IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

March 22, 2019

Mary Chelotti - Smith, Registered Agent
Alden - Orland Park Rehabilitation and Health Care Center, Inc.
4200 West Peterson Avenue, STE 140
Chicago, Illinois 60646

RE:	Complaint #:	IL00108604, IL00108638
	Survey Date:	January 22, 2019
	Docket #:	19-C0108
	Violation Type:	Level B

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Alden Estates of Orland Park.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Enclosure
cc: Administrator
File
Alden Estates of Orland Park/January 22, 2019//RegAgent/S.Geer

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. ALDEN - ORLAND PARK REHABILITATION AND HEALTH CARE CENTER, INC., D/B/A, ALDEN ESTATES OF ORLAND PARK, Respondent.	)))))))))	Docket No. NH19-C0108

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF PLAN OF CORRECTION REQUIRED; 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 "B" 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 IL00108604 and IL00108638 Investigation conducted by the Department on January 22, 2019, at Alden Estates of Orland Park, 16450 South 97th Avenue, Orland Park , Illinois 60462. On March 14, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities 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 Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" 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 FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$ 2,200.00**, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210c)1)2), 300.3220f) 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) and 300.3240a).

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
525 West Jefferson, 5th Floor, QA
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 "B" Violation(s); 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. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment).

Plan of Correction, Hearing Requests and Waivers 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: Sammye Geer, Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.

Sherry Barr

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulation

Dated this 19th day of March, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. ALDEN - ORLAND PARK REHABILITATION AND HEALTH CARE CENTER, INC., D/B/A, ALDEN ESTATES OF ORLAND PARK, Respondent.	)	Docket No. NH 19-C0108

PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); 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 - Orland Park Rehabilitation and Health Care Center, Inc.
Address:	4200 West Peterson Avenue, STE 140 Chicago, Illinois 60646

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 19th day of March, 2019.

Sammye Geer
Administrative Assistant I
Long Term Care – Quality Assurance
Office of Health Care Regulations

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014922	A. BUILDING: _____ B. WING _____	C 01/22/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF ORLAND PARK	16450 SOUTH 97TH AVENUE ORLAND PARK, IL 60462

(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 Investigations: 1990266/IL108638 - F760G 1990232/IL108604 - F760G	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1)2) 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 well-being of the resident, in accordance with	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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:

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

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician.

Section 300.1630 Administration of Medication

d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation and a notation made in the resident's record.

Section 300.3220 Medical Care

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)

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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. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interviews and record reviews, this facility failed to monitor and assure medications were administered according to physician orders in accordance with accepted professional standards and practices for one resident (R9) prescribed a diabetic medication reviewed for insulin administration. This failure resulted in R9 being admitted to the hospital on 1/10/19 with a critically high blood glucose level. Findings include: Review of the medical record notes R9 was admitted to this facility on 1/8/19 with diagnoses including: diabetes, long term use of insulin, acute and chronic respiratory failure, heart attack, peripheral vascular disease, and acute kidney disease. On 1/18/19 at 4:15pm, V20 RN (registered nurse/clinical support specialist) acknowledged that the nurses are expected to document in the resident's MAR (medication administration record) immediately after any medication is administered, held, or refused. R9's medical record was reviewed with V20. V20 was unable to find any documentation noting R9's blood glucose was checked 1/9/19 at 8:00pm or that R9 received any insulin at that time.	S9999		

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S9999	Continued From page 3	S9999		

On 1/22/19 at 1:00pm, V24 RN stated that V24 worked on the first floor nursing unit on the evening of 1/9/19. V24 stated that R9 was transferred from the second floor to the first floor nursing unit. V24 stated that about 4:00pm, a CNA (certified nurse aide) informed V24 that R9 would be coming some time during V24's shift. V24 stated that at 9:30pm, during end of shift rounds, V24 saw an extra resident in one of the rooms. V24 did not speak with R9 because R9's eyes were closed. V24 stated that V24 was not given report by the nurse transferring R9 or informed when R9 arrived onto the unit. V24 stated that V24 passed to the oncoming nurse to follow up with R9's medications and report from the other nursing unit.

Review of R9's hospital medical record, dated 1/10/19, notes R9 presented to the emergency department at 7:28am. At 7:39am, R9's blood glucose level was 525, critically high (normal value is 70-99). R9's admitting diagnosis was acute hyperglycemia (elevated blood glucose level) with history of diabetes.

Review of R9's POS (physician order sheet), dated 1/8/19, notes the following orders: long acting insulin 35 units subcutaneously at bedtime; before meals and at bedtime administer a fast acting insulin subcutaneously per sliding scale (BG (blood glucose) 201-250 administer 2 units, BG 251-300 administer 4 units, BG 301-350 administer 6 units, BG 351-400 administer 8 units, BG 401-450 administer 10 units, and BG 451-500 administer 12 units and notify physician); and fast acting insulin 15 units subcutaneously three times daily before meals.

Review of R9's MAR (medication administration record), January 2019, notes R9 received one

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S9999	Continued From page 4	S9999		

dose of long acting insulin on 1/8/19. There is no documentation noting R9 received a dose of this insulin on 1/9. There is also no documentation noting R9's blood glucose was checked or received any fast acting insulin at bedtime on 1/9.

Review of R9's care plan, dated 1/9/19, notes R9 has the potential low/high blood glucose reactions secondary to diagnosis of diabetes. Interventions identified include: administer medications for diabetes as ordered, blood glucose monitoring as ordered, monitor for signs of high blood glucose, and monitor for signs of low blood glucose.

Review of R9's blood glucose monitoring results documentation notes on 1/9 at 6:00am R9's blood glucose was documented on the MAR for scheduled fast acting insulin -- 380 and for sliding scale insulin; R9 did not receive the additional 8 units of fast acting insulin per physician order. There is no documentation on 1/9 at 8:00pm noting R9's blood glucose was checked or any fast or long acting insulin was administered.

Review of this facility's medication pass guidelines, dated 06/2014, notes document administration of medication on the resident's MAR immediately after administration. If a medication is refused or held/delayed, document it in an objective manner on the MAR, including the reason for delay or refusal.

(B)

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ALDEN ESTATES OF ORLAND PARK COMPLAINT #: 0108604
LIC. ID #: 0042192
DATE COMPLAINT RECEIVED: 01/10/19 11:09:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1 F760 G

__X__ The facility has committed violations as indicated in the attached*
_____ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.

3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ALDEN ESTATES OF ORLAND PARK COMPLAINT #: 0108638
LIC. ID #: 0042192
DATE COMPLAINT RECEIVED: 01/11/19 10:01:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1 f 760-761

X The facility has committed violations as indicated in the attached*
___ No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

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