

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALDEN VALLEY RIDGE REHAB & HCC

**275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL 60108**

(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 Statement of Licensure Violations Annual Health Survey of July 20, 2018	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.1210a)b) 300.1210d)5) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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 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	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

08/06/18

STATE FORM

6899

QKM011

If continuation sheet 1 of 17

If continuation sheet 2 of 17

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 2 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 Regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to toilet and reposition a resident that required extensive assistance from staff for toileting, transfers, and mobility. This failure resulted in the development of a Stage 3 and Stage 2 pressure sore on a resident who required extensive assistance for toileting and transfers. This applies to 2 of 9 residents (R55 and R70) reviewed for pressure ulcers in a sample of 36, and 1 resident (R67) in the supplemental sample. The findings include: 1. Face sheet, dated July 18, 2018, shows R55's diagnoses include dementia, Parkinson's, schizoaffective disorder, Alzheimer's disease, and restlessness and agitation. MDS (Minimum Data Set), dated May 10, 2018, shows R55's cognitive status was severely impaired and R55 required the extensive assistance of two staff for bed mobility, toileting and transfers. Skin integrity care plan, initiated August 16, 2016 and resolved on July 3, 2018, shows R55 had a "potential for alteration in skin integrity related to	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108			
(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	Continued From page 3 incontinent of bowel and bladder, decreased mobility, gait dysfunction ... , and Parkinson's " Care plan interventions include, "Turn and reposition every two hours and as needed." Skin integrity care plan, initiated July 3, 2018, shows R55 "has pressure ulcer development related to history of ulcers, immobility, incontinent of bowel and bladder, to sacrum." Care plan interventions include, "R55 needs assistance to turn/reposition at least every two hours, more often as needed or requested." Bowel/Bladder care plan, dated May 18, 2018, shows R55 was incontinent of both bowel and bladder. The care plan showed R55 was to be prompted to the toilet about every two hours and checked and changed as needed. Braden Scale, dated July 3, 2018, shows R55 was at high risk for pressure ulcers, had very limited response to pressure-related discomfort, R55's skin was often very moist, was chairfast, had very limited ability to change/control body position, and required moderate to maximum assistance from staff in moving. On July 17, 2018 at 10:23 AM with V5 (Family), V5 stated R55 had two newly-developed pressure ulcers on his buttocks. V5 stated, since the recent development of pressure ulcers, R55 stays in bed all day except when he gets up for his three meals. V5 stated that prior to the pressure ulcers, V5 sat up all day in his wheel chair and did not lay down during the day for naps. V5 stated R55 slept in his wheelchair during the day instead of staff laying him down in bed. V5 stated R55 developed sores because he was up in his chair too long during the day. On July 19, 2018 at 1 :25 PM, V5 stated she visited R55 every day from approximately 10:00 AM to 7:00 PM. V5 stated R55 remained in his	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 4 chair throughout the entirety of their visits and R55 was never repositioned in the wheelchair by staff. V5 stated the facility staff did not start putting R55 down to bed after meals until after R55's pressure sores started. V5 stated the staff did not start repositioning R55 in his chair or bed until after sores started. Now goes to bed after meals since sores occurred to relieve pressure. V5 stated the wounds are healing now that R55 is staying off his buttocks. On 07/19/2018 at 1:48PM, V7 (CNA- Certified Nursing Assistant) stated R55 would spend the entire day with V5 either wheeling around the facility or sitting in the dining room with V5. V7 stated V5 would never ask staff to put R55 back to bed because she wanted to spend as much time with R55 as she could. V7 stated the staff began placing R55 in bed after meals to relieve pressure since the development of R55's pressure sores. On July 20, 2018 at 10:20 AM, V4 (Wound Care Nurse) stated she was called to assess R55's wounds when they were found to be open wounds. V4 stated R5 was previously having incontinence and loose stools and she determined the wounds were related to moisture associated dermatitis. V4 stated the wound development was unavoidable because V4 felt facility staff were cleaning, turning, and putting barrier on R55, however, could not verify in any way the care was being delivered. V4 stated V5 was present with R55 all the time and that V5 would be able to describe how often the staff were turning him and changing R55. Nursing skin /wound assessment note, dated June 29, 2018, shows R55 