

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003735</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/03/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</b>		
(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  Investigation of Facility Reported Incident of 10/15/2024/IL180242	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210a) 300.1210b) 300.1210d)6)  Section 300.1210 General Requirements for Nursing and Personal Care  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that 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	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/23/24

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement effective interventions to monitor a resident at high risk for falls. This failure affected one (R1) of three residents reviewed for falls and resulted in R1 sustaining a fall while in front of the nursing station for supervision, that resulted in emergent hospital transfer for treatment of a closed nondisplaced fracture of the acromial end of the left clavicle.</p> <p>Findings include:</p> <p>R1 is an 89-year-old female admitted to the facility on 05/16/2024 with the diagnosis history of Congestive heart failure, hypoxemia, chronic obstructive pulmonary disease, dementia, cataract, gastric esophageal reflux disease, hyperlipidemia, and aphasia after cerebral infarct.</p> <p>On 10/15/2024 record review documents that R1 fell in front of the nursing station requiring R1 to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>go to the emergency room for further evaluation.</p> <p>Hospital records reviewed document that R1 had a closed nondisplaced fracture of the acromial end of the left clavicle and R1 was admitted to the hospital.</p> <p>On the (MDS) Minimal data Set assessment of 09/03/2024 section C the BIMS (Brief Interviewed Mental Status) score was 01/15 (severe cognitive impairment). On MDS of 09/03/2024 GG section R1 requires supervision/touching assistance with manual wheelchair mobility on 50 feet distance. Supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently.</p> <p>On 12/02/2024 at 11:02AM interviewed R1 who was not able to answer questions, but only repeat the last words of each question such as "pain" for the question; Do you have pain? Did you have a fall? R1 answered "fall."</p> <p>On 12/02/2024 at 11:25 AM V6 (Certified Nursing Assistant) said, R1 was assisted with her toileting needs after breakfast and brought to the nursing station for V5 (Registered Nurse) to monitor because R1 is a high fall risk. During the fall, V6 stated that she was in a room providing care to another resident. R1 can get anxious and not able to follow cues and redirections depending how R1's day is going.</p> <p>On 12/02/2024 at 12:44 AM V5 (Registered Nurse) said that she was standing at least 100 feet away from R1 by her medication cart when R1 started to self-propel on her wheelchair and started to lean to the right side and slid out of the</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>wheelchair. V5 said, R1 was too far and fell before she got to R1. R1 is alert to person has dementia and requires maximum assistance with her activities of daily living. R1 may follow direction or cues depending how her day is going and if R1 slept at night. Usually there are 3-4 residents in front of the nursing station for nursing to monitor closely to prevent falls and the day of R1's fall, V5 was the only person close to nursing station by the rooms in the 100's wing. V5 said that it is hard and almost impossible to monitor 3-4 residents at the nursing station and provide care to other residents.</p> <p>On 12/02/2024 at 1:35PM V4 (Restorative Aide) said that R1 is under restorative program and needs to be provided cues and to hear "let's walk" a couple of times before R1 can follow commands. R1 sometimes will not follow cues. R1 uses wheelchair under supervision/touching assistance in the unit.</p> <p>On 12/02/2024 at 1:30PM V3 (Restorative Nurse) said that R1 uses a wheelchair and requires supervision/touching assistance and nurses and nursing assistance will communicate on report on how much assistance each resident requires. R1 has dementia and will not follow cues at times. V3 was unable to say how much close supervision and touching assistance R1 requires.</p> <p>On 12/02/2024 at 3:03PM V2 (Director of Nursing) said, R1 has dementia and usually is responsive to name only but can follow cues at times and self-propel on her wheelchair under supervision/touching assistance. V2 was asked if a distance of 100 feet is acceptable for supervision of R1 while at the nursing station and V2 did not answer. V2 said, "I do not expect nurses to provide one to one supervision." V5</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>(Registered Nurse) was close to the nursing station on her medication cart and unable stop the fall.</p> <p>Upon review of R1's medical record, it was noted that there is no wheelchair mobility and/or locomotion care plan to communicate to the interdisciplinary team how to safely provide care to R1 while using wheelchair, taking into account R1's cognitive impairment.</p> <p>On 12/02/2024 at 1:00PM V1 (Administrator) presented facility Policy Titled, Management of Falls (dated 08/2020), which reads: Policy: The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the resident's plan of care to minimize the risks for fall incidents.</p> <p>(B)</p>	S9999			