falls continue the facility may have to inform the family that she requires more care and may need to be moved. V2 stated he would then have to assess whether the facility can meet R6's needs and would have that discussion with the family and suggest options determine what's the best fit for her. V2 stated the concerns with R6's fall are more when she is by herself during the night rather than during the day. V2 stated he did suggest the high low bed however it is a \$6000 bed and the family can't afford it. V2 stated repeated falls would be considered a change in condition however R6 was already experiencing repeated falls prior to admission. V3 (Director of Activities and Memory Programs) the facility's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 20</p> <p>assisted living unit where R6 lives is a structured activity unit and staff are working with residents throughout the entire morning and afternoon. V2 stated the bulk of R6's falls are when she's alone and have happened at a range of times such as 12:20AM, at 2PM, and 10AM. V2 stated R6's falls also happen in between programming times. V2 stated R6 having four falls in the span of two and a half months is concerning which is why he continues to communicate with the family to implement interventions. V2 stated in January R6 had 2 falls, one incident in February, and two falls in March. V2 stated he would like to see R6 have no falls.</p> <p>The facility's Fall Policy reviewed 03/24/2022 states: The Purpose of the Policy is "Reduce the risk of Resident Falls." "If there is a concern regarding fall risk, the nurse can assign tasks to monitor every hour, escort resident, refer resident to physical therapy services for further evaluation or intervention." "Staff is made aware of residents who are at risk for falls mainly through the resident's Approach-PAL (Personal Assistant Liaison) instructions." (A)</p> <p>Section 330.1110 Medical Care Policies</p> <p>a) The facility shall have a written program of medical services approved in writing by the advisory physician that reflects the philosophy of care provided, the policies relating to this and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 21</p> <p>as promptly as needed. The written program of medical services shall be followed in the operation of the facility.</p> <p>f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition.</p> <p>g) At the time of an accident, immediate treatment shall be provided by personnel trained in medically approved first aid procedures. (Source: Amended at 15 Ill. Reg. 516, effective January 1, 1991)</p> <p>This regulation was not met as evidenced by:</p> <p>Based on interviews and record reviews the facility failed to follow their procedures on immediate medical treatment during an accident that resulted in a residents death. This failure applied to one resident (R2) reviewed in a total sample of 3 residents reviewed for accidents.</p> <p>Findings include:</p> <p>R2 was an 80 year old female with a diagnoses history of Dementia, Stroke, Traumatic Subdural Hemorrhage Without Loss of Consciousness, and Cognitive Communication Deficit who was originally admitted to the facility 06/21/2021.</p> <p>R2's most current physician orders dated February 2022 documents a regular vegetarian diet; Full Code Provide CPR.</p> <p>Incident Investigation report dated 02/02/2022 documents R2 was noted by staff slumped over and non-responsive during breakfast. Staff attended to R2 immediately and noted food in R2's mouth. The Heimlich maneuver was performed and some breathing was restored however, R2 remained unresponsive. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 22</p> <p>paramedics were contacted and responded. R2 expired at 8:47AM; V8 (Personal Assistance Liaison) was interviewed and reported V13 (Personal Assistance Liaison) came to get him reporting R2 was choking. V8 reported when he arrived to the dining room R2 was not choking but was slumped over and seemed unresponsive. V8 reported V14 (Personal Assistance Liaison) cleaned out R2's mouth and it appeared there was a pancake in her mouth, V8 performed the Heimlich in response. V8 reported after performing the Heimlich R2 took a few breaths and he then patted her on the back and she stopped breathing again. V8 reported he performed the Heimlich again and R2 took a few more breaths and then stopped breathing again. V8 reported there was no food ejected from R2's mouth while performing the Heimlich. V8 reported he did not hear the nurse called but was informed by another PAL that the nurse had been called. V8 reported the nurse then entered the dining room and then left to call 911. V20 (Licensed Practical Nurse) came back into the room and gave instructions to take R2 back to her room. V8 reported R2 was limp during this time and he placed