

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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 Complaint Investigation 2372706/IL158235	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1010h) 300.1210b) 300.1210d)3) 300.1220b)3) 300.3240a) 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 notification. 300.1210 Section General Requirements for Nursing and Personal Care 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.	S9999	Attachment A Statement of Licensure Violations	

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: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>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 resident's medical record.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidence by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>Based on observation, interview and record review the facility failed to keep a resident free from neglect when they failed to provide routine provider visits, make timely identification, and notification to the physician of a change in status, provide initial and ongoing nursing assessments, and provide care meeting professional standards leading to a cumulative effect and resident decline.</p> <p>This applies to 1 of 6 residents (R1) reviewed for change in condition in a sample of 6.</p> <p>This failure resulted in R1 receiving delayed care and hospitalization which lead to R1 declining sooner than anticipated and being placed on hospice care.</p> <p>Findings include:</p> <p>R1's Admission Record dated 4/7/2023 documents R1 as an 89 year old resident with diagnoses to include Myelodysplastic Syndrome, Pancytopenia, Dementia, Multiple Myeloma in Remission, Anemia, and Waldenstrom Macroglobulinemia.</p> <p>R1's Admission Record 4/7/2023 documents R1 with an initial admission date of 3/13/2021 and V16 (Medical Director), V17 and V28 (Nurse Practitioner) as R1's Providers.</p> <p>R1's Progress and Provider Notes October 2022-March 31, 2023 document one provider visit by V17 on 10/11/2022, one by V28 on 11/22/2022, and no visits by V16. R1's Provider Note dated 11/22/2022 documents to monitor R1's lab. There are no provider visits after 11/22/2022.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>R1's Laboratory Report completed and reviewed by V17 on 10/13/2022 shows abnormalities, including an elevated blood urea nitrogen, and low hemoglobin, hematocrit and platelet counts. There are no further laboratory reports in R1's Electronic Medical Record.</p> <p>R1's Physician Order Report October 2022-March 2023 document no lab orders to monitor R1's abnormal lab or overall status of his medical comorbidities.</p> <p>On 4/4/2023 at 11:34 AM V8 (Director of Rehabilitation) stated an unknown staff member noted a decline earlier the week of 3/27/2023 and asked for therapy to complete an evaluation. V8 stated she also noticed the decline stating he did not present as himself, his demeanor had changed and he was not initiating conversation as usual. V8 could not indicate who requested the consultation nor the date of this request.</p> <p>On 4/5/2023 at 2:40 PM V22 (Nurse) stated he worked 3/28/2023 from 7 PM-7 AM. V22 reported that evening he noticed R1 may have been a little lethargic which he explained as R1 did not refuse his medications as usual and he was not talking as he normally did.</p> <p>On 4/4/2023 at 1:15 PM V11 (Nursing Assistant) stated R1 was not in his assigned group, but 2-3 days before he was sent to the hospital (3/30/2023) V11 noticed R1 was declining and not interacting as he usual did. V11 stated R1 was not eating well and he required staff to assist him to eat his lunch when he usually fed himself. V11 additionally stated R1 was not interacting and acting like himself.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>On 4/5/2023 9:45 AM V13 (Nursing Assistant) stated he was R1's normal assigned Nursing Assistant on the day shift and he worked 3/29 and 3/30/2023. V13 stated R1 was normally active and talks a lot, but those 2 days before he went to the hospital he appeared tired, wasn't eating well and appeared weak. V13 stated nursing was aware.</p> <p>On 4/7/2023 at 9:38 AM V20 (Nursing Assistant) stated, R1 was in her assigned group on 3/29/2023. V20 stated R1 usually talks a lot and was quieter that day, didn't eat and was "out of it." V20 clarified this by saying "it was like someone had given him something to calm down and he was not acting like himself."</p> <p>R1's Progress Notes 3/15-3/31/2023 do not document any resident assessments or physician notification of changes.</p> <p>R1's Weight and Vital Summary Report document only one set of vitals between 3/28-29/2023 on 3/28/2023 at 5:33 AM.</p> <p>On 4/4/2023 at 12:35 PM, V7 (Nurse) stated on 3/30/2023 R1 was not his usual self when she first saw him around 8 AM, describing him as quieter. V7 stated R1 was assisted up to his wheelchair before lunch and she noticed he wasn't eating lunch, only taking sips of chocolate milk, and his left hand was tinged blue. V7 checked his oxygen saturation level which registered at 70% and she started oxygen; R1 was not short of breath. V7 sent a message to V17 (Nurse Practitioner) at 12:39 PM and was instructed to monitor R1. V7 stated she was concerned with that direction so she sent a copy of the text conversation with V17 to V16 (R1's Primary Care Physician/Medical Director) hoping</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>V16 would instruct her to send R1 to the hospital-R1's oxygen saturation level was at 74% at that time. V16 instructed V7 to continue to monitor which she did. V7 shared the texts and pictures with the surveyor and both of R1's hands appear blue but the left was significantly worse. V7 stated she continued to be concerned and she called V15 (Transitional Care Nurse) who was unable to come at that time so V7 continued to monitor R1. Then at around 3:45 PM V4 (Assistant Director of Nursing) was contacted because V7 was unable to get a pulse oxygen saturation reading and R1 had become lethargic and was sweating. V7 stated both V4 and V15 arrived around the same time, 911 was called and R1 was sent to the hospital.</p> <p>On 4/5/2023 at 10:29 AM V15 stated V7 called and she was unable to assist at that time, but arrived to the unit about 45 minutes later. V15 stated she was aware V17 had already been contacted and instructed V7 to monitor R1 and did not realize the urgency. V15 stated she immediately called 911 because of the way R1 looked- his skin color was blue, mainly his hands stating "it was obvious he was not perfusing."