	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		IL6016950	B. WING		C 10/03/2024	
NAME OF P	ROVIDER OR SUPPLIER	L	DDRESS, CITY, S	STATE, ZIP CODE		
	STATES CTS OF HU	NTIFY	EGENCY PAR	KWAY		
		HUNTLE	Y, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2417925/IL#178708				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210b) 300.1210d)6) 300.2090b)	sure Violations:				
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed	,			
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	care and services t practicable physica well-being of the re each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes l, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.				
ois Depar	tment of Public Health					
	cally Signed	DER/SUPPLIER REPRESENTATIVE'S SI	JINAI UKE	TITLE		(X6) DATE 10/15/24
			6899 0	DXSE11	15 11	tion sheet 1 o

STATEMENT OF DEFICIENCIES AND PLAND OF CORRECTION (XI) PROVIDERSUPPLIENCUA IDENTIFICATION INVERSE: (X2) MUTPLE CONSTRUCTION A BULDING:	Illinois Department of Public	Health			T ORAN A TROVED
IL6016950 B.WING IDENTIFY NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CTY, STATE, ZIP CODE 12140 RESERVEY 12140 RESERVEY 12140 RESERVEY COUNT COUNT<			. ,		
12140 RECEIV PARKWAY HUNTLEY, IL 00142 (M)ID FREERIN TAC SUMMARY STATEMENT OF DEFICIENCIES (EACH ADRESCIENCY MUST HE PRECEDED BY FULL CACH CORRECTIVE ACTION BADULD BE FREERING DID THE APPROPRIATE DATE DPREFIX CACH CORRECTIVE ACTION BADULD BE FREERING DID THE APPROPRIATE COMPLETE DATE S9999 Continued From page 1 S9999 S9999 Image: Continued From page 1 S9999 0 PUTSuant 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: S9999 Image: Continued From page 1 S9999 0 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 receives adequate supervision and assistance to prevent accidents. Section 300.2090 Food Preparation and Service Image: Continued From page 1 Image: Co		IL6016950	B. WING		
ALDER ESTATES CTS OF HUNTLEY HUNTLEY, IL 60142 (rx), ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES INCLUSION OR USE IDENTIFYING INFORMATION ID PREFIX TAG PROVIDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION DEFICIENCY) DOMESTIC DESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION DEFICIENCY) DOMESTIC DESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION DEFICIENCY) DOMESTIC DESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION DEFICIENCY) DOMESTIC DESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION DEFICIENCY) DOMESTIC DESCINDENT (ESCINDENT PLAN OF CORRECTION (ESCINDENT PLAN OF CORRECTION (ESCINDENT) (ESCINDENT P	NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
DATE: PHORE PHORE (X4):00 PREFIX ISUMMARY STATEMENT OF DEFICIENCIES TAG IPROVIDER'S PLAN OF CORRECTION (EACH EDRICENCY MUST BE PRECEDED BY FULL PREFIX TAG IPROVIDER'S PLAN OF CORRECTION (EACH EDRICENCY) COMPLETE DEFICIENCY S9999 Continued From page 1 S9999 Continued From page 1 S9999 (a) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-aweek basis: S9999 (b) 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 300.2090 Food Shall be attractively served at the proper temperatures and in a form to meet individual needs. These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a process was in place for service of hol liquids mere safely served; failed to ensure and failed to identify safe hot liquid temperature. These failures resulted in full sustaining a first degree burn to his left forearm and a second degree burn to his left inner thing. These failures have the potential to affect all residents residing in the facility. The facility Data Sheet dated 10/1/24 showed there were 148 residents residing in the facility. 0 N 10/1/24 at 11:33 AM, R1 was sitting on the Streacon the second pacontheacont	ALDEN ESTATES CTS OF HU	INTLEY 12140 RE	GENCY PAR	KWAY	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED DY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) Conintination S9999 Continued From page 1 S9999 S9999 Continued From page 1 S9999 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: S9999 S999 6) Al 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 300.2090 Food Preparation and Service b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. These requirments were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure process was in place for service of hot liquid temperature. These failures resulted in R1 sustaining a first degree burn to his left forearm and a second degree burn to his left meratime taked hot/1/24 showed there were 148 residents residing in the facility. The facility Data Sheet dated 10/1/24 showed there were 148 residents residing in the facility.		HUNTLEY	r, IL 60142		
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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 300.2090 Food Preparation and Service b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. These requirments were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure hot liquids were safely served; failed to ensure not tiquids were failures resulted in R1 sustaining a first degree burn to his left forearm and a second degree burn to his left ent ensidents residing in the facility. The findings include: The facility Data Sheet dated 10/1/24 showed there were 148 residents residing in the facility. On 10/1/24 at 11:33 AM, R1 was sitting on the	S9999 Continued From pa	age 1	S9999		
burn to his left forearm and a second degree burn to his left inner thigh. These failures have the potential to affect all residents residing in the facility. The findings include: The facility Data Sheet dated 10/1/24 showed there were 148 residents residing in the facility. On 10/1/24 at 11:33 AM, R1 was sitting on the	 nursing care shall if following and shall seven-day-a-week 6) All necessation assure that the mass free of accident nursing personnel that each resident and assistance to personal section 300.2090 b) Foods shall proper temperature individual needs. These requirments by: Based on observation review the facility factories and service of identify safe hot liquid to the factories of the	include, at a minimum, the be practiced on a 24-hour, basis: ary precautions shall be taken residents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents. Food Preparation and Service If be attractively served at the es and in a form to meet a were not met as evidenced tion, interview, and record ailed to ensure hot liquids were of to ensure a process was in f hot liquids; and failed to uid temperature. These			
The facility Data Sheet dated 10/1/24 showed there were 148 residents residing in the facility. On 10/1/24 at 11:33 AM, R1 was sitting on the	burn to his left fore to his left inner thig potential to affect a	arm and a second degree burn h. These failures have the			
there were 148 residents residing in the facility. On 10/1/24 at 11:33 AM, R1 was sitting on the	The findings includ	le:			
llinois Department of Public Health	toilet. R1 was wear				

