

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH)	Docket No. NH 20-S0368
STATE OF ILLINOIS,)	
Complainant,)	
)	
v.)	
)	
ALDEN ESTATES OF BARRINGTON, INC.,)	
D/B/A, ALDEN ESTATES OF BARRINGTON,)	
Respondent.)	

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on 11/16/20, at Alden Estates of Barrington, 1420 South Barrington Road, Barrington, Illinois 60010. On January 20, 2021, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Alden Estates of Barrington, 1420 South Barrington Road, Barrington, Illinois 60010 on 11/01/20. The Facility's current license number is 0046524. The term of the conditional license shall be from 02/20/21 through 08/19/21. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON 02/20/21.

The Conditional License will be withdrawn, and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **\$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210a), 300.1210b)5), 300.1210c), 300.1210d)6), and 300.3240a). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high-risk designation: 300.1210b), 300.1210d)6), and 300.3240a).

Fine = \$25,000.00

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
Attn: Scott Hobson
525 West Jefferson, 5th Floor – Quality Assurance
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCQA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Alfonso Cano III
Bureau Chief, Long-Term Care
Office of Health Care Regulation
Illinois Department of Public Health

Dated this 25 day of January, 2021.

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STATE OF ILLINOIS

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PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Mary Chelotti-Smith
Licensee Info: Alden Estates of Barrington, Inc.
Address: 4200 West Peterson Ave, Ste 140
Chicago, Illinois 60646

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
25 day of January, 2021.



Scott Hobson
Administrative Assistant I
Long Term Care- Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003735	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/16/2020
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NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF BARRINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010
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(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
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S 000	<p>Initial Comments</p> <p>Facility Reported Incident of 8/24/20/IL 126341</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b)5) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to</p>	S9999	<p style="text-align: center;">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

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Continued From page 1

meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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:

5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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:

