

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH ) Docket No. NH 15-C0228  
STATE OF ILLINOIS, )  
Complainant, )  
 )  
v. )  
 )  
ARDEN COURTS OF HAZEL CREST IL, LLC )  
D/B/A ARDEN COURTS OF HAZEL CREST, )  
Respondent. )

NOTICE OF TYPE "C" VIOLATION(S)  
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 "C" VIOLATION(S)

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 Complaint Investigation for IL75288 conducted by the Department on May 12, 2015, at Arden Courts of Hazel Crest, 3701 West 183<sup>rd</sup> Street, Hazel Crest, Illinois 60429. On May 29, 2015, the Department determined that such violations constitute one or more Type "C" violation(s) of the Act and the Sheltered Care Code, 77 Ill. Adm. Code 330 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

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

**A Plan of Correction is required to be submitted by the facility to the Department within two weeks from the date the violation notice was sent. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice. Please email the hearing request to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

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 "C" Violation(s). 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 this Notice. **Please email the hearing request to the following email address: [DPH.LTCQA.POChearing@illinois.gov](mailto:DPH.LTCQA.POChearing@illinois.gov). If your facility does not have email capabilities then you can mail it to the attention of: Leona Juhl, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

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

*Debra D. Bryars*<sup>19</sup>

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Debra D. Bryars  
Designee of the Director  
Illinois Department of Public Health

Dated this 29<sup>th</sup> day of May, 2015.

DEPARTMENT OF PUBLIC HEALTH  
STATE OF ILLINOIS

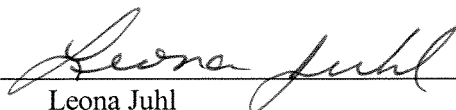
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PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "C" Violation(s) and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: CT Corporation System  
Licensee Info: Arden Courts of Hazel Crest IL, LLC  
Address: 208 S. LaSalle St., Ste 814  
Chicago, IL 60604

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the  
29<sup>th</sup> day of May 2015.

  
\_\_\_\_\_  
Leona Juhl  
Long Term Care/QA  
Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS OF HAZEL CREST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3701 WEST 183RD STREET HAZEL CREST, IL 60429</b>
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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
S 000	Initial Comments  Complaint assignment #1591029/IL75288	S 000		
S9999	Final Observations  Statement of Licensure Violations  Section 330.710a)  330.710 a)  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.  Based on record review and interviews, the facility failed to develop policies to assess resident's fall potential and failed to develop policies to address fall prevention for residents. This applies to 4 ( R1, R5, R7 and R8) of 7 residents reviewed for falls in the sample of 11.  The findings include:  R1, R5 and R8 no longer reside in the facility. Their closed records were reviewed in addition to the Incident Reports.  R1 had diagnoses that included Dementia and Depression. Incident Reports for this resident assessed the resident as confused and showed	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6015648</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2015</b>
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S9999	<p>Continued From page 1</p> <p>that the resident fell 5 times in 13 days 11/1/14, 11/3/14, 11/11/14 and twice in less than an hour on 11/13/14. In the fall of 11/3/14 R1's left cheek suffered an abrasion. In the fall of 11/11/14 the resident bumped her head. In the fall of 11/13/14 at 6:45 AM the resident's right side was bruised and the right arm was swollen. In the fall of 11/13/14 at 7:28 AM R1's wound to her left face reopened and was bleeding. R1 was transferred out to an area hospital for evaluation. Through out the incident reports, staff document the R 1 as confused.</p> <p>R5 has diagnoses that includes Dementia and Anxiety. Incident Reports for this resident show that between 11/1/14 and 2/25/15 the resident fell or was found with skin tears or bruises 10 times. On 12/1/14 after falling R5 complained of pain in her bottom, on 2/13/15 staff observed bruising to R5's left hand and on 2/14/15 staff found a skin tear on R5's left leg.</p> <p>R7 had diagnoses that included Prostate Cancer and Depression. Incident Reports assessed in the as confused and showed that the resident fell 5 times in 4 days: 11/11/14, 11/12/14, 11/14/14 and twice on 11/15/14, at 5:10 AM and 1:15 PM.</p> <p>R8 had diagnoses that included Dementia with Behavioral Features and Psychosis. Incident Reports and Nursing Notes assessed R8 as confused. Documentation shows that the resident fell 6 times between 11/19/14 and 11/30/14. R8 fell twice on 11/20/14, at 3:00 PM and again on 10:50 PM. After falling on 11/30/14 R8 was transferred out to the hospital due to a change of status.</p> <p>On 4/16/15 at 11:20 AM and 3:15 PM E1 (Executive Director) stated that the facility doesn't</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>have an actual fall policy nor any policy to address fall prevention.</p> <p>On 4/17/15 between 12:45 PM and 1:45 PM E2, E3 and E5 (Resident Care Givers) each also stated that there is not any fall prevention policy used by the facility; that staff verbally remind residents to sit, and or request help before trying to get up and walk on their own and that some residents who fall have floor mats on the floor by their beds.</p> <p>E4 (nurse) stated that she wasn't sure that there was a fall prevention policy used by the facility.</p> <p>(C)</p>	S9999		
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