had no open areas on his body and R55's skin was intact. Nursing note, dated July 1, 2018, shows "area to buttocks getting worse -notify NP (Nurse Practitioner)." Wound assessment form, dated July 3, 2018, shows R55 developed a Stage 3 pressure ulcer on his left	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 5 sacrum measuring 1.2 cm (centimeters) by 1.5 cm by 0.2 cm with fifty percent granulation and fifty percent slough, and a scant amount of serous exudate. Wound assessment form, dated July 3, 2018, shows R55 had a Stage 2 pressure ulcer measuring 2.0 cm by 2.0 cm by 0.0 cm with one hundred percent granulation and slight redness to periwound area. Comprehensive Pressure Ulcer Assessment, dated July 3, 2018, shows R55's pressure ulcer to sacrum is unavoidable, and R55 was up for meals only and is back to bed. The document shows R55 had a history of a pressure ulcer to sacrum in the past due to frequent stooling has history of "MASO (moisture associated skin disease) to peri-area and sacrum". The assessment shows R55 was incontinent of bowel and bladder, and required maximum assistance with ADLs (Activities of Daily Living), transfers, turning positioning and eating. Master Skin Audit Flow Sheet, dated July 6, 2018, shows R55 had a facility-acquired left sacrum pressure ulcer assessed as Stage III measuring 1.2 cm (centimeters) x 1.5 cm x 0.2 cm and barrier cream was to be applied to the wound area for treatment. The audit shows R55 has a facility-acquired right sacrum pressure ulcer assessed as Stage 2, measured 2.0 cm by 2.0 cm by 0.0 cm, and barrier cream was to be applied to the wound area for treatment. On July 20, 2018 at 11 :14 AM, V12 (Physician) stated R55's ulcer could be prevented and the staff should have offloaded R55 while sitting in the wheelchair regularly. V12 stated, "Technically, it could be prevented." On July 20, 2018 at 10:39 AM, V4 stated she was not notified when there was a change in R55's skin condition. V4 stated she reviewed the skin nursing note which stated the skin was red and	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 6 opened. V4 stated the skin assessments were performed on a weekly basis. V4 stated they changed from zinc oxide treatment to a different barrier cream at the time she discovered the wound was opened. V4 stated the facility staff should turn R55, monitoring R55's skin, and reporting any changes in R55's skin to V4. V4 stated R55's wound care team at the Veteran's Administration is treating R55's pressure sores. Between July 18- 20, 2018, the facility failed to provide any physician documentation regarding R55's pressure wounds. R55's clinical record fails to show any physician documentation of R55's wounds. 2. Face sheet, dated July 18, 2018, shows R70's diagnoses included dementia, traumatic brain injury, anxiety disorder, and depressive disorder. MDS, dated May 15, 2018, shows R70's cognition was severely compromised and R70 required the extensive assistance of two staff for bed mobility, transfers, and toileting. Visual/Bedside Kardex Report, dated July 19, 2018, shows R70 requires turning and repositioning every two hours and as needed. Incontinence care plan, dated February 20, 2017, shows R70 was incontinent of both bowel and bladder and required incontinence care after each incontinent episode. Skin care plan, dated April 6, 2018, shows R70 had the potential for skin integrity alteration related to incontinence, dementia, and impaired mobility. The care plan shows R70 required turning and repositioning every two hours and as needed. On July 18, 2018 during continuous observation between 9:47 and 1 :27 PM, R70 sat in his wheel chair in the main dining room during activities and throughout lunch. R70 received no incontinence checks, no prompts to toilet, and no repositioning	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 7 in his wheelchair during the observation. 3. Face sheet, dated July 18, 2018, shows R67's diagnoses include diabetes, dementia, psychosis, anxiety disorder, and Alzheimer's disease. MOS, dated May 16, 2018, shows R67 required the extensive assistance of staff for transfers, locomotion, toilet use, and bed mobility. ADL care plan, dated May 15, 2018, shows R67 required assistance with transfers, bed mobility, toileting, and locomotion. Visual/Bedside Kardex Report, dated July 19, 2018, shows R67 was to be turned and repositioned every two hours and as needed. Incontinence care plan, dated November 17, 2017, shows R67 was incontinent of bowel and bladder and R67 was to be prompted to the toilet about every two hours and check and change if wet. Sitting balance care plan, dated July 17, 2018, shows R67 was to be repositioned as needed. Skin care plan, dated March 20, 2018, shows R67 had a potential for skin integrity alteration due to incontinence, being chair fast, decreased mobility, diagnosis of dementia. The skin care plan shows R67 required the following interventions: 1. Turned and repositioned every two hours and as needed; 2. Skin to be kept clean and dry; 3. Receive pericare after each incontinent episode; 4. Body positioned with pillows to relieve pressure, and 5. Provided pressure reduction sitting/wheelchair surface. On July 17, 2018 between 9:47 AM and 1 :27 PM during continuous