STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
				с		
		B. WING		11/17/2024		
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
RDEN CO	OURTS (PALOS HEIGHT	S)	EST COLLEGE DRIN HEIGHTS, IL 60463			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Investigation of Facili September 26, 2024/	ity Reported Incident of IL179819				
S9999	Final Observations		S9999			
	Statement of Licensure Violations					
	330.3710b)					
	Rooms and Storage Every existing facility b) Provide adequate personal possessions linens, supplies, and shall be such that it d					
	This REQUIREMENT	Γ is not met as evidenced by:				
	failed to secure a clea designated, securely resulted in one reside Dementia picking up cleaning solution and	, locked location. This failure ent (R1) with a diagnosis of				
	The findings include:					
		ient Incident dated 9/26/24 ted substance that was n.				
	R1 diagnosis include R1 has been in the fa	Frontal temporal Dementia. acility since 5/22/24.				
	nent of Public Health	SUPPLIER REPRESENTATIVE'S SIGNATU		TITLE		(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED C	
			A. BUILDING:			
		IL6015325	B. WING		11	I/17/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARDEN C	OURTS (PALOS HEIGHT	rs)				
			HEIGHTS, IL 60463			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 1	S9999			
	R1's progress notes dated 9/26/24 at 7:54AM documents R1 sent to hospital for evaluation after ingesting bleach.					
	the surveyor observe locked. Doors to line activity areas locked Facility has keypad lo during tour of janitor (Housekeeper) door cleaners stored in loo cart observed locked	locked with pad lock and cked dispenser. Cleaning . The facility has the ability to products/chemicals from				
	observed sleeping in awaken when knocki	his bed. R1 does not ng on the door. R1 has new bed linens are on the				
	On 11/16/24 at 9:55a we don't use any blea	im V1 (Housekeeper) said ach in the facility.				
	needs supervision, a cues. V2 said R1 low heard bleach was on and drank it. V2 said hallway. V2 said R1 he will put his lips to lock away. V2 said th	OAM V2 (Caregiver) said R1 ssist, and he can follow es to drink fluids. V2 said I the counter, R1 picked it up it was on the table in the tends to just pick up things it. V2 said all cleaners we he night shift caregiver left it ot supposed to. V2 said we				
	are not supposed to I V2 said she said she smell. V2 said we are housekeeping suppli when I came in, I sav	bring in outside chemicals. uses it to clean and make it				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	IL6015325		B. WING		11	C / /17/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARDEN C	OURTS (PALOS HEIGHT	S)				
			HEIGHTS, IL 60463			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 2	S9999			
	 S9999 Continued From page 2 in the past it has smelled like bleach or other fragment cleaners. V2 said on 9/26/24 R1 wouldn't wake up, he was saying his chest hurt, he can't walk, and he said he felt like he was having a heart attack. V2 said she heard R1 drank about 1/2 cup of bleach. On 11/16/24 at 10:46AM V3 (Licensed Practical Nurse/LPN) said about 5:30AM-5:45AM I came to the house (unit) and V4 (Caregiver) said I was on my way to get you. V3 said she told me R1 ingested some bleach. V3 said V4 said it was in this water bottle. V3 said I asked R1 how R1 was feeling, he said I am ok, but I drank some bleach. V3 said the bleach was in a water bottle. V3 said V4 stated that the floor was wet, it looked like he drank it and spit it out and R1 was standing there, it was splattered around him. V3 said I asked what it was doing there, and V4 told me she brought it to clean with. V3 said we have cleaners at the facility. V3 said I asked R1 if I could look in his mouth to see if I could smell it or see anything in his mouth and I immediately thought to get him out. V3 said R1 did not open his mouth for exam. V3 said I called 911 and R1 went to the hospital 					
	Coordinator) said at a hires, for all staff, tha behind locked doors at all times. V5 said v	AM V5 (Billing Service all orientations I tell all new t chemicals must stay and the cabinets are locked				
	Coordinator) said I ha statement but I can't nurse, V3, called me	PM V6 (Resident Services				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		IL6015325	B. WING		11	C I/17/2024
IAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE,	ZIP CODE		
RDEN C	OURTS (PALOS HEIGHT	S)	EST COLLEGE DRIV			
		PALOS I	HEIGHTS, IL 60463			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 3	S9999			
S9999	Continued From page 3 she brings in different cleaning solutions to clean R1's room. V6 said V4 told us there was bleach in the water bottle. V6 said the caregiver said R1 got the bottle from the kitchen, it was on the counter area. V6 said it looked like a water bottle. V6 said I spoke to R1 when he returned from the hospital. V6 said R1 said I put it to my mouth, and I spit it out because it wasn't water. V3 said the caregiver said she did see R1 put the bottle to his mouth, but she didn't say he spit it out. V6 said R1's cognition is 2-3 at times, he has psychosis, he can go in and out. V6 said V4 did not label the bottle. V6 said bleach should be kept in the laundry room, behind a key coded door and cabinet and locked with a key. V6 said R1 was treated at the hospital with medication and mouth wash. V6 said R1 was sent out about 6:00AM and he returned about 11:00AM on the same day. V6 said the incident was reported because the cleaner is a poisonous substance.					
	topic: accepted clean	cord dated 9/26/24 notes ing supplies and personal as, V4 (Caregiver) signed the				
	Reason for visit: Med Ingestion of bleach, E Medication given: Dip 2% Alum + Mag Hydr 7:50AM, Ondansetro given at 7:36AM, Soc at 9:03AM; Sucralfate	d 9/26/24 for R1 states lical Problem Diagnosis Dementia, Dehydration. ohenhydramine-Lidocaine rox mouthwash given at n given at 7:36AM, Protonix dium Chloride Bolus stopped e given at 7:49AM. R1 inted on 9/26/24 at 10:44AM.				
		vided list of all cleaning facility. None indicate bleach				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: ILL6015325			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		C 11/17/2024		
	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE			/1//2024
		7880 W	EST COLLEGE DRIV			
	OURTS (PALOS HEIGHT	PALOS	HEIGHTS, IL 60463			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From page	e 4	S9999			
	(B)					