

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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 #2418337/IL179305	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)3)6) 300.1220b)8) 300.2040b)1)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the 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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

10/29/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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 1 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. 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 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 2</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.</p> <p>1) The resident's diet order shall be included in the medical record.</p> <p>2) The diet shall be served as ordered.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide 1:1 supervision and implement physician's orders for a resident's (R2's) downgraded diet to mechanical soft for a resident (R2) during mealtimes after R2 experienced a choking episode. This failure resulted in R2 experiencing a second choking episode with cyanosis, low oxygen levels, and hospitalization. R2 expired in the local hospital on 10/1/24 from complications of aspiration pneumonia and choking on food. This applies to 1 of 3 residents reviewed for safety and supervision in the sample of 8.</p> <p>Findings include:</p> <p>R2's electronic face sheet printed on 10/16/24 showed R2 has diagnoses including but not limited to Parkinson's disease, dementia without behaviors, dysphagia, congestive heart failure, and muscle weakness.</p> <p>R2's facility assessment dated 9/13/24 showed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 3</p> <p>R2 has moderate cognitive impairment and does not receive a mechanically altered diet.</p> <p>R2's nursing care plan dated 7/25/24 showed, (R2) requires nutritional support ...feed slowly. Give resident time to chew and swallow, meal monitoring and recording as indicated.</p> <p>R2's speech therapy discharge summary dated 8/23/24 showed, "Supervision for oral intake= distant supervision (resident able to feed self, supervision in dining room)."</p> <p>R2's nursing progress notes dated 9/19/24 showed, "Resident was choking at dinnertime, and he was able to remove all the food. (V7-Nurse Practitioner) here and saw resident at the time after he was done with episode of choking. (V7) referred resident to re-evaluate for swallow study."</p> <p>R2's nurse practitioner visit note dated 9/19/24 showed, "Patient seen and examined RN (Registered Nurse) requested he be seen due to choking during mealtime this PM. Seen sitting upright in wheelchair. He is currently being fed 1:1 with nursing staff. He remains aspiration risk. Patient on a modified diet...assessment: dysphagia discussed with nursing staff repeat speech therapy evaluation. Continue 1:1 feeding. Slow feeding."</p> <p>On 10/16/24 at 11:53AM, V15 (Certified Nursing Assistant) stated, "I was working the day (R2) had his first choking incident. A resident yelled "he's choking!" so I ran into the dining room and began patting (R2's) back and at first, he wasn't breathing. I kind of froze and didn't know what else to do other than pat his back so I yelled for the nurse. One of the nurse's looked into the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 4</p> <p>dining room and stated, 'That's not my resident, I'll go get his nurse.' I couldn't believe she just left me there alone in the dining room with a resident that was choking. There was nobody else in the dining room and I was the only one that responded. I was shocked nobody was in there supervising any of the residents. By the time (R2's) nurse came to the dining room, he had already coughed up what he was choking on and then the nurse took over."</p> <p>On 10/15/24 at 2:09PM, V7 (Nurse Practitioner) stated, "I saw (R2) after his initial choking incident. incident and staff were told to feed (R2) a mechanical soft diet until speech therapy could evaluate him the next day. I was very specific with the nurse on what I ordered so I'm not sure why none of my orders made it into his chart until after (R2) was hospitalized. I recommended for a speech evaluation and ordered 1:1 feeding at a slow rate. 1:1 feeding means staff are sitting with the resident and providing constant, close supervision and cues for safe swallowing. (R2) has a history of swallowing difficulties and had dysphagia so he is at a higher risk for choking. If staff were not supervising (R2), it put him at increased risk for choking which led to his pulmonary complications."</p> <p>On 10/16/24 at 9:51AM, V14 (Licensed Practical Nurse-LPN) stated, "On 9/19/24 one of the aides notified me that (R2) was coughing while he was eating and looked like he was choking. I had (V7) assess him and she wanted me to have staff sit with (R2) while he ate but I didn't realize nobody knew that. I told (V8 - LPN) about (R2) coughing, but I did not report any of (V7's) orders to him so he would have no way of knowing what (R2) needed. There is always 1 person in the dining room, but we can't spare a staff member to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 5</p> <p>provide 1:1 assistance for feeding, we don't have the staff for that during mealtimes because it's a busy time of day. Looking back, I should have called the kitchen right away and notified them to downgrade (R2's) diet to mechanical soft and I should have entered the orders and notified the CNAs (Certified Nursing Assistants) to provide 1:1 supervision. The orders should have also been entered into the medical record so all staff were aware, but I was just busy and thought it would be okay to do it the next day."