

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 01/15/2020
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NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF ORLAND PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462
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S 000	Initial Comments Complaint: 2070193/IL119019 F760G cited	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1) 300.3220f) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/03/20
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S9999	<p>Continued From page 1</p> <p>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:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</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 evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide post operative eye drops.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>This applies to 1 resident (R3) reviewed for post operative care.</p> <p>This failure resulted in R3 developing iritis (inflammation of the iris) of the right eye.</p> <p>Findings include:</p> <p>On 1/9/20 at 1:10 PM, V18 (R3's Power of Attorney/Daughter) stated R3's eye became red and irritated because the facility failed to provide R3 all of her post surgical eye drops.</p> <p>On 1/14/20 at 12:50 PM, R3's right eye sclera was clear and without redness. R3 stated she had right eye surgery recently. R3 stated after surgery her drops were not applied correctly and her eye became uncomfortable.</p> <p>R3's Operative Report dated 12/12/19 documents R3 had a right cataract extraction with lens implant completed.</p> <p>R3's Eye Exam Report dated 12/13/19 documents R3 doing well post surgery. R3's Medication Instructions included Ketorolac 0.4% to right eye 4 times a day for 7 days then decrease to 2 times a day for days 8-28 and Prednisolone 1% to right eye 4 times a day for 7 days then decrease to 2 times a day for days 8-28.</p> <p>R3's Eye Exam Report dated 12/19/19 documents R3 doing well post surgery and to continue eye drops as ordered.</p> <p>R3's Eye Exam report dated 12/30/19 documents R3 being seen urgently due to pain and redness to the right eye. This report documents R3's eye drops have not been given correctly. R3 was</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>diagnosed with right eye Iritis during this exam. This report documents R3 received a sub-conjunctival kenelog injection "after weighing the risk and benefits due to poor compliance" with drops at facility. R3's new orders included to continue Ketorolac drops and to increase the frequency of Prednisolone to 4-6 times a day.</p> <p>R3's December 2019 Medication Administration Record documents R3's Prednisolone drops and Ketorolac drops being given four times a day to her right eye beginning on 12/13/19 then discontinued on 12/19/19. R3's Prednisolone was re-initiated twice per day on 12/26/19. There is no documentation of R3 being given Prednisolone drops 12/20/19 through 12/25/19 nor Ketorolac drops between 12/20/19 through 12/31/19.</p> <p>On 1/14/20 at 4:00 PM, V2 (Director of Nursing) confirmed the facility is supposed to follow post surgical orders.</p> <p>On 1/15/20 at 1:10 PM, V19 (R3's Primary Physician) stated she expects the facility to implement the ophthalmologists recommended post procedure orders to avoid complications. V19 confirmed R3 should have received the eye drops as recommended.</p> <p>R3's Minimum Data Set dated 12/23/19 documents R3 with moderate cognitive impairments.</p> <p>The Physician Orders for Medications or Treatment dated 03/18 documents medications will be dispensed and subsequently administered to a resident upon the clear, complete, signed order of a lawfully authorized provider.</p>	S9999		
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