

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014500	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2022
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NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NORTHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5831 NORTH NORTHWEST HIGHWAY CHICAGO, IL 60631
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b)4 300.1210 c) 300.1210 d)3 300.3240 a)</p> <p>Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1 notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, interviews and record reviews, the facility failed to feed a cognitively impaired resident(R28) lunch who required extensive staff assistance with ADL's. The facility failed to address R28's daily nutritional intake and monitor R28's weight resulting in weight loss of 8 % in the span of 1 month. This affected 1 resident(R28) of 3 reviewed for nutrition and hydration in a sample of 30.</p> <p>Findings include:</p> <p>On 07/05/22 R28 was observed from 12:20PM to 1:30PM lying in bed, soiled in urine and feces, awaiting ADL care and waiting to be feed. R28 had not received his lunch tray.</p> <p>On 07/05/2022 at 11:00 AM, the surveyor observed R28 lying in his bed with no food or water at the bedside.</p> <p>On 07/05/2022 at 11:30 AM, the surveyor observed dietary staff bring lunch meal up to the floor.</p> <p>On 07/05/2022 at 11:37 AM, the surveyor observed V6 (Certified Nursing Assistant/CNA), V7 (CNA) and V22 (Resident Assistant) pass trays to the residents in the dining room. And at 11:45 AM, the surveyor observed them (V6, V7, and V22) pass lunch trays to the residents sitting</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>in their rooms.</p> <p>On 07/05/2022 at 12:00 PM, the surveyor observed R28 lying in his bed without any food or water.</p> <p>On 07/05/2022 at 12:15 PM, 12:30 PM, 12:45 PM, 1:15 PM, 1:30 PM, and 1:45 PM the surveyor observed R28 did not receive his lunch meal tray.</p> <p>On 07/05/2022 at 1:41 PM, the surveyor observed the dining room empty and V22 cleaning up the tables and no more trays were being passed out.</p> <p>On 07/05/2022 at 2:00 PM, V4 (Licensed Practical Nurse/LPN) stated that R28 is a feeder and needs help eating his meal. V4 stated that she (V4) did not take the meal tray to R28 nor feed him (R28). V6 stated that she (V6) did not feed R28. V7 stated that she (V7) did not feed R28. V22 stated that she (V22) did not feed R28.</p> <p>On 07/05/2022 at 2:05 PM, V4 stated that R28 did not receive his lunch meal tray because no one took it to him (R28), so he (R28) was not able to eat his lunch. Surveyor asked if there was anything that could be given to R28. V4 stated. "Because he (R28) is on a puree diet, and lunch is over there are no more puree meals. We can get him some pudding."</p> <p>On 07/06/2022 at 12:59 PM, V2 (Director of Nursing) stated that if a resident does not get a meal tray nor do they get fed then that could lead to a nutritional deficit and weight loss. Nutritional deficit and weight loss could lead to skin breakdown, vitamin deficiency and overall deterioration of health.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R28's Weights in electronic medical record documents in part: 4/12/2022: R28 was 186.3 lbs. 5/12/2022 R28 was 171.6 lbs.</p> <p>On 07/08/2022 at 11:30 PM, V21 (Dietician) stated that an 8% weight loss in a span of 1 month is significant. V21 stated that if R28 was receiving all his (R28) meals he should not have that significant of a weight loss.</p> <p>V23's (Dietician) progress note for R28 (6/23/2022) documents in part: wt-172.8 lbs (6/23/22), 171.6 (5/12/22), 186.3 (4/12/22), 185.8 (4/5/22), weight loss noted. res with previous sig weight loss.</p> <p>R28's care plan (4/5/2022) documents in part: Focus- R28 has an ADL Self Care Performance Deficit due to Communication Problems, Decreased Functional Ability, Dementia/impaired cognition, Impaired Balance, Limited Mobility, Limited ROM, Musculoskeletal Impairment, Weakness, Contracture of muscle, Spinal Stenosis, Cerebral infarction. R28 requires extensive staff assistance with ADLs. R28 experiences bowel and bladder incontinence due to Advancing Disease Process, Confusion, Functional Incontinence, Inability to communicate toileting needs, Inability to sense urge to void. R28 requires extensive staff assist with toileting. Intervention- Assist R28 with ADL tasks as needed. May be fed by a feeding assistant. Rounding at a minimum of every 2 hours and prompt or assist for change in position, toileting, offer fluids, and ensure resident is warm and dry. Check residents for incontinence.</p> <p>Facility's Feeding A Resident policy (9/2020) documents in part: Residents who need</p>	S9999		

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S9999	Continued From page 5 assistance will be fed a well-balanced meal by a nurse, CNA, or an individual who has completed a state approved feeding course. (B)	S9999		