6) All necessary precautions shall be

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S9999	<p>Continued From page 2</p> <p>taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</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 are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide safe bed mobility for 1 of 3 residents (R6) and failed to provide a safe transfer for 1 of 3 residents (R4) reviewed for falls in the sample of 6. This failure resulted in a resident (R6) sustaining a fractured nose and subdural cranial bleed and resident (R4) sustaining a right femoral condyle fracture (bone near the knee).</p> <p>The findings include:</p> <p>1) R4's electronic face sheet printed on 11/16/20 showed R4 was admitted to the facility on 3/23/16 with diagnoses including displaced comminuted fracture of shaft of right femur, history of falling, chronic diastolic congestive heart failure and muscle weakness.</p> <p>R4's facility assessment dated 7/6/2 showed R4 is cognitively intact and requires 2+ staff assistance for transfers. R4's fall risk assessment dated 7/16/20 showed R4 is at risk for falls.</p> <p>R4's care plan dated 6/23/20 showed, "(R4) requires the use of a mechanical lift for transfers</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>related to polyosteoarthritis. Provide 2 staff assistance for transferring." R4's care plan dated 6/24/20 showed, "(R4) will tolerate total body mechanical lift transfers from surface to surface."</p> <p>R4's nursing progress notes dated 7/9/20 showed, "Post-occurrence documentation: Resident fell on buttocks with right leg under buttocks. Assisting certified nursing assistant (CNA) attempted to use (full mechanical lift) to get resident out of bed. Resident refused to use (full mechanical lift) and to transfer to wheelchair with assistance. When resident stood up, resident immediately fell to the ground."</p> <p>The facility's incident report dated 7/9/20 showed R4 had no shoes on, gait imbalance, weakness and was alert and oriented to person, place, time and situation and had improper footwear on during the transfer. The facility's interview with V5 (Nursing Assistant in Training-NAT) on 7/9/20 showed, "I was trying to transfer resident to wheelchair with (full mechanical lift) but resident refused to use the lift. The resident stood up and fell during the transfer landing on her buttocks."</p> <p>V6's (Licensed Practical Nurse-LPN) incident report showed, "On 7/9/20 at about 3pm (V5) reported to the nurse that (R4) had a fall during transfer from her bed to her wheelchair. She is alert and oriented x 3 and cognitively intact and requires extensive assistance with activities of daily living. When asked what occurred she stated, "CNA was helping me transfer from bed to wheelchair so she can get my weight and I felt weak and started to fall down." (R4) complained of pain to her right knee. She was assessed and x-rays were ordered and showed a distal femoral fracture. (R4) was sent to the hospital and returned with a stabilizer to her right knee to be</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>worn at all times."</p> <p>V6's hospital emergency room records showed, "This is an 85 year old woman who presents to the emergency department from (facility) for evaluation of injuries to the right knee ...Reportedly patient fell earlier in the afternoon today during a transfer ...computed tomography (CT) shows: Minimally displaced fracture of the lateral femoral condyle."</p> <p>On 11/15/20 at 9:45AM, R4 stated, "The CNA was trying to help me and I told her she can't do it by herself but she did it anyway. She didn't have a belt around me or anything. They have to move me with a (full mechanical lift) now. They were supposed to be moving me with a lift that starts in the sitting position and then raises me up with 2 people."</p> <p>On 11/15/20 at 12:27PM, V5 (Nursing Assistant in Training) stated, "(R4) refused the (full mechanical lift) so I told the nurse and came back in her room and transferred her by myself. If a resident is not transferred as ordered, they could fall and get hurt possibly. If a resident refuses to be transferred as ordered, the nurse should be notified. You should not transfer the resident on your own if they need 2 people, you should wait for help."</p> <p>On 11/15/20 at 12:10PM, V6 (LPN) stated, "I was the nurse working the day (R4) fell. V5 (CNA) reported to me that she had refused the (full mechanical lift) and had a fall. V5 transferred her by herself and did not notify me that (R4) had refused the (full mechanical lift). If a resident refuses to be transferred as ordered, the nurse should be notified immediately, the staff should not just transfer them however they want."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>V5's (Nursing Assistant in Training) employee file was reviewed on 11/15/20. V5 was found to be a Nursing Assistant in Training and not a Certified Nursing Assistant.</p> <p>V12 (Human Resources) stated, "(V5) is still in our Nurse Aide training program. She is not a Certified Nursing Assistant so she can't do a lot of things on her own. She performs more "hospitality" type things for our residents such as fresh water, answering call lights, assisting with room changes...things like that. She has to be supervised and assisted when providing any transfers."</p> <p>The facility's job description titled Certified Nursing Assistant (CNA) in Training with a revision date of 3/2018 showed, "Job Summary: Under the general supervision of a nurse, the CNA in training provides residents with activities and services as directed, in accordance with current federal, state and local standards, guidelines and regulations to ensure the highest degree of quality care is maintained at all times."</p> <p>On 11/15/20 at 3:30PM, V1 (Administrator) and V2 (Director of Nursing) stated, "(R4) was not a full mechanical lift at the time of her fall. She was ordered to have a standing lift with 2 staff members assisting for all transfers. She should not have been transferred with just 1 staff member."</p> <p>On 11/16/20 at 1:13PM, V16 (facility medical director) stated, "Yes, I remember talking to the facility about (R4)'s fall. I know there was a mishap during a transfer and she fell and experienced right hip and shoulder pain. Her injuries were definitely a result of her fall, there's</p>	S9999		
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S9999	<p>Continued From page 6 no question about that."</p> <p>The facility's policy titled Transfer Techniques dated 09/2020 showed, "Purpose: To safely transfer the resident from bed to chair or from one location to another ...4. Obtain help when necessary, or as identified on the care plan, care card ...1. Obtain equipment from designated area and bring to bedside. 2. Obtain assistance of another person, if necessary, for safe transfer."</p> <p>2) R6's electronic face sheet printed on 11/16/20 showed R6 was admitted to the facility on 11/26/19 with diagnoses including chronic respiratory failure, ventilator dependence, hemiplegia and hemiparesis and congestive heart failure.</p> <p>R6's facility assessment dated 8/25/20 showed R6 is not cognitively intact and requires 2+ staff assistance for bed mobility and bathing. R6's fall risk assessment dated 8/20/20 showed R6 is a fall risk. As of 11/15/20, R6's care plan did not show that R6 was a fall risk or any interventions to prevent falls for R6.</p> <p>R6's nursing progress notes dated 9/3/20 showed, Per CNA, she was giving (R6) a bed bath, she rolled her on her side to do perineal care and noted the patient sliding off the bed. CNA was unable to prevent the patient from sliding off the bed. (R6) was assessed and 911 was called and patient was taken to the local hospital.</p> <p>The facility's incident investigation for R6 dated 9/3/20 showed, "No predisposing factors to fall, impaired memory and patient is nonverbal and total care/dependent. Laceration to patient's nose, hematoma and bump on left side of</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>forehead."</p> <p>R6's hospital records from the local emergency room dated 9/3/20 showed, "Subdural hematoma, anterior nasal bone fracture, left anterior scalp laceration and hematoma."</p> <p>On 11/15/20 at 2:22PM, V13 (Registered Nurse-RN) stated, "(R6)'s fall happened at the beginning of my shift. V (Certified Nursing Assistant-CNA) was washing (R6)'s face and I told her to call me for help if she needed it. (R6) is a 2 assist for all cares, especially bed mobility and transfers. There was just 1 aide in the room with her. Had I known she was going to do heavier cares with (R6) I would have stayed in the room and helped her."</p> <p>On 11/15/20 at 3:30PM, V1 (Administrator) and V2 (Director of Nursing) stated, "(R6) requires 2 staff assist for all of her activities of daily living. 2 staff members should have been assisting with her bath on 9/3/20 to prevent an accident like this happening."</p> <p>On 11/16/20 at 10:17AM, V14 (CNA) stated, "If I am unsure of how a resident transfers or how many staff needed to care for a resident I go to the plan of care charting or ask the nurse. With (R6) she needs 2 staff members for all cares because she is completely dependent. On 9/3/20, not all of the staff had arrived for our shift yet and I knew (R6) needed a bed bath so I decided to do it on my own. When I turned her she seemed okay for a few minutes but when I let go of her and started changing the sheets, her legs began to fall off the bed. I couldn't catch her. Normally we use 2 staff members to turn her and bathe her but I didn't wait for help and I should have."</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>On 11/16/20 at 10:35AM, V15 (Nurse Practitioner) stated, "(R6)'s injuries were absolutely a result of her fall. It was an unfortunate accident and she needed an emergency room visit. She sustained a fractured nose and a brain bleed as a result of her fall on 9/3/20."</p> <p>On 11/16/20 at 1:13PM, V16 (facility medical director) stated, "I briefly recall hearing about her falling out of the bed. Yes, her injuries were a result of her falling out of her bed."</p> <p>As of 11/16/20, the facility was unable to provide a policy regarding safe bed mobility or safe patient handling for bedbound residents.</p> <p>(A)</p>	S9999		
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