

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
---	---

(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 Facility Reported Incident of 5/8/2024/IL172949 - 330.710c)2), 330.780a) cited	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 330.780a) 330.780 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review the facility failed to investigate an incident with a resident. This applies to 1 of 3 (R1) residents reviewed for accidents/incidents. The findings include: The Facility Report Incident form states on 5/8/2024 R1 had foreign matter being expelled from his rectum causing extreme pain. On 5/13/2024 at 12:10PM, V2 Director of Nursing (DON) said she did submit the initial report to the state. V2 said they did not have anything written down regarding the incident on 5/8/2024 with R1. V2 said they did not conduct an investigation	S9999		

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: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
---	---

(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>regarding the situation that occurred with R1 on 5/8/2024 because they weren't looking at the situation that way. V2 said falls and skin tears are investigated.</p> <p>The facility failed to provide a written report/investigation for the incident with R1 on 5/8/2024. (C)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>330.710c)2)</p> <p>Section 330.710 Resident Care Policies</p> <p>c) The written policies shall include, but are not limited to, the following provisions: 2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services.</p> <p>Based on observation, interview, and record review the facility failed to follow up and adequately assess a resident experiencing a change in condition requiring further assessment. This applies to 1 of 3 (R1) residents reviewed for assessments/changes in condition.</p> <p>The findings include:</p> <p>On 5/13/2024 at 9:39AM, V7 Resident Assistant (RA) said on 5/8/2024 she was trying to clean up R1 after a bowel movement and she noticed there was something coming out of his rectum that didn't appear to be normal but wasn't sure what it was. V7 said when she wiped R1 he complained of pain. V7 said she went to get V6 Licensed Practical Nurse (LPN) to look at the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
---	---

(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>resident's bottom. V7 said two days prior (5/6/2024) she saw something brown sticking out of R1's rectum that was about the size of her fingertip. V7 said she thought the resident was constipated and reported it to V5 LPN who was the nurse working on the unit. V7 said the resident wasn't in pain that day. V7 said on 5/8/2024 whatever was coming out of R1's rectum was longer and not normal.</p> <p>On 5/13/2024 at 11:58AM, V5 said she worked on 5/6/2024. V5 said V7 had reported to her that R1 had stool and a small piece of paper coming out of his rectum. V5 said she is unsure if she assessed the resident. V5 said she is unsure if the doctor was notified.</p> <p>On 5/13/2024 at 9:06AM, V6 said on 5/8/2024 she was asked to come see R1 by V7. V6 said it appeared R1 had some stool in his brief but had something coming out of his rectum that initially appeared to be stool that was stuck. V6 said she attempted to remove what was coming out of R1's rectum by pulling on it, which caused R1 pain. V6 said she stopped trying to remove it and called V2 Director of Nurses (DON). V6 said V2 came down to assess the resident and the Nurse Practitioner (NP) was called and the resident was sent out to the hospital for evaluation.</p> <p>On 5/13/2024 at 12:10PM, V2 said if a CNA reports something out of the ordinary it should be assessed by the primary nurse. V2 said the resident should be assessed right away. V2 said signs of constipation would include trying to pass stool but it gets stuck in the rectum. V2 said R1 was sent out for evaluation on 5/8/2024 after the NP was notified. V2 said she was not aware of anything being stuck or the resident being constipated prior to 5/8/2024. V2 said R1's care</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
---	---

(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>plan interventions are in the process of being updated but haven't been finalized.</p> <p>On 5/13/2024 at 11:50AM, V4 LPN said she was working the PM shift when R1 returned from the hospital in the evening. V4 said she did receive a report from the ER nurse, and it was reported to her the item was a string or something that was removed by the ER staff.</p> <p>R1's progress notes from 5/8/2024 documents, resident has a tissue coming out from his rectum, resistance felt when pulling on it and causing resident lots of pain, NP notified and gave orders to send him to ER for evaluation.</p> <p>R1's care plan was last updated on 4/17/2024.</p> <p>The facility's Resident Assessment policy dated 3/1/24 states To ensure a systematic, comprehensive approach to resident care assessments and individualized care plans and assessments will be completed; prior to admission (reviewed/updated as needed upon admission, annually, with significant changes in condition and/or as required by state regulations.</p> <p>(C)</p>	S9999		