

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2024
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GLEN ELLYN)		STREET ADDRESS, CITY, STATE, ZIP CODE 2 SOUTH 706 PARK BLVD GLEN ELLYN, IL 60137		
(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 Facility Reported Incident of 9/30/24/IL179796	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.1145d) Section 330.1145 Restraints d) Neither restraints nor confinements shall be employed for the purpose of punishment or for the convenience of any facility personnel. No restraints or confinements shall be employed except as ordered by a physician who documents the need for such restraints or confinements in the resident's clinical record. (Section 2-106(b) of the Act). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prevent the use of restraints in the facility as per facility policy. This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 3. The findings include: Face sheet, dated 10/24/24, shows R1's diagnoses include dementia. On 10/24/24 at 10:13 AM, V4 (Caregiver) stated on 9/30/24 she asked V3 (Caregiver) to sit with R1 because R1 recently fell and continued to insist on walking around the facility. V4 stated when she left to do her resident rounds, she	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/28/2024
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GLEN ELLYN)		STREET ADDRESS, CITY, STATE, ZIP CODE 2 SOUTH 706 PARK BLVD GLEN ELLYN, IL 60137		
(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 1</p> <p>witnessed V3 sit on R1's lap and V3 stated, "[R1] you are going to have to sit your ass down!" V4 stated V3 sat on R1's lap until V4 returned approximately 5 minutes later. V4 stated she got a chair and sat down next to R1 and V3 left to go to the other side of the building. V4 stated R1 did not express any pain or reaction when V3 sat in her lap.</p> <p>Facility State Report of Patient Incident, faxed to Illinois Department of Public Health on 10/7/24, shows, "At 1:30 AM on Monday September 30th, V4 (Caregiver) reported another caregiver sat on a residents lap to keep her from getting up and told the resident to sit down. RSC (Resident Services Coordinator) was notified later that afternoon and notified ED (Executive Director). Caregiver was suspended until noticed and investigation was completed. Resident was assessed by nurse, no injury found" The report shows, "Follow up report within 7 days: Investigation in progress will follow up with results: Caregiver was dismissed due to behavior. After interview with team, no abuse found."</p> <p>On 10/28/24 at 10:50 AM, V2 (Director of Nursing) stated on 9/30/24 V3 told V2 and V1 (Administrator) that she sat on R1's lap because R1 kept getting up and attempting to wander. V2 stated she asked V3 to repeat her answer and V3 again stated she sat in R1's lap because she was trying to prevent her from getting up. V2 stated V3 stated she did not hurt R1 and was only trying to prevent her from getting up. V2 stated the facility was a restraint-free facility.</p> <p>Witness statement from V3, dated 9/30/24 at 2:58 PM, stated, "I was with [R1] and sat on her lap. She kept getting up. She was rubbing my</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015523	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/28/2024
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GLEN ELLYN)			STREET ADDRESS, CITY, STATE, ZIP CODE 2 SOUTH 706 PARK BLVD GLEN ELLYN, IL 60137		
(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 2 back. But I was only playing. I did not hurt her. I like [R1], she is my favorite." On 10/24/24, V3 stated on the evening of the incident she was acting like she was sitting in R1's lap but was only scooped down like she was sitting but was not and R1 was rubbing her back. V3 stated she never sat on R1's lap. V3 stated R1 offered to rub her back and so V3 "scooped down" where R1 was sitting and allowed her to rub her back. V3 denied stating, "you need to sit your ass down." (B)	S9999			