9XSE11

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 10/03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		12140 R		(WAY		
ALDEN	ESTATES CTS OF HU	HUNTLE	Y, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	Care Nurse) and V standing position. F red area, the size o baseball. The skin v open areas. V8 said wound today and sl Consult. V8 said co had redness to his thigh. V8 said R1's thigh wound was w guy spilled coffee o and burned me. R1 move that fast any said his arm doesn does. R1's dressing and V8 (Wound Ca					
	include, but not limi following a stroke; o pulmonary hyperter other epilepsy; othe Brown-Sequard Syn	owed he had diagnoses to ited to: right sided weakness congestive heart failure; nsion; chronic atrial fibrillation; er epilepsy; and ndrome (a rare spinal disorder ide of the spinal cord).				
	5	ment dated 8/8/24 showed R1 oderate assistance for eating.				
		terview for Mental Status) 9/25/24 showed he was				
	8:36 PM showed, "spilled on the dining	nent Report dated 9/20/24 at staff reported a cup of coffee g room table while being and the coffee went from the				

9XSE11

	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		IL6016950	B. WING			C 03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ALDEN E	ESTATES CTS OF HU	NTIFY	EGENCY PARM Y, IL 60142	(WAY		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
		dent's lap." This document Iness to his left forearm and				
	showed, "Staff report and opened the lid (the coffee was) dri Resident stated, "It up fast enough." Re table and assessed redness noted to le	es dated 9/20/24 at 8:48 PM orted he slipped the coffee cup of hot coffee on the table and pping down onto the resident. wasn't my fault, I could not ge emoved the resident from the I the area. (There was) ft forearm ad left inner thigh at ote doesn't include the size or he wound.	t			
	9/21/24 at 3:50 AM	ice Documentation dated showed R1 had redness and contains no further details).				
	PM showed, "Redn	MAR dated 9/21/24 at 6:53 ess and blister noted to left act. No open wound."				
		Progress Note dated 10/1/24 at R1 had an open area to the left				
	showed an order fo 1%. Apply to inner l and night for skin c record also showed Wound/Burn Dress	er Sheet dated 10/1/24 r Silver Sulfadiazine cream eft thigh topically every day ondition, burn area. This I a new order for a Medihoney ing Paste to be applied to R1's cover with a dressing daily.				
	show that R1 had b	nic Medical Records) did not been seen by the facility's lurse Practitioner) between 4.				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
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		IL6016950	B. WING			C 10/03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
ALDEN E	ESTATES CTS OF HU	NTIFY	EGENCY PAR <mark>P</mark> Y, IL 60142	KWAY			
(X4) ID	SUMMARY STA		ID ID	PROVIDER'S PLAN OF (CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC [\]	HE APPROPRIATE	COMPLET DATE	
S9999	Continued From pa	ige 4	S9999				
	On 10/1/24 at 10:23 familiar with R1. V1 place, and time, but time. V15 said R1 is known and commu had a stroke and ha body. The surveyor tell her about R1's w talking about the bu present the day of t understanding was spilled and landed of On 10/1/24 at 10:42 CNAs ensure the re- for meals, but the d service. V17 said if coffee and dietary i nursing staff can of automatic coffee m On 10/1/24 at 11:07 serves the resident the temperature of before each meal s temperature is writt didn't know if there were supposed to r know if there was to said he usually serv lid. On 10/1/24 at 11:12 used the facility's d the temperature of machine, on the 2n	3 AM, V15 (RN) said she was 5 said he is alert to person, t will be forgetful from time to s able to make his needs nicate effectively. V15 said R1 ad weakness to one side of his a sked what the nurse could wound. V15 replied, "Are you urn?" V15 said she was not the incident, but her that a cup of coffee was					