observation, R67 sat in the main dining room in her wheelchair during activities and lunch. R67 received no incontinence checks, no attempts to prompt R67 to toilet, and received no repositioning in her wheelchair during the observation. On July 19, 2018 at 10:00 AM, V2 (Director of Nursing) stated residents seated in wheel chairs should be	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 8 repositioned every two hours and residents should be offered toileting/incontinence checks every two hours. Facility document Prevention and Treatment of Pressure Injury and Other Skin Alterations, dated June 2018, shows, "7. Residents who developed a clinically unavoidable pressure injury, the Physician / NP (Nurse Practitioner) completes a progress note or Unavoidable form. 8. At least daily, staff should remain alert for potential changes in the skin condition during resident care." Facility document Toileting Residents, dated October 2015, shows, "Residents are toileted safely on a routine basis in a timely manner according to their individualized plan of care ... 4. If the resident is unable to utilize the toilet, commode, bed pan or urinal, assist resident to their bed in adherence to a check and change program 7. Assist resident with perineal care as required per plan of care. 12. Notify nurse of any unusual odors, colors, complaints of discomfort, or changes in skin integrity." (B) Statement of Licensure Violations 2 of 2 300.690a) 300.1210a)b) 300.1210d)6) 300.3240a)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108			
(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	Continued From page 9 Section 300.690 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. Section 300.1210 General Requirements for Nursing and Personal Care 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 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	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 10 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. Section 300.1210 General Requirements for Nursing and Personal Care 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 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108			
(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	Continued From page 11 These Regulations were not met as evidenced by: Based on interview and record review the facility failed to develop, initiate and ensure interventions were in place to prevent falls for 3 residents. This failure resulted in 3 residents falling and resulted in one resident R1 sustaining a fracture to the left wrist, one resident R65 sustaining a fracture to the right hip and one resident R331 sustaining a subdural hematoma. This applies to 3 of 7 residents (R1, R65 and R331) reviewed for falls in the sample of 36. The findings include: R65 was admitted to the facility October 23, 2016 per the admission face sheet. The current physician orders showed that R65 had diagnoses of dementia with behavior disturbance, Alzheimer's disease, age related osteoporosis without pathological fracture, history of fracture to femur, low back pain and localized edema. On July 17, 2018 at 12:15 R65 was in a wheelchair in the dining room on the third floor. R65 was not able to say what R65 was eating for lunch. R65 did not recall having falls in the past. R65 kept eyes closed most of the time and did not offer conversation. R65 had a urinary catheter in place that was in a privacy bag. The report showed that the resident was	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108			
(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	Continued From page 12 independent for toileting. The conclusion of the report showed that R65 was trying to pull the curtain next to R65's bed and fell. The MDS (Minimum Data Set) dated January 8, 2018 showed that R65 was cognitively impaired had a low BIMS (Brief Interview of Mental Status) score of 5. R65 was not able to give the correct year or month and had very poor recall. The MDS showed that R65 required 2 person assist for transfers and 1 person assist for ambulation in room and halls. The MDS showed that R65 was only able to stabilize with staff assistance for walking, turning around and moving from sitting to standing. The MDS showed that R65 used a walker and or wheelchair for mobility. An occurrence report dated January 15, 2018 showed that R65 was found on the floor. The note showed that R65 said that she lost her balance when trying to close the drapes. The facility had no incident report for this date with no root cause or investigation of the fall. An incident report from the facility dated February 1, 2018 showed that at 8:40pm R65 was found lying on the floor with right leg externally rotated and an abrasion to the right elbow with a small amount of bleeding noted. Care plans for falls in R65's clinical record lacked interventions to increase monitoring or supervision. The intervention for the fall after January 15, 2018 showed to offer to assist closing blinds for the resident. The final report sent to the Illinois Department of Public Health dated February 1, 2018 showed that R65 had an unwitnessed fall on February 1,	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/20/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ALDEN VALLEY RIDGE REHAB & HCC

