PRINTED: 06/06/2024 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
					С	
IL6007033		B. WING		04/24/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ALDEN ES	STATES OF NAPERVILLE		'H OXFORD LA LE, IL 60565	ANE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
S 000	Initial Comments		S 000			
	Complaint Investigation	on 2473091/IL172126				
S9999	Final Observations		S9999			
	Statement of Licensul	re Violations				
	300.610a) 300.1210a) 300.1210b) 300.1210d)3) 300.1610a)1)					
	Section 300.610 Res	ident Care Policies				
	procedures governing facility. The written positive formulated by a Re Committee consisting administrator, the advinced advisory common formulation of nursing and other spolicies shall comply to The written policies shall be the facility and shall be	of at least the visory physician or the limittee, and representatives services in the facility. The with the Act and this Part. hall be followed in operating e reviewed at least annually cumented by written, signed				
	Section 300.1210 Ge Nursing and Personal	eneral Requirements for Care				
	facility, with the partic the resident's guardia applicable, must deve	ve Resident Care Plan. A ipation of the resident and n or representative, as elop and implement a blan for each resident that				

Illinois Department of Public Health

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

Electronically Signed 05/09/24

TITLE

STATE FORM 6899 GRXF11 If continuation sheet 1 of 7

NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE B. WING B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565	STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	URVEY ETED	
ALDEN ESTATES OF NAPERVILLE 1525 SOUTH OXFORD LANE	IL6007033		B. WING				
ALDEN ESTATES OF NAPERVILLE	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
NAPERVILLE, IL 60565	ALDEN E	STATES OF NAPERVILLE			ANE		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
S9999 Continued From page 1 S9999	S9999	Continued From page	: 1	S9999			
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 settling 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 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1610 Medication Policies and		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 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 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.					

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Development of Medication Policies

STATE FORM 6899 GRXF11 If continuation sheet 2 of 7

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:			
IL6007033		B. WING		C 04/24/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S9999	Continued From page	e 2	S9999		
	1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.				
	These Requirements were not met as evidenced by: Based on interview and record review, the facility failed to administer Insulin as ordered by the physician. The failure resulted in R1 having elevated blood sugars and elevated lab values. This applies to 2 of 4 residents (R1, R2) reviewed for improper nursing care in the area of missing medication doses in the sample of 4.				
	The findings include:				
	missed my morning of U-500) on April 19, 20 18, they ran out of the enough to give me a supposed to get a set they still did not have came at 3:00 PM that	at 2:20 PM, R1 said, "I lose of insulin (Humulin R 024. The evening of April e insulin and did not have full dose. On April 19, I was cond dose at 2:00 PM and the insulin in stock. It finally t day. This happens every gars are all over the place hissing doses."			
	The EMR (Electronic Medical Record) shows R1 was admitted to the facility on October 6, 2021 with multiple diagnoses including, encounter for				

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STATE FORM 6899 GRXF11 If continuation sheet 3 of 7