nois Depar	posted on the corkl on 10/1/24 at Break	Coffee Temperature Log was board. This document showed kfast the temperature was 172 it) and the Lunch Temp was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6016950	B. WING			C 10/03/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
		12140 RE		(WAY			
ALDEN E	ESTATES CTS OF HU	NILEY HUNTLE	Y, IL 60142				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	age 5	S9999				
	machine temperatu meal service (three coffee machine doe V6 said only the se temperature. V6 sa temperatures. V6 s not served to the re doesn't re-check th liquids before servin said the coffee sho degrees. At 11:12 A thermometer to che machine, on the 3rd 173 degrees. There coffee or hot liquids before service. A he checked before cof residents. V25 (Ser from the coffee ma	aid the automatic coffee ares are checked before each a times a day). V6 said the es not display the temperature. rvice technician can see the aid that's why we check the said the coffee/hot liquids are estident right away. V6 said he e temperature of the hot ng them to the residents. V6 uldn't be served above 155 AM, V6 used the facility's digital eck the automatic coffee d floor. The temperature was e were no trays of prepared s that were sitting to cool, ot liquid temperature was not ffee was served to the rver) obtained coffee directly chine, into white coffee cups e resident table. The hot liquid to cool.					
	he puts the food on usually handle the f service. V21 said h temperatures were is made to order, so unsure if there is te On 10/1/24 at 2:32 calibrated the digita The coffee tempera floor coffee tempera 3rd floor coffee tempera	1 AM, V21 (Dietary Aide) said a the plates and the servers tray delivery and beverage e wasn't sure if coffee checked. V21 said the coffee o it stays hot. V21 said he is emperature that is too high. PM, V6 (Dietary Supervisor) al thermometer in an ice bath. atures were obtained. The 2nd ature was 158 degrees. The apperature was 172 degrees. V6 he thermometers every day in					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		IL6016950	B. WING			C 10/03/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
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			Y, IL 60142		0000000000		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ige 6	S9999				
	the evening of 9/20 was spilled on R1 b was not sure if the f after R1 was burne service company for maybe V7 (Building liquid temperatures won't cause burns of On 10/2/24 at 7:47 trays for R2, R5, R5 styrofoam cup of co The surveyor asked temperature from th was 158. V6 contin and R9's trays. V6 automatic dispense a lid on top, and pla trays. At 8:04 AM, V deliver the trays. Th pre-prepared hot lid 8:02 AM, R10 was wheelchair. R10 wa reclined position. R coffee on the upper was no lid on the co present in the dinin- kitchenette to delive body and reached to was unable to react motion a couple tim reaching her coffee at a table, drinking from a Styrofoam c On 10/2/24 at 8:12	 /24, but he was notified coffee by V12 (Server). V6 said he temperatures were adjusted d. V6 said he did not call the or temperatures to be adjusted g Manager) did. V6 said the ho are taken to ensure they or scalding. AM, V6 was preparing room 7, R8, and R9. R2's tray had a offee with a plastic lid on top. d V6 to obtain a coffee he machine. The temperature ued assembling R5, R7, R8 obtained hot liquid from the er, into a styrofoam cup, placed aced the beverages on the V6 left the kitchenette to here were no cooling or quids in the kitchenette. At seated in a high back as positioned in a slightly 10 had a steaming cup of r right corner of her tray. There offee. There was no staff g room. V27 (Server) left the er room trays. R10 rocked her toward the cup of coffee, but h it. R10 repeated this rocking hes, but was unsuccessful in e. At 8:09 AM, R11 was seated from a steaming cup of coffee 					
	pre-prepared or coo	as 168. There were no oling hot beverages in the erver) was preparing room					