**275 EAST ARMY TRAIL ROAD
BLOOMINGDALE, IL 60108**

(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	Continued From page 13 2018 at 9:45 pm. The report showed that R65 had been sent to the community hospital and was admitted with a fracture to the right hip. On July 20, 2018 at 9:10am V2 DON (Director of Nursing) stated that R65 used the wheelchair for mobility. V2 could not tell on the report if the wheelchair was locked or not when R65 got out of the chair. V2 stated, "Our nurse's make rounds every 2 hours and our aides make rounds every 2 hours". V2 did not say the root cause of the fall and did not say what interventions were in place after the first fall. R331 was admitted to the facility July 9, 2018 per the admission face sheet. The face sheet showed that R331 had the diagnoses of major depression with psychotic symptoms, atrial fibrillation, abnormalities of gait and mobility, low back pain, neurogenic bladder, cognitive communication deficit and history of fall with traumatic brain injury. Initial nursing assessment dated July 9, 2018 (no time) showed that R331 was orientated to person and place only. There was no assessment of gait. The initial care plan for falls in R331's clinical record showed that R331 was at high risk for falls related to unsteady gait, uses a walker and has a history of fall. The interventions included provide and maintain proper footwear. The nursing notes dated July 9, 2018 showed that R331 was admitted to the facility and was alert and oriented times two from the community hospital. The note showed that R331 was treated for intracranial hemorrhage and traumatic brain	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 14 injury following a fall at home. The note showed that R331 had altered mental status appearing mildly confused at times. The notes showed that R331 received Trazadone 100 milligrams at 6:23pm, and Seroquel 50 milligrams and Amitriptyline 50 milligrams at 8:47pm. On July 19, 2018 at 3:03pm in the hall on the lower level V17 RN (Registered Nurse) said that she could not remember when R331 was admitted the facility. V17 said that she received report on R 331 by a supervisor. V17 stated, "I remember he was a post fall with head injury. Part of my job is to look at the medical records. In report I was told he had an unsteady gait. I gave report to the night shift before I left". V17 could not recall any other information regarding how she left the bed. V 17 said that R331 refused to take off his Ted hose. V17 did state that R331 was left in his shoes. A document dated July 20, 2018 written by V17 showed that she assisted the resident to bed with his clothes and shoes as he requested. At no time during the interview on July 19, 2018 did V17 say that this occurred. The nursing notes written on July 10, 2018 at 4:00am showed that 3:40am R331 was found on his back on the floor. The note showed that R331 had blood from the back of his head. The note showed that R331 was wearing Ted hose on both of his legs. The note showed that R331 was nonresponsive but breathing. The note showed that 911 was called and R331 was taken to the community hospital. On July 20, 2018 at 10:47am V1 MD (Physician	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 15 and Medical Director of the facility) said that he had just seen R331 at the community hospital in the intensive care unit. V18 stated, "R331 is in bad shape. R331 suffered a subdural hematoma and continues on life support. R331 has no power of attorney to make end of life decisions. R331 went the facility after a stay at the hospital for a previous fall. He should have been on very strict fall precautions. R331 should not have just had Ted hose on without some kind of non-skid slipper. It's a safety issue". R1 was admitted to the facility on March 26, 2018 per the admission face sheet. The face sheet showed diagnoses of dementia, anemia and osteoporosis with current pathological fracture. R1's MDS dated April 4, 2018 showed that R1 has a low BIMS of 6 and is not able to state the correct day or month. The report showed that R1 is not able to recall 2 out of 3 words when asked to recall. The MDS showed that R1 required 1 person physical assist for walking, and locomotion in the hall or off of the unit. The MDS showed that R1 required 2 person assist for transfer from bed to chair or bed. The MDS showed that R1 uses a wheelchair for ambulation. An occurrence report dated April 18, 2018 showed that 4:50am R1 had an unwitnessed fall and sustained a fracture to the left wrist. The record showed that R1 was found lying on the floor and complained of pain to the wrist. The record showed R1 was barefoot and was not using her walker. The note showed that R1 was soiled with urine. The report showed that R1 was sent to the community hospital and returned to the facility with a short arm cast.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 07/20/2018
NAME OF PROVIDER OR SUPPLIER ALDEN VALLEY RIDGE REHAB & HCC			STREET ADDRESS, CITY, STATE, ZIP CODE 275 EAST ARMY TRAIL ROAD BLOOMINGDALE, IL 60108		
(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	Continued From page 16 Initial care plan initiated March 26, 2018 showed to encourage R1 to use a walker, keep the environment free of clutter, and to place the resident on the falling star program. The facility policy for the falling star program does not give specific guidelines of fall prevention. On July 20 at 12:30pm V2 DON stated, "The program simply identifies residents who are at risk for falls and need to have a closer eye on those residents". The facility fall policy dated June 2013 showed that the facility will assess hazards and risks, develop a plan of care to address those hazards and risks and implement interventions that would minimize the risk for falls and or injuries to the resident. On July 20, 2018 at 10:47am via telephone V1 MD said that R1 needed assistance with ambulating and transfers. V1 stated, "R1 has a very unsteady gait and should be assisted with ambulating. R1 fell unfortunately and fractured her wrist". (B)	S9999			