

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 10/30/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467
--	---

(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: 2378884/IL165887	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.686a)1)3)6) 300.686b)1) 300.1210b) 300.1210d)1) 300.1610a)1) 300.1620a) 300.1630b) 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. Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications a) For the purposes of this Section, the following definitions shall apply: 1) "Adverse consequence" - unwanted,	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: IL6014922	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/30/2023
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 uncomfortable, or dangerous effects that a medication may have, such as impairment or decline in an individual's mental or physical condition or functional or psychosocial status. It may include, but is not limited to, various types of adverse medication reactions and interactions (e.g., medication-medication, medication-food, and medication-disease). 3) "Dose" - the total amount/strength/concentration of a medication given at one time or over a period of time. The individual dose is the amount/strength/concentration received at each administration. The amount received over a 24-hour period may be referred to as the daily dose. 6) "Excessive dose" - the total amount of any medication (including duplicative therapy) given at one time or over a period of time that is greater than the amount recommended by the manufacturer's label, package or insert, and the accepted standards of practice for a resident's age and condition. b) A resident shall not be given unnecessary medications. An unnecessary medication is any drug used: 1) In an excessive dose, including in duplicative therapy; Section 300.1210 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	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 10/30/2023
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 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. Restorative measures shall include, at a minimum, the following procedures: 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1610 Medication Policies and Procedures a) Development of Medication Policies 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10	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 10/30/2023
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467		
(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>calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available , a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to remove a transdermal narcotic pain medication patch before applying a new transdermal narcotic pain medication patch. This failure resulted in R1 being transferred to the emergency room with shortness of breath and altered mental status.</p> <p>This applies to 1 of 2 residents (R1) reviewed for fentanyl patch use.</p> <p>The findings include:</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 10/30/2023	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467		
(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 10/24/23 at 10:41 AM, V28 (Family Member) said R1 was admitted to the hospital and was intubated and on a ventilator. V28 said the hospital found two fentanyl patches on her, one dated 10/15/23 and the second dated 10/18/23. V28 said R1 was overdosed. V28 said R1 was also given sleeping pills. V28 said they should have pulled off the old fentanyl patch before applying a new one.</p> <p>R1's History and Physical Reports from [hospital] dated 10/21/23 showed pt [patient] arrives with EMS (Emergency Medical Services) for SOB (Shortness of Breath) and AMS (Altered Mental Status) from [facility]. 2 fentanyl patches found on pt back, Narcan administered per EMS with increased response from pt.</p> <p>R1's ED (Emergency Department) Nurse Record dated 10/21/23 at 07:52 AM documented the following: "pt arrived from [facility], upon arrival with EMS, pt was having SOB and confusion. EMS found 2 fentanyl patches on pt back, dated 10/15 and 10/18. EMS administered Narcan and report that pt became more alert afterward. RN (Registered Nurse) called [facility] to ask about pt baseline. [Facility] staff states pt is normally alert and oriented times 4 and wheelchair bound with assistance. RN asked when pt last known norm was and they did not know. [Facility] RN stated that pt expressed SOB and difficulty talking earlier in the night. This RN asked [Facility] RN what she meant by "difficulty talking" whether pt was having difficulty talking due to SOB vs difficulty forming words. [Facility] RN did not answer question. This RN, again, asked when pt LKN [Last Known Normal] was and [Facility] RN stated around 8 PM when she spoke to family on the phone. This RN asked about pt fentanyl patches that were found on her back, 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 10/30/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467
---	---

(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>[Facility] RN reported that they are to be removed every 72 hours. This RN informed them about the 2 that were found on pt."</p> <p>R1's EMR (Electronic medical Record) showed R1 had diagnoses including chronic obstructive pulmonary disease, heart failure, type 2 diabetes mellitus, dependence on supplemental oxygen, and insomnia. R1's MDS (Minimum Data Set) dated 10/13/23 showed R1 was cognitively intact, but the rest of the MDS was in progress. R1's POS (Physician Order Sheet) showed an order for fentanyl patch 72 hours 50 mcg (Micrograms) with instructions to apply transdermally at bedtime every three days for pain and remove per schedule. The POS also shows an order for melatonin 1 mg (Milligram) every 24 hours as needed at bedtime for insomnia, and zolpidem 5 mg every 24 hours as needed at bedtime for insomnia. R1's October MAR (Medication Administration Record) showed R1 received a fentanyl patch on 10/15/23 and 10/18/23. The MAR showed melatonin was not administered on 10/20/23 and zolpidem was discontinued on 10/17/23.</p> <p>On 10/26/23 at 03:25 PM, V20 (NP/Nurse Practitioner) said the residents should only have one fentanyl patch on at a time because it can potentially cause respiratory suppression.</p> <p>On 10/24/23 at 03:57 PM, V12 (LPN/Licensed Practical Nurse) said she applied a new fentanyl patch on R1, and when applying the fentanyl patch, the nurses have to rotate the sites.</p> <p>On 10/25/23, during separate interviews, V15 (RN), V16 (LPN), and V19 (LPN) said they would remove the old fentanyl patch before applying the new fentanyl patch.</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 10/30/2023
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60467		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 On 10/26/23 at 03:12 PM, V2 (DON/Director of Nursing) said the nurses should look for the old fentanyl patch and remove it before applying a new patch. V2 said the effect of having two fentanyl patches could cause slowed breathing, unresponsiveness, or even death. The facility's Medication Administration Policy dated 09/20 showed Medications will be administered in accordance with the established policies and procedures. Drugs must be administered in accordance with the written orders of the attending physician. (A)	S9999		