IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

February 13, 2019

CT Corporation System, Registered Agent
Arden Courts of Elk Grove Village IL, LLC
208 S. LaSalle Street, Suite 814
Chicago, Illinois 60604

RE: Complaint #: IL 103483
Survey Date: December 13, 2018
Docket #: 19-C0033
Violation Type: 2-B Violations with Fines

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 Arden Courts of Elk Grove.

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
Arden Courts of Elk Grove/December 13, 2018/19-C0033/RegAgent/kk

LTC07202 COMPLAINT DETERMINATION FORM

FAC. NAME: ARDEN COURTS OF ELK GROVE COMPLAINT #: 0103483
LIC. ID #: 0049593
DATE COMPLAINT RECEIVED: 06/15/18 15:29:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
401	INVOLUNTARY TRANSFER	3

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.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. ARDEN COURTS OF ELK GROVE VILLAGE IL, LLC, D/B/A, ARDEN COURTS OF ELK GROVE, Respondent.	)	Docket No. NH19-C0033

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF FINE ASSESSMENT; NOTICE OF PLAN OF CORRECTION REQUIRED; 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 Investigation conducted by the Department on December 13, 2018, at Arden Courts of Elk Grove, 1940 Nerge Road, Elk Grove, Illinois 60007. On February 13, 2019, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Sheltered Care Facilities 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 "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

PLAN OF CORRECTION

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 **$ 3,300.00**, as follows:

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 330.780a)b)c). The fine was doubled in this instance in accordance with 330.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 330.780).
  Fine = $2,200

- **Type B violation** of an occurrence for violating one or more of the following sections of the Code: 330.1110a)b)d)f).
  Fine = $1,100

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
P.O. Box 4263
Springfield, Illinois 62708

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 "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.

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 6

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

Dated this 13th day of February, 2019.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS Complainant, v. ARDEN COURTS OF ELK GROVE VILLAGE IL, LLC, D/B/A, ARDEN COURTS OF ELK GROVE, Respondent.	)	Docket No. NH19-C0033

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:	CT Corporation System
Licensee Info:	Arden Courts of Elk Grove Village IL, LLC
Address:	208 S. LaSalle Street, Suite 814 Chicago, Illinois 60604

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 13th day of February, 2019.

SGeer

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
	IL6014419	A. BUILDING: _____ B. WING _____	C 12/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS OF ELK GROVE	1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007

(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 Investigation 1893949/IL103483 Licensure Violations: 2 of 2 violations: 330.780 a) 330.780b) 330.780c) 330.1110a) 330.1110b) 330.1110d) 330.1110f)	S 000		
S9999	Final Observations Section 330.780 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. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.

These Requirements Were Not Met As Evidenced By:

Based upon record review and interview the facility failed to document a descriptive summary of incident/injury in the progress notes for two of four residents (R1, R5) and failed to notify IDPH (Illinois Department of Public Health) of serious injury for two of four residents (R1, R5) reviewed for falls.

Findings include;

R5's (10/19/18) incident report states found resident laying on the floor next to bed crying. Complained of left arm and left leg pain. Called 911 and transported to hospital for evaluation.

R5's (11/16/18) clinical evaluation states; Fall in the last 31-120 days,. Ambulated to bed after using bathroom and fell (Fracture left femur). R5's (11/29/18) History & Physical states admitted to (Long-Term Care Facility) post fall (left trochanter fracture). Status post open reduction internal fixation. [R5's fracture is not documented in the progress notes].

On 12/11/18 at 11:41am, surveyor inquired if

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S9999	Continued From page 2	S9999		

IDPH was notified of R5's (10/19/18) fracture V1 (Executive Director) stated "I don't know I'll have to check." V1 subsequently presented R5's (10/19/18) state report of patient incident - fax cover sheet [which includes 10/19, 10/20, 10/23, and 11/5 documentation however "fracture" and transmission information are not inclusive]. On 12/11/18, fax transmittals regarding R5's (10/19/18) incident/injury were requested. At 12:37pm, V1 stated "We don't' have a fax transmission." Surveyor inquired about the regulatory requirements for reporting serious injuries V1 stated "The caregivers notify the nurse of injury. The nurse notifies the doctor and then the nurse on duty notifies the State within 24 hours."

