FORM APPROVED Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6016950 B. WING 07/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY ALDEN ESTATES CTS OF HUNTLEY **HUNTLEY, IL 60142** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint #1915272/IL114099 Statement of Licensure violations S9999 Final Observations S9999 300.610a) 300.1010h) 300.1210b) 300.3240a) 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 300.1010 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 Attachment A decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The

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notification. (B)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

injury or change in condition at the time of

facility shall obtain and record the physician's plan of care for the care or treatment of such accident.

Electronically Signed

TITLE

(X6) DATE

08/16/19

K9N411

Statement of Licensure Violations

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6016950 07/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY ALDEN ESTATES CTS OF HUNTLEY **HUNTLEY, IL 60142** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 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: Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements were not met as evidenced Based on interview and record review the facility failed to assess and monitor a resident after a fall and the facility failed to ensure necessary care for a resident with abnormal chest x-ray findings. This failure resulted in a delay in treatment for a resident who sustained a left wrist fracture. This applies to 2 of 6 residents (R1, R2) reviewed for necessary care and services in the sample of 6. The findings include: 1. The Physician Order Sheets (Physician Order Sheets) through July 2019 shows R1 has diagnoses including dementia, cognitive communication deficit, and history of falls and displaced comminuted fracture of left arm radius.

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was R1's nurse when she fell on June 8, 2019. V4 said R1 was complaining of left arm pain after she fell. V4 said she received orders from the

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AND PLAN OF CORRECTION ID		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ALDEN ESTATES CTS OF HUNTLEY 12140 REGENCY PARKWAY HUNTLEY, IL 60142						
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	I SHOULD BE COMPLETE	
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	physician for a STAT x-ray for R1's left arm. V4 said "I was too busy" to put the STAT order in right away. On July 24, 2019 at 9:00 AM, V5 (RN) said she was R1's day shift nurse on July 8, 2019. V5 said she received report from (V4) about R1's fall. V5 said she called the x-ray company sometime in the late afternoon to follow up to see what time they were coming to do R1's x-ray. V5 said the x-ray company stated they were "very busy" today. V5 said R1 had complaints of left arm pain and had limited movement to her left arm. V5 said when she left her shift at 7:00 PM (13 hours after the order was received) R1 did not have her left arm x-rayed. V5 said she did not notify the physician or family. On July 24, 2019 at 8:35 AM, V6 (RN) said she was R1's nurse on June 8, 2019 from 7:00 PM-7:00 AM. V6 said V5 reported to her R1 had a fall in the early morning and was waiting for x-ray for her left wrist. V6 said she went to R1's room and V11 (R1's daughter) was there and upset her mother did not receive her x-ray yet(approximately 13 hours after it was ordered). V6 said R1 was complaining of pain, her left arm was swollen, and she didn't want me to touch her left arm. V6 said V11 took R1 to the emergency room herself and returned back around 10:00 PM. V6 said R1's x-ray showed a left wrist fracture. On July 24, 2019 at 3:05 PM, V2 (DON) said nursing staff should assess a resident every shift after a fall and monitor for any changes of condition. The Resident and Family Risk Notification: Falls document dated June 24, 2019 documents a					

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PRINTED: 09/03/2019 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6016950 07/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY ALDEN ESTATES CTS OF HUNTLEY **HUNTLEY, IL 60142** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 statement from V11 stating she was notified of R1's fall and was told an x-ray was ordered because R1 was complaining of left arm pain. Around 6:00 PM my sister arrived to the facility on (June 8, 2019) to find R1's left wrist blue and swollen again no x-ray had been taken. On July 23, 2019 at 12:38 PM, V2 said when staff receive an order for a STAT order they should place the order right away. V2 said STAT x-rays should be done within 3-4 hours. R1's x-ray report dated June 8, 2019 showed she has a left wrist fracture. The x-ray was performed at 8:00 PM (14 hours after R1's fall). The facility's Management of Falls policy dated May 2019 states, "Monitor for changes in medical condition and notify physician as necessary to manage changes in status of the resident." The facility's Change of Condition (Resident) Policy dated June 2019, states, "The attending physician or physician on call NP and responsible part will be notified with changes in conditionwill be notified of all changes in condition."

2. On July 23, 2019 at 9:05 AM, R2 was laying in bed still in a hospital gown. R2 stated "I'm ok, was short of breath for a bit before."

R2's Progress Note dated July 18, 2019 at 11:30 AM, shows "Dr notified of dry cough early this AM, with O2 saturation of 91% on room air, with audible wheezing. Ordered chest X-ray, PRN duoneb every 6 hours, and siltussin PRN every 4 hours for cough."

R2's Progress Noted dated July 18, 2019 at 1:00 PM, shows "R2 complains of shortness of breath.

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