</p> <p>On 4/5/2023 at 11:45 AM V4 stated V7 contacted her to assess R1 and when she arrived R1 was sitting with his head down, alert to his name, but his fingers were blue and they couldn't get a good temperature on him. V4 stated 911 was called because his appearance, especially the coloring of his fingers, indicated he need to go out right away.</p> <p>On 4/5/2023 11:25 AM V3 (Director of Nursing) stated, when a status change is identified the physician should be notified and the resident monitored, including a thorough assessment and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>vitals signs to be documented in progress notes minimally every shift. V3 also stated, if a practitioner does not give orders appropriate to their clinical presentation, the primary care physician should be contacted, if that is not effective, call the Medical Director. V3 further stated the nurses should notify her or one of the nurse managers if they are not comfortable with the orders provided, "time is of the essence."</p> <p>4/5/2023 3:57 PM V16 stated he should have been notified of R1's changes timely and then basic labs could have been drawn to see what was going on and the issue may have been identified earlier. V16 stated the outcome was likely the same due to R1's age and multiple comorbidities, but if they had notified him timely the decline may not have been as drastic. V16 confirmed the facility should have quickly identified R1's change in status and notified him of the changes.</p> <p>On 4/6/2023 at 9:30 AM V16 stated, "I do understand the value of routinely seeing them (residents) and I agree that seeing them regularly I can monitor and identify issues that may not get picked up by staff."</p> <p>R1's Hospital Emergency Room Physician Notes document R1 arriving at the hospital via ambulance on 3/30/2023 at 4:59 PM with a chief complaint of altered mental status. The Hospital Discharge Summary dated 3/31/2023 documents R1 with diagnoses to include acute kidney failure with severe metabolic acidosis (too much acid in the blood) requiring an emergent hemodialysis catheter placement, limb ischemia (no blood flow) with arterial occlusions to the left lower extremity, and severe hypernatremia (high sodium blood level) and hyperkalemia (high potassium blood</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>level).</p> <p>A Consultation Report, completed by V27 (Vascular Surgeon), dated 3/30/2023 at 7:46 PM, documents R1 with a clear altered mental status and multiple significant and life-threatening metabolic derangements, including a potassium of 7.9 (Normal 3.5-5.1) and creatinine of 17 (Normal 0.7-1.3). V27's report documents V18 noted threat R1's left leg was cold and pulseless and testing found no meaningful blood flow at the level below the knee. V27's Physical exam documents R1 laying in mild distress with the left lower extremity mottled from the foot to the ankle and ice cold to touch up to the knee with no palpable pedal pulses. V27's Assessment/Plan documents R1 with severe acute renal failure, life-threatening hyperkalemia and severe lactic acidosis and acidemia. V27 documents R1 as critically ill and not a surgical candidate for open revascularization for R1's limb ischemia which would be best resolved with an emergency left knee amputation to remove the source of ischemia and acidosis. All of these notes document R1's prognosis as poor and the family opting to not initiate emergent dialysis or perform the amputation and hospice was consulted.</p> <p>On 4/4/2023 9:47 AM V6 (Emergency Room Nurse) stated on 3/30/2023 R1 was received in the Emergency Room (ER) due to reported shortness of breath for an hour. V6 stated R1 arrived lethargic with a rectal temp of 92.5, and no pulse below his knee on the left leg. V6 stated her concern was R1's changes should have been identified sooner.</p> <p>On 4/6/2023 at 5:45 PM V18 (Emergency Room Physician) stated, "Our concern was there was extensive neglect. He came to us with limited</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>history, altered mental status and they could not tell us how long this had been going on. I haven't seen lab values like that in a very long time, definitely not at that level with those specific abnormalities. He was very hypernatrimic with a sodium level of 165 and had a pulseless leg, needing immediate dialysis." V18 further stated, he probably didn't need to get to that point if he received good care where he came from. V18 stated R1's condition definitely did not develop in just a few hours and his renal failure did not occur quickly, likely occurring over several days. V18 stated his pulseless leg can occur quickly over a few hours, but he definitely had concerning skin changes which were caught immediately in the emergency room. V18 also stated, if R1 was being monitored and receiving good care the changes should have been noted and identified.</p> <p>R1's Minimum Data Set dated 1/17/2023 documents R1 as moderately cognitively impaired and requiring only set up assistance and supervision for eating.</p> <p>R1's Occupational Evaluation and Plan of Treatment dated 3/30/2023 documents R1 evaluated due to a significant decline with activities of daily living (ADL), transfers and cognition. The clinical impression includes R1 as exhibiting decreased ADL, decreased balance, and decreased cognition.</p> <p>The policy Physician Visits dated 9/2020 documents physician visits are required upon admission, every 30 days for the first 90 days after admission, and then every 60 days. The Physician, Nurse Practitioner or Physician's Assistant shall review each residents total plan of care including medications and treatments and monitor for changes in the resident medical</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
---	---

(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>status every 30 days.</p> <p>The Abuse Policy dated 09/2020 documents Neglect as the failure of the facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, pain, mental anguish or emotional distress.</p> <p>The Change in Condition policy dated 09/2020 documents to notify the practitioner of any resident changes in condition.</p> <p>(A)</p>	S9999		