R1's progress notes include but not limited to; (11/28/17) Resident complains of excruciating pain. Resident screaming states I want to go to the hospital please call 911. .

R1's (11/28/17) left knee x-ray states the following; non-displaced avulsion fracture lateral patellar cortex. [R1's fracture is not documented in the progress notes].

On 12/12/18 at 1:25pm, surveyor inquired if R1's (11/28/17) fracture was reported to IDPH V1 stated "That was found at the hospital. There wasn't anything they faxed because she did not have a fall. She had chronic pain there was no fall or incident report." Surveyor inquired if the facility was aware of R1's fracture V1 responded "I do believe there was an x-ray we received."

The injuries and occurrences policy & procedure (revised 8/09) includes but not limited to; level II occurrence is a serious injury such as a resident fall with complaints of pain in arm, leg or hip area.

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S9999	Continued From page 3 Documentation of incidents and occurrences is completed per facility policy. The Executive Director and/or designee will complete State mandated reporting. (B) Section 330.1110 Medical Care Policies a) The facility shall have a written program of medical services approved in writing by the advisory physician that reflects the philosophy of care provided, the policies relating to this and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. (B) b) The services of a physician licensed to practice medicine in Illinois shall be available to every resident of the facility. (A, B) d) All residents shall be seen by their physician as often as necessary to assure adequate health care. (A, B) f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. (A, B) These Requirements Were Not Met As Evidenced By: Based upon record review and interview the facility failed to notify the physician of change in	S9999		

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S9999	Continued From page 4	S9999		

condition for one of 3 residents (R1) reviewed for falls. On 11/23/17, R1 was in pain "screaming for help" and requested a physician assessment. The physician was not notified until 11/28/17 due to excruciating pain. R1's (11/28/17) x-ray affirmed a left knee fracture.

Findings include;

R1's progress notes include but not limited to; (11/15/17) History of pathologic left femur fracture. (11/23/17) Complained of left leg pain. (11/24/17) Complained of pain on hips and knee. Asked nurse to call the doctor to check her, screaming for help. [There is no documentation that the physician was notified on or about this date]. (11/26/17) Complaining that her legs is hurting her. (11/27/17) Complained of left leg pain. (11/28/17) 3:45am, Complaint of left leg pain. 8:30am, Resident complains of excruciating pain all over her body. 9:15am, Resident continuous complaint of pain. Medication ineffective. Resident screaming states I want to go to the hospital please call 911.

R1's (11/28/17) left knee x-ray states the following; non-displaced avulsion fracture lateral patellar cortex.

On 12/12/18 at 2:21pm, surveyor inquired about the requirements for resident change in condition V4 (Medical Director) stated "Usually the nurse does an evaluation and they call me." Surveyor inquired about the harm to R1 if in pain several days due to fracture V4 replied "The x-rays in the building did not show fracture." Surveyor stated that R1's progress notes affirm that she has a history of pathologic fracture, was in pain for several days, medication was ineffective, she was screaming for help (on more than one occasion)

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S9999	Continued From page 5 and again inquired about the harm to R1 V4 responded "She is in distress." Surveyor inquired about the standard of practice for reported pain V4 stated "If the pain is not relieved we usually send them out. They usually get x-rays or CT (Computed Tomography) scan." The resident change in condition policy & procedure (revised 8/09) states; the RSC (Resident Services Coordinator) is notified by the RSS's (Resident Services Supervisor), Resident Caregiver Supervisor, and RCG (Resident Care Giver) whenever a change in condition is suspected. A change in condition in a resident is documented on the 24 Hour Report per procedure. An explanation/description of the change is recorded in the resident's Individual Service Notes in the RIB (Resident Information Book). Residents with a change in condition are closely monitored by the nursing and caregiving staff. Any in-depth evaluation or additional interventions needed are determined by the RSC/RSS. (B)	S9999		