ILEGOROSA BAUCHNES BAUGH DESTATES OF NAPERVILLE SERVINDAMARY STATEMENT OF DEFICIENCIES MARKE OF FROMDER OR SUPPLIER 1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565 PROVIDER'S THAN OF COMPECTION IESC WITTENAM IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION IN FRANCISCO BY IN IL REGILATORY OR LEG INSTITUTION CONSTITUTION IN IL REGILATORY OR LEG INSTITUTION CORRESPONDED BY IN IL REGILATORY OR LEG INSTITUTION CORRESPONDED BY IN IL REGILATORY OR LEG IN IL REGILATOR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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ALDEN ESTATES OF NAPERVILLE (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL. TAG REGULATORY OR LSC IDENTIFYING INFORMATION) Seperix TAG CROSS-REFERENCED TO THE APPROPRIATE Deficiency CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3 surgical aftercare following surgery on the skin and subcutaneous tissue, open wound of the right buttock, diabetes, generalized anxiety disorder, chronic kidney disease, encounter for change or removal of surgical wound dressing, localized edema, PVD (Peripheral Vascular Disease) elevated liver enzymes, fatty liver, depressive episodes, psoriasis, acquired absence of left leg below the knee, and iron deficiency anemia. R1's MDS (Minimum Data Set) dated February 14, 2024 shows R1 is cognitively intact, is independent with oral hygiene and toilet hygiene, requires set up assistance with eating, and supervision with all other ADLs (Activities of Daily Living). R1 is always continent of urine, and occasionally incontinent of stool. R1's EMAR (Electronic Medication Administration Record) dated April 2024 shows the following physician's orders: - Humalog (Insulin Lispro) 100 units/ml (units per milliliter) inject 24 units S0 (subcutaneously) at 8:00 AM, 28 units at 12 noon, and 32 units at 5:00 PM. This was ordered on dated 10/11/2023. - Humalog (Insulin Lispro) 100 units/ml) inject 220 units at 8:00 AM, 2:00 PM, and 8:00 PM. This was ordered on 11/21/2023. - Humalog (Insulin Lispro) 100 units/ml lipiect as per the sliding scale for blood glucose level 150 to 4:50 mg/dL (milligram per deciliter). This was ordered on 31/4/2024. R1's EMAR dated April 2024 also shows R1 has physician's order to administer Jardiance 25 mg	IL6007033		B. WING		_	_	
MAPERVILLE, IL 60565	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
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surgical aftercare following surgery on the skin and subcutaneous tissue, open wound of the right buttock, diabetes, generalized anxiety disorder, chronic kidney disease, encounter for change or removal of surgical wound dressing, localized edema, PVD (Peripheral Vascular Disease) elevated liver enzymes, fathy liver, depressive episodes, psoriasis, acquired absence of left leg below the knee, and iron deficiency anemia. R1's MDS (Minimum Data Set) dated February 14, 2024 shows R1 is cognitively intact, is independent with oral hygiene and toilet hygiene, requires set up assistance with eating, and supervision with all other ADLs (Activities of Daily Living). R1 is always continent of urine, and occasionally incontinent of stool. R1's EMAR (Electronic Medication Administration Record) dated April 2024 shows the following physician's orders: - Humalog (Insulin Lispro) 100 units/ml (units per milliliter) inject 24 units SQ (subcutaneously) at 8:00 AM, 28 units at 12 noon, and 32 units at 5:00 PM. This was ordered on dated 10/11/2023. - Humulin R U-S00 (500 units/ml) inject 220 units at 8:00 AM, 2:00 PM, and 8:00 PM. This was ordered on 11/21/2023. - Humalog (Insulin Lispro) 100 units/ml inject as per the sliding scale for blood glucose level 150 to 450 mg/dL (milligram per deciliter). This was ordered on 3/4/2024. R1's EMAR dated April 2024 also shows R1 has physician's order to administer Jardiance 25 mg	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETE
SQ every Friday for Type 2 Diabetes Mellitus. The EMR shows the following documentation for R1 regarding missing medications:	S9999	surgical aftercare folloand subcutaneous tist buttock, diabetes, ger chronic kidney diseas removal of surgical wedema, PVD (Periphe elevated liver enzyme episodes, psoriasis, abelow the knee, and in the R1's MDS (Minimum 14, 2024 shows R1 is independent with oral requires set up assist supervision with all of Living). R1 is always occasionally incontine R1's EMAR (Electron Record) dated April 2 physician's orders: - Humalog (Insulin Lismilliliter) inject 24 unit 8:00 AM, 28 units at PM. This was ordere. - Humulin R U-500 (5 at 8:00 AM, 2:00 PM, ordered on 11/21/202 - Humalog (Insulin Lisper the sliding scale for 450 mg/dL (milligra ordered on 3/4/2024. R1's EMAR dated Apphysician's order to a one tablet daily at 9:00 SQ every Friday for The EMR shows the first surgical surgical shows the first surgical surgical shows the first surgical surgica	owing surgery on the skin sue, open wound of the right heralized anxiety disorder, se, encounter for change or ound dressing, localized eral Vascular Disease) es, fatty liver, depressive acquired absence of left leg ron deficiency anemia. Data Set) dated February cognitively intact, is hygiene and toilet hygiene, ance with eating, and ther ADLs (Activities of Daily continent of urine, and ent of stool. ic Medication Administration 024 shows the following spro) 100 units/ml (units per ts SQ (subcutaneously) at 12 noon, and 32 units at 5:00 d on dated 10/11/2023. 00 units/ml) inject 220 units and 8:00 PM. This was 13. spro) 100 units/ml inject as or blood glucose level 150 am per deciliter). This was 11 2024 also shows R1 has dminister Jardiance 25 mg 10 AM and Ozempic 2 mg type 2 Diabetes Mellitus.	\$9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		IL6007033	B. WING	B. WING		
	ROVIDER OR SUPPLIER STATES OF NAPERVILLE	1525 SO	DDRESS, CITY, STATE UTH OXFORD LAN ILLE, IL 60565			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		JLD BE COMPLETE	
S9999	S9999 Continued From page 4		S9999			
	U-500 (Insulin) Inject three times a day. On the medication was not does not have docume blood sugar level was 10:00 PM. The facilit documentation to sho notified the medication ordered. The EMR shows R1's was obtained on Janual R1's blood sugar level milligrams/deciliter).	e) documented, "Humulin R 220 units subcutaneously or order." (On Order means of available). The facility entation to show what R1's on January 1, 2024 at y does not have w R1's physician was n was not administered as enext blood sugar reading uary 2, 2024 at 8:00 AM.				
	documented, "Humuli subcutaneously three The EMR shows R1's Nursing documentatio of the 220 units order have documentation to	n R U-500 Inject 220 units times a day. On order." blood sugar level was 248. on shows R1 was given 165 ed. The facility does not so show R1's physician was n was not administered as				
	Nurse) documented, units subcutaneously order." The facility do to show R1's physicia	that 9:40 PM, V9 (Agency 'Humulin R U-500 Inject 220 three times a day. On these not have documentation in was notified the dministered as ordered.				
	documented, "Humuli subcutaneously three The EMR shows R1's	4 at 8:43 AM, V8 (RN) n R U-500 Inject 220 units times a day. On order." b blood sugar level was 282. o show R1's blood sugar				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
					С			
IL6007033		B. WING		04/24/2024				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ALDEN E	ALDEN ESTATES OF NAPERVILLE 1525 SOUTH OXFORD LANE							
ALDEN E	STATES OF NAPERVILLE	NAPERV	'ILLE, IL 60565					
(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 CORRECT (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE			
S9999	Continued From page 5		S9999					
	level was 384 at 2:00	PM.						
	On April 19, 2024 at 8:36 AM, V11 (RN) documented, "Humulin R U-500 (Insulin) Inject 220 units subcutaneously three times a day. On order." The facility does not have documentation to show R1's physician was notified the medication was not administered as ordered. The EMR shows the following blood sugar readings for R1 on April 19, 2024: 301 at 8:00 AM, 296 at 12:00 PM, 296 at 2:00 PM, and 315 at 8:00 PM. HBA1C (GlycoHemoglobin) laboratory results show a patient with diabetes has glycemic control of their diabetes if they have a reading of less than 7 percent. R1's HBA1C results for the period January 10, 2024 to April 10, 2024 show:							
	January 10, 2024 - 8. February 12, 2024 - 7 February 19, 2024 - 7 March 11, 2024 - 9.3 April 10, 2024 - 9.6 pe	7.7 percent 7.7 percent percent						
	Practitioner) said, "[R has high blood sugars units of insulin a day. doses, her blood sugar her to miss even one HBA1C labs to check This gives us a pictur over the past three m high or is going up, the control. The nurses at the pharmacy to get to be getting her medical	2:19 PM, V5 (NP-Nurse 1] is a brittle diabetic. She is and receives almost 700 When she misses insulin ars are higher. It is a lot for dose of insulin. We do the control of her diabetes. e of her blood sugar control onths. If that number is en her diabetes is not under re supposed to be calling the medications. She should tions. The assumption by tian is the patients are						