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ALDEN E	ESTATES CTS OF HU	NTIFY	GENCY PARP Y, IL 60142	KWAY		
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999		•	S9999			
		trays, obtaining hot liquids from the automatic machine and placing them on the trays.				
	Practical Nurse) sa 9/20/24. V9 said sh coffee was spilled of in the dining room a V9 said R1 is able t so nice. V9 said sh happened to R1. V9 guy' spilled coffee of him. V9 said R1 sai really hurt. V9 said said R1's left arm w R1's left inner thigh little bit. V9 said sho	6 PM, V9 (LPN - Licensed id she was R1's nurse on ie was on break when the on R1. V9 said V10 (LPN) was and provided immediate care. to make his needs known and e feels bad about what 9 said R1 told her the "server on the table and it dripped onto id, "It's not my fault." He said it she did a skin assessment. V9 vas slightly reddened. V9 said was "angry red" and raised a e did not measure R1's burns. t V4 (R1's PCP), V8 (Wound 1's POA.				
	in the dining room t assisting another re- she heard R1 yell, ' looked up V12 (Ser V10 said V12 told h and dripped into R1 R1 from the dining removed his clothin	AM, V10 (LPN) said she was he evening of 9/20/24, esident with eating. V10 said 'OUCH!" V10 said when she ver) was standing next to R1. her coffee spilled on the table I's lap. V10 said she removed room and immediately ng and assessed his skin. V10 nd redness to his left forearm				
	resident food order V12 said he doesn' V12 said the machi V12 said he puts th it directly to the resi quick delivery." V12	5 15 AM, V12 (Server) said the is taken and they go get it. t take coffee temperatures. ne has a preset temperature. e coffee in the cup and takes ident. V12 stated, "It's pretty 2 said R1 was in the dining 12 said he was delivering R1's				

Illinois D	epartment of Public	Health			FURM	APPROVE
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		IL6016950	B. WING			C 03/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		12140 RE		KWAY		
ALDENE	STATES CTS OF HU	HUNTLE	Y, IL 60142			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		DATE
_			-	DEFICIENC	Y)	
S9999	Continued From pa	ige 8	S9999			
	dipportrov and coff	fee. V12 said as he was sitting				
		the table, he must have				
		foam cup too hard and the lid				
		id the coffee dripped on his				
		ed on the table. V12 said the				
	coffee ran off the ta	able onto R1. V12 said the				
	nurse was in the dir	ning room and responded right				
	away.					
	$O_{\rm P} = 10/1/24$ at 12:00	PDM \/9 (Wound Care Nurse)				
		8 PM, V8 (Wound Care Nurse)				
	said she was on call 9/20/24 (when R1 was burned). V8 said V9 (LPN) notified her via					
		se told me that the dietary staf	F			
		and it had landed on R1. She				
	•	s to his left forearm and left				
	inner thigh. V8 said	R1 told her that the Server				
	spilled coffee on the	e table and it fell in R1's lap.				
		rearm redness had already				
		Il had the wound to his left				
		R1 had not seen the Wound				
		she had ordered a consult				
	,	s wound was open and had e's not sure what degree of				
		e considered. V8 said the				
		der will see him the next time				
		y will make that determination.				
		measure R1's wounds				
	because they were	n't "open."				
	On 10/1/24 at 2.54	PM, V4 (R1's PCP) said R1 is				
		He is decisional, his mood				
		s considered stable at this				
		ot liquid spills on the skin and				
		curs this would be considered				
		V4 said if the underlying flesh				
		a blisters or opens then it				
		ed a second degree burn. V4				
		fied her on 9/20/24 that coffee				
		V4 said R1's burns to his left				
	torearm and left inn	ner thigh were caused by the				