her back in her bed. V8 reported V20 then began to perform some chest compressions and the paramedics arrived approximately 2 minutes later. V8 reported that R2 is a fast eater but never had any incidents with her eating; V14 (Personal Assistance Liaison) was interviewed and reported while bringing a resident into the dining area she asked another PAL if R2 was done eating. V14 reported she noticed R2 was slumped over and her plate was moved. V14 reported she observed R2 had food in her mouth and seemed non responsive. V14 reported R2 's mouth was opened and she swept her mouth for food. V14 reported R2 was not making any choking sounds and she began patting R's back but couldn't tell if</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 23</p> <p>she was breathing. V14 reported she then called a nurse. V14 reported V13 (Personal Assistance Liaison) began patting R2 on the back and V14 swept R2's mouth again. V14 reported V13 then went and got V8 and V14 ran to get the nurse; V13 was interviewed and reported R2 had been eating with no issues. V13 reported V14 came in and asked if R2 ate and observed R2 was slumped over. R2 reported she and V14 moved R2's wheelchair and took all of the food out of her mouth and patted her on the back. V13 reported she saw R2 take some breaths then went to get V8. V13 reported V8 performed the Heimlich and R2 took another breath. V13 reported the nurse was not yet in the room but after arrived and went to call the paramedics. V13 reported the nurse came back to the dining room, had staff move R2 to her bedroom; V20 (Licensed Practical Nurse) was interviewed and reported while passing medications she heard a call on the radio and reported to the dining room. V20 reported R2 was in her chair and there was very little movement. V20 reported staff were cleaning out R2's mouth and stated they had just performed the Heimlich on R2. V20 reported she then went to call the paramedics. V20 reported she went back to the dining room and R2 was unresponsive. V20 reported she had staff take R2 back to her room and she performed light chest compressions until the paramedics arrived. V20 reported she did not perform full CPR because R2 has an advanced directive of Do Not Resuscitate. V20 reported the paramedics arrived within a few minutes and R2 flatlined.</p> <p>On 03/22/2022 at 1:25PM V2 (Director of Nursing) stated R2 was an independent eater. V2 stated R2 was eating in the 2nd floor dining area. V8, V13, and V14 were present when R2 was eating. V2 stated V14 was the first person to</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 24</p> <p>notice R2's head was slumped down after eating and called V8's attention.</p> <p>On 03/22/2022 at 1:39PM V8 (Personal Assistant Liaison - PAL) stated R2 was on a regular diet and she ate quickly with her hands so we cut up her pancakes and meat. V8 stated on 02/02/2022 he made R2's plate and left the dining area to grab other residents. V8 stated either V9 (PAL) or V13 (PAL) would have been present because he wouldn't have been able to leave without someone being in the room but he is not sure specifically who was in the room while R2 was feeding herself. V8 stated he left and did not return until he was called back by V13 who asked him to come to the dining room because something was wrong with R2. V8 stated when he first returned to the dining area R2 didn't show any signs of distress. V8 stated he observed R2's eyes were opened and she was staring straight at the wall with her mouth open. V8 stated he assumed R2 may have been choking and performed the Heimlich maneuver.</p> <p>On 03/23/2022 at 11:06AM V14 (Personal Assistant Liaison - PAL) stated she was not present 02/02/2022 during the time R2 was eating and when she arrived in the dining area she noticed her head was slumped over. V14 stated when she walked in the room V13 (PAL) was in the dining area with R2 when she entered and noticed her condition. V14 stated R2 was able to feed herself. V14 stated when she arrived in the dining room V13 was standing near the food cart and R2 was at an adjacent table near the cart. V14 stated she asked V13 if R2 was eating and V13 stated R2 had been eating and her plate was still on the table. V14 stated she then patted R2 on the shoulder and R2 did not respond so she called V20 (Licensed Practical</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
--	---