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	'	CONSTRUCTION	(X3) DATE SI COMPLE	
					С	
		IL6007033	B. WING		04/2	4/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ALDEN E	STATES OF NAPERVILLE		TH OXFORD LA	ANE		
	NAPERVILLE, IL 60565					
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S9999	Continued From page	e 6	S9999			
	getting their medication	ons."				
	Continued From page 6 getting their medications." 2). The EMR shows R2 was admitted on May 25, 2023 with multiple diagnoses including, hemiplegia and hemiparesis following cerebral infarction, COPD (Chronic Obstructive Pulmonary Disease), diabetes with foot ulcer, morbid obesity, chronic kidney disease, left shoulder rotator cuff tear, adjustment disorder with depressed mood, sleep apnea, PVD (Peripheral Vascular Disease), aphasia, long-term use of insulin, and heart disease. R2's MDS dated February 20, 2024 shows R2 is cognitively intact and requires supervision with all ADLs. R2 is occasionally incontinent of urine, and always continent of stool. The EMR shows the following documentation for R2: On January 25, 2024 at 6:54 PM, V8 (RN) documented, "Insulin NPH (Human) (Isophane) Subcutaneous Suspension, inject 76 units subcutaneously two times a day related to Type 2 diabetes. On order." The facility's policy entitled "Medication Administration: General Guidelines" dated "03/2021" shows: "C. Policy: All medications shall be administered as prescribed by personnel authorized to do so in accordance with standard practice and current regulations D. Procedure:6. If the physician's medication order cannot be followed, the physician should be notified, depending upon the situation"					

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