	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	ESURVEY
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	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			00/2024
	ROVIDER OR SUPPLIER		EGENCY PARK			
ALDEN E	ESTATES CTS OF HU	NTIFY	Y, IL 60142			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
S9999	Continued From pa	ige 9	S9999			
	expect the facility to	l on him. V4 said she would o serve hot liquids at a safe for the residents.				
	On at 10/1/24 1:42	PM, V23 (Coffee Machines				
	Customer Service) said the facility had just called in a service ticket today 10/1/24. V23 said the					
		he temperature be turned down				
	to 135 degrees for	two automatic coffee				
		s. V23 said the facility did not				
		service between 9/20/24 ned) and today. V23 said she				
		history and the last time the				
	technician was at th	ne facility for repairs was				
	3/21/24.					
	On 10/1/24 at 3:31	PM, V26 (Dietician) said the				
		ot have a set maximum hot				
		V26 said she was reviewing				
		cy's and does not see a				
		ture for hot liquids. V26 said food service temperature				
		20 degrees and the hot liquids				
		/26 said she would expect the				
		rved at a safe temperature to				
		aid coffee temperatures of				
	160-170 definitely s	sounds too high.				
	On 10/1/24 at 3:20	PM, V1 (Administrator) said				
		own the coffee machines. V1				
		pany "loans" them to us for				
		/1 said the coffee company				
		nes. V1 said she did not call ıy. V1 said she was aware V12	,			
		l coffee over, it ran off the	•			
		o contact with R1. V1 said she				
		Dietary Supervisor) to report				
		re concerns to her, but he had				
		t water temperatures should				
	be kept below 165. tment of Public Health	V1 said the facility's hot liquid				

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		IL6016950	B. WING			C 10/03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE			
ALDEN E	STATES CTS OF HU		EGENCY PARK	(WAY			
		HUNTLE	Y, IL 60142				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 10	S9999				
	policy says it is the resident's preference. There is no exact temperature identified as safe.		;				
	Regional Field Service contract with the factor responsible for cheand calling for service said the machines of temperature reading the temperature reading the temperature of facility protocols de temperatures and it adjustments made, service request. V3 responsible for ensistafely served to the "low temperature ki machines to keep the degrees. V32 said the low temperature with the temperature industry V32 said the low temperature service available option for no "routine" service stated, "When they treat service stated, "When they temperature they the temperature they they the temperature they they they they they they they the	uring the hot beverages is e residents. V32 said there is a t," available for the coffee the temperature below 145 this kit is used primarily by the for resident safety concerns. mperature kits are an purchase. V32 said there are is provided by his company, are as "on demand." V32 call us, we come."					
	said he had worked and had not called coffee machines. The facility's Coffee	5 AM, V7 (Building Manager) I at the facility three months the service company for the Temperature Logs for					
	152 to 172 degrees "safe" hot temperat should respond. The facility's At Risl	tober 2024 showed results of 5. This form does not show a ure parameter or how the staff k Hot Food & Beverage					
	Temperature Policy Food and Beverage	dated 3/24 showed, "Policy: es will be served at a safe and palatable. Purpose:					

	IT OF DEFICIENCIES	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		IL6016950	B. WING	B. WING		C 10/03/2024	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		12140 R					
LDENE	STATES CTS OF HU	HUNTLE	Y, IL 60142				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	age 11	S9999				
	To reduce the risk of injury 4. Coffee held at lower temperature will be placed in a carafe with a label reading, low temp coffee/liquid. Coffee temperatures are all based on resident preference and can change from day to day and resident need" The Coffee Machine service reports were						
	The Coffee Machin requested, but not						
	(B)						

9XSE11