(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	<p>Continued From page 25</p> <p>Nurse) by phone and reported an emergency. V14 stated V13 began patting R2 on the back after she called V20.</p> <p>On 03/23/2022 from 03:08PM - 5:10PM V2 (Director of Nursing/Registered Nurse) stated there may have been around 10 residents in the room on 02/02/22 when R2's incident occurred but he is not sure. V2 stated there may be as many as 15-20 residents in the dining area where R2 was located during meals once all the residents arrive. V2 stated there can be one or two Personal Liaison Assistant's - PALs present in the memory care dining area depending on how many residents are there. V2 stated he is not certain what the ratio of PALS to residents in the memory care dining area during breakfast are but once all the residents arrive there may be as many as 4 PALS present. V2 stated if most of the residents in the memory care area are able to eat independently there can be 8 of them left on their own to eat. V2 stated R2 did not have any medical conditions that put her at risk for choking. V2 stated R2 was on a regular diet and can eat very well. V2 stated all the nurses are CPR certified and some of the PALS also carry a CPR card. V2 stated all the PALS receive training on first aid, how to identify if someone is choking, and how to perform the Heimlich. V2 stated no one observed R2 showing any signs of choking or distress that would indicate she was choking. V2 stated he wondered if R2 had a heart attack or was she choking because she did not show any obvious signs of struggling. V2 stated R2 did have pieces of pancake in her mouth during her incident when she was observed slumped over in her chair and unresponsive. V2 stated he believes during R2's incident V20 (Licensed Practical Nurse) may have decided to have R2 moved to her room instead of performing any</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 26</p> <p>interventions while in the dining area because she may have perceived that R2 was already gone. V2 stated he believes R2 was still sitting in her chair so it would have been hard to perform chest compressions. V2 stated R2 could have been laid down directly in the dining area to perform chest compressions. V2 stated he believed when V2 stated it does make sense that R2 could have been taken out of her chair in the dining area so that V2 could perform the chest compressions right away however, there may have been some concerns that the other residents were present, V20 may have felt it was easier to perform the compressions in R2's room, and V20 seemed to believe R2 was already gone while still in the dining area.</p> <p>On 03/24/2022 at 3:12PM V22 (Nurse Practitioner) stated the facility contacted him in the evening on 02/02/2022 and reported that R2 had choked on something she was eating and passed away.</p> <p>On 03/24/2022 at 3:28PM V20 (Licensed Practical Nurse) stated on 02/02/2022 a PAL (Personal Assistance Liaison) notified her while she was in the process of administering medications that there was an emergency situation with R2. V20 stated during this time she put away the medications she was administering, closed and locked her cart and began running with the PAL towards the dining area where R2 was located. V20 stated when she entered the dining area she saw R2 was in her chair and V8 (Personal Assistance Liaison) was performing the Heimlich maneuver on R2 while another PAL was removing food from R2's mouth. V20 stated she observed R2 was moving a little bit but not responding significantly. V20 stated she then left the dining area to call the paramedics then ran</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/24/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GLENVIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 GOLF ROAD GLENVIEW, IL 60025
---	---

(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	<p>Continued From page 27</p> <p>back to the dining area. V20 stated she observed R2 had been revived to a degree but was responding very little. V20 stated she requested the PAL's take R2 to her room because there was not enough space in the dining area due to the presence of the meal cart and other residents. V20 stated R2 appeared increasingly lethargic while being transported to her room. V20 stated once R2 reached her room the Heimlich procedure was performed on her again and she then turned pale and blue. V20 stated she then asked a PAL to place R2 in her bed and then provided some slight stimulation to her but did not perform CPR because she has orders for Do Not Resuscitate. V20 stated the paramedics had arrived at R2's room while interventions were being provided.</p> <p>On 03/24/2022 at 3:50PM V2 (Director of Nursing/Registered Nurse) stated he asked V20 (Licensed Practical Nurse) why R2 was transported to her room to continue medical interventions rather than in the dining area where the incident occurred. V2 stated it was risky to stop in the middle of performing medical interventions to move R2 to another location. V2 stated he did ask V20 why she didn't just lay R20 down on the floor in the dining room to continue performing interventions during her incident.</p> <p>(A)</p>	S9999		