STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015101	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (NORTHBROOK)	3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062

(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 Investigation of Facility Reported Incident of July 28, 2023/IL163147	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710a) 330.710c)3)F) Section 330.710 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 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. c) The written policies shall include, but are not limited to, the following provisions: 3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: 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. This REQUIREMENT is not met as evidenced by:	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015101	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (NORTHBROOK)	3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062

(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 Based on interview and record review, the facility failed to provide supervision for three (R1, R2 and R3) in a sample of three reviewed for safety. This resulted in R1 sustaining a left hip fracture, R2 sustaining a right hip fracture, and R3 sustaining a laceration to the bridge of her nose, and under her left eye; abrasion to left side of her forehead and a raised area to the left side of her forehead. Findings include: 1.) On 11/21/2023 at 1:30pm V5(Resident Care Tech/RCT) said on 7/28/2023 at about 4:30pm when she arrived on the unit R1 was sitting in a chair in the living room, she tried to have her ambulate into the dining room to eat and R1 would not stand up. After trying several times V5 informed the nurse and they both put her in a wheelchair and wheeled her to the dining room table. On 11/22/2023 at 10:20am V7 (Licensed Practical Nurse/LPN) said on 7/28/2023 at 10:04pm that a RCT reported to him that R1 was in bed and complained of pain. V7 said when assessed R1 had a raised area on the left knee and was guarding her left leg. V7 said R1 was ambulatory with a walker before injuring her left leg. When she is up during the evening shift, she is in the activity department or the living room. No one reported that R1 had an incident. On 11/22/2023 at 9:43am V2 (Director of Nursing/DON) said that R1 is a fall risk and should be monitored frequently every 15 minutes, then every thirty minutes, by two RCT on the unit until 8:30pm. On night shift R1 is monitored by one RCT and a nurse. When the RCT needs to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015101	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (NORTHBROOK)	3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062

(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 leave the unit, the nurse should take over monitoring or the RCT should call for another RCT to monitor the unit. I expect the resident's to be monitored frequently. A Physician Order Sheet dated 10/1/2023 indicates that R1 has a history of Dementia, and Alzheimer and Depression. An incident report dated 7/28/2023 at 10:04pm documents that R1 was having a difficult time standing up and needed 2 staff to stand her up. Staff noticed some swelling on her left knee while she was getting dressed for the night, range of motion was ok but R1 was holding her left leg and grimacing. 2.) On 11/21/2023 at 12:30pm V3 (RCT) said that R2 is alert but confused and the resident used a walker before her fall. On 8/26/2023 at about 8:30pm V3 said she found R2 sitting on the floor in front of her chair and that she assisted R2 to her chair and called the nurse for assistance. V3 said she was assisting another resident when she found R2 on the floor. V3 is the only RCT on the unit after 8:30pm and that the residents are placed in the living room and no other staff is available except the nurse who was administering medication on another unit at the time. On 11/22/2023 at 9:43am V2 said that R2 is a fall risk and she expect all residents to be monitored frequently. An incident report dated 8/26/2023 at 8:30pm indicated that R2 had an unwitnessed fall and sustained a fractured right leg. 3.) On 11/21/2023 at 12:36pm V3 (RCT) said that on 8/26/2023 at about 6:10 am she heard an alarm sound by the backdoor and when she went	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015101	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (NORTHBROOK)	3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062

(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 3 to investigate R3 was found outside on the ground with blood coming out of her nose and her glasses on the ground. V3 said she was the only RCT on the unit and the nurse was off the unit. On 11/22/2023 at 9:35am V6 (LPN) said that V3 called for him to return to the unit and when he did, he saw R3 outside the patio on the ground with a laceration across her nose and under her eye, an abrasion to the left side of the forehead and a raised area. On 11/22/2023 at 9:50am V2 said R3 should have been monitored closely and that it should have been staff on the unit while V3 was doing care on other residents. An incident report dated 8/26/2023 at 6:10am indicates that R3 was found outside with a laceration to the bridge of the nose and under her left eye, an abrasion to left forehead and a raised area. Facility Policy: Falls Prevention 6/2021 Purpose: Identify residents at risk or predisposed to falls. Evaluate the health, safety and welfare of our residents and implement measure to attempt to prevent falls and minimize the risk that serious injury will result. Process: Falls Prevention Guidelines guide staff through a structed process to screen and identify residents for predisposing risk factors or a history of falls. Whenever possible, the staff implements precautionary measures to reduce the risk of falls by individualizing resident needs. Mobility and fall information are documented on move in on the move in nursing evaluation and the fall risk evaluation. If a resident at risk for falls, interventions are incorporated into the resident's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015101	A. BUILDING: _____ B. WING _____	C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (NORTHBROOK)	3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062

(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 4 service plan; and negotiated risk is initiated and signed by the resident, POA, guardian, or family member (as appropriate). There are multiple contributing factors when examining the reason, a resident falls and interventions should be geared toward the interaction of all those contributing factors. Fall prevention is a team effort involving the resident, resident's family, and staff. Identify any predisposing factors-physical, mental (psychological, cognitive) or environmental. "A"	S9999		