</p> <p>R2's nursing progress notes dated 9/20/24 showed, "Resident noted in dining room eating breakfast, nurse on duty noted to be observing residents in the dining room. Resident noted to be coughing while eating, nurse went to assess resident and decided to start the Heimlich maneuver. Resident noted to expectorate chewed up food from his mouth. Oxygen was administered to resident via non-rebreather mask at 10 liters, oxygen saturation noted at 68% with rapid breaths. 911 was called ...resident transported to hospital for further evaluation ..."</p> <p>On 10/16/24 at 9:00AM, V8 (LPN) stated, "I worked the overnight shift on 9/19/24 and was still on the unit on 9/20/24 during (R2's) choking incident. I was sitting at the nurse's station charting and (V5-LPN) was passing medications outside of the dining room when she began yelling "Help! Help!" I looked in and (R2) was blue and looked lifeless. I ran over and started the Heimlich while (V5) went and got oxygen. (R2) looked like he was recovering so I went to call 911 and then (V5) called out for help again so I put the phone down and ran back over and helped her get (R2) to his room. We took him to his room and then I went to the nurse's station to call 911. His oxygen was in the 60's and he</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 6</p> <p>looked bad. There were no staff members near him when we ran into the dining room so there couldn't have been anyone providing 1:1 assistance. I didn't know there had been a choking incident the night before or that he needed a downgraded diet or 1:1 supervision. This is the first I'm hearing about this as it was never provided to me in nursing report. That is a significant event that should have been reported to me so that I could monitor him closely and make sure the correct interventions were implemented. From what I remember, (R2) had regular food on his plate and had been choking on sausage that was not ground up."</p> <p>On 10/15/24 at 11:07AM, V5 (LPN) stated, "If a physician or nurse practitioner orders a resident to have 1:1 supervision, then that means staff are to be sitting next to the resident during mealtimes supervising them. If staff are not sitting with the resident and providing them cues or assistance, they could choke. I was working the day that (R2) had his choking incident. I was outside of the dining room passing medications and when I looked in, (R2) was blue. I called for help and (V8) ran in to help me and performed the Heimlich. We got (R2) to his room as fast as we could to finish caring for him while 911 was on their way. From what I remember, there were no staff members feeding (R2) otherwise they would have yelled for help when he started choking."</p> <p>On 10/15/24 at 1:30PM, V6 (Speech Therapist) stated, "1:1 supervision is provided to residents that are at high risk for swallowing difficulties that could result in choking. I would consider a resident that has had a recent choking incident at high risk for another episode. (R2) should have been provided 1:1 supervision as ordered until we could evaluate him and clear him. I remember</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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	<p>Continued From page 7</p> <p>walking in on 9/20/24 and (R2) was being wheeled out to the ambulance so we never even had a chance to evaluate him."</p> <p>On 10/16/24 at 3:08PM, V6 (Speech Therapist) stated, "When a resident has a supervision level of distant supervision that means the resident needs to eat in the dining room with staff present. (R2) was still a risk for choking as he has a diagnosis of dysphagia and just recently had his diet upgraded from a mechanical soft diet to a regular diet."</p> <p>On 10/16/24 at 2:54PM, V11 (CNA) stated, "(R2) was on my assignment for 9/20/24 but I did not take him to the dining room. Night shift gets him up and takes him to the dining room, but nobody told me that he needed 1:1 supervision at meals. That wasn't normal for him, and I wasn't aware there had been an incident the day before with his swallowing."</p> <p>R2's death certificate dated 10/1/24 showed, "Cause of death: complications from aspiration pneumonia, choking on food."</p> <p>On 10/16/24 at 2:42PM, V24 (Corporate Registered Nurse) stated, "We didn't know (V7) gave orders to the nurse until you told us. It never came out in our investigation. It is absolutely unacceptable that the nurse didn't enter the orders or tell the oncoming nurse of the changes with (R2). If a resident is supposed to have a mechanically altered diet or receive 1:1 supervision at meals, then that is what we must provide for them."</p> <p>The facility's policy titled, "Physician's Orders" dated 05/15 showed, "1. Verbal telephone orders may be accepted from each resident's attending</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/17/2024
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES CTS OF HUNTLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142		
(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 physician/Nurse Practitioner/Physician's Assistant by licensed nurses or pharmacists. Verbal orders must always be based on actual conversations with the prescribing practitioner or on approved written protocols...Verbal orders are documented in the resident's medical record with the date, time, and signature of the person receiving the order." The facility's policy titled, "Diet Consistency/Texture Change Protocol dated 09/2020 showed, "Licensed nursing staff, after thorough assessment, may use their discretion in ordering the following diets for residents, without initial physician order. 2. Modification in texture (puree, mechanical soft) ...A diet modified in texture may be provided on a short-term basis as requested by speech therapy or a licensed nurse." As of 10/17/24, the facility was unable to provide a policy regarding supervision of residents at mealtimes. (AA)	S9999			