

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS (ELK GROVE)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007</b>		
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 4)  330.710 c)2)  Section 330.710 Resident Care Policies  c) The written policies shall include, but are not limited to, the following provisions:  2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services.  These requirements were not met as evidenced by:  Based on observation, interview, and record review, the facility failed to follow policies to update a resident's diet order based on the dietitian's recommendations for a resident with weight loss. This applies to 1 of 1 residents (R4) reviewed for weight loss in the sample of 15.  The findings include:  The Medical Record showed R4 was admitted to the facility on April 26, 2021, with multiple diagnoses including Alzheimer's disease, major depressive disorder, dementia, and bipolar disorder.  On December 24, 2024, at 12:28 PM, R4 was eating lunch in the dining room. R4 was served	S9999		

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>fruit punch with her lunch. R4 was not given milk with her lunch.</p> <p>R4's "Weights and Vitals Summary" dated December 24, 2024, showed on March 7, 2024, R4 weighed 126.8 pounds. The documentation continued to show on September 3, 2024, R4 weighed 106.9 pounds, resulting in a 10% (percent) weight loss. The documentation showed R4 weighed 100.3 pounds on December 1, 2024.</p> <p>R4's Nutritional Care Form, dated October 2, 2024, by V6 (Dietitian) showed "Summary Nutritional Care: Saw resident for low BMI (Body Mass Index): 18.3. Noted 11% weight loss in five months, significant. Caregiver stated resident has a good appetite. Encourage milk during all meals. Encourage protein shake once a day."</p> <p>Review of R4's orders from October 1, 2024, to present, did not show a dietary order for encouraging milk with all meals. The orders did not show an order for encouraging a protein shake daily.</p> <p>On December 24, 2024, at 12:42 PM, V5 (Resident Aide) said during meal service, residents are offered juice, tea, water, punch, or coffee. V5 continued to say residents get milk if they ask for it but are not offered milk. V5 said R4 did not receive milk with lunch today. V5 continued to say she had never been told R4 is supposed to be encouraged to have milk with all meals.</p> <p>R4's December 2024 Administration Record did not show an order for a protein shake.</p> <p>On December 24, 2024, at 1:14 PM, V1</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(Administrator) said when the dietitian makes a recommendation, the physician should be contacted to order the recommendation. V1 continued to say V6's recommendation for R4 to receive milk with all meals and a daily protein shake should have been ordered. V1 said the diet list should have showed R4 was to receive milk with all meals.</p> <p>The facility's diet list did not show R4 was to receive milk with all meals.</p> <p>The facility's policy titled "Role of the Consultant Dietitian Section I-Organization" dated June 2020, showed, "A consultant dietitian will be retained and will perform services requested by the community, per state requirements. Guidelines: ...2. Refer to specific job responsibilities and duties as outlined in the consultant dietitian job description. Minimally these include: review and approval of the diet manual, review and approval of the cycle menu, review and approval of holiday menus and daily menus substitutions, resident nutritional consultation, and other services as requested ..."</p> <p>The facility's policy title "Food Service Information Sheet Section I-Organization," dated July 2023, showed, "A Food Service Information Sheet will be maintained for each resident to provide easy access to information regarding dietary requirements and food preferences/dislikes. Guidelines: ...6. When a physician diet order changes, the Resident Services Coordinator notifies Food Service of the diet change by means of the Diet Communication Form. 7. The Food Service Coordinator or designee files the form in the Food Information Sheet notebook and updates food service-related records ..."</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>The facility did not have a policy to show how the consultant dietitian's recommendations will be ordered.</p> <p>(B) Statement of Licensure Violations (2 of 4)</p> <p>330.715a) 330.715b)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform complete criminal background checks on residents admitted to the facility. This applies to 7 of 10 residents (R6, R7, and R10-R14) reviewed for criminal background checks in a sample of 15.</p>	S9999			

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S9999	<p>Continued From page 4</p> <p>The findings include:</p> <p>1. Face sheet, dated 12/22/24, shows R6 was admitted to the facility on 12/19/24.</p> <p>R6's CHIRP (Criminal History Information Response Process) shows the background check was initiated on 12/23/24 - greater than 48 hours after admission to the facility.</p> <p>As of 12/24/24 at 2:00 PM, R6's most recent ISOR (Illinois Sex Offender Registry) background check and IDOCSR (Illinois Department of Corrections Sex Registry) background check show the facility checked the registries on 10/14/24.</p> <p>On 12/23/24 at 3:11 PM, V4 (Administrative Services Coordinator) stated the facility does not check resident's backgrounds on subsequent admissions if they come to the facility regularly for respite. V4 stated R11 and R12 also returned frequently to the facility for respite and the facility did not re-check their backgrounds when they returned to the facility.</p> <p>On 12/23/24 at 1:12 PM, V1 (Administrator) stated it was her expectation that all resident background checks were to be conducted prior to residents moving in to the facility.</p> <p>2. Face sheet, dated 12/24/24, shows R7 was admitted to the facility on 11/18/24. Review of R7's background check records show R7's CHIRP was not completed and no CHIRP was completed at admission.</p> <p>On 12/23/24 at 1:52 PM, V1 (Administrator) stated R7's CHIRP background check was not</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>completed because there was an error when originally trying to submit R7's background check.</p> <p>3. R11's face sheet, dated 12/23/24, shows R11 was admitted to the facility on 12/3/24.</p> <p>As of 12/24/24 at 2:00 PM, R11's most recent CHIRP, ISOR, and IDOCSR are all dated 8/13/24.</p> <p>4. R12's face sheet, dated 12/23/24, shows R12 was admitted to the facility on 12/7/24.</p> <p>As of 12/24/24 at 2:00 PM, R12's most recent CHIRP and ISOR were both dated 5/7/24. No IDOCSR was provided by the facility.</p> <p>On 12/23/24 at 3:11 PM, V4 stated the facility only began checking the IDOCSR websites to check resident backgrounds recently.</p> <p>As of 12/24/24 at 2:00 PM, the facility failed to provide evidence that the facility checked the IDOCSR website to conduct background checks for the following additional residents: R10 (Admit date 10/29/24). R13 (admit date 12/12/24), and R14 (Admit date 12/20/24).</p> <p>(C) Statement of Licensure Violations (3 of 4)</p> <p>330.1120a)</p> <p>Section 330.1120 Personal Care</p> <p>a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>These requirements were not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>by:</p> <p>Based on observation, interview and record review, the facility failed to provide incontinence care to a resident who required assistance from staff. This applies to 1 of 3 residents (R1) reviewed for ADL (Activities of Daily Needs) assistance in a sample of 15.</p> <p>The findings include:</p> <p>On 12/23/24 at 10:06 AM, there was a very strong, foul odor of urine detected when walking into the room of R1. R1 was lying asleep in a bed furthest from the room door and the strong, foul odor became stronger nearer to R1.</p> <p>On 12/23/24 at 10:15 AM, V3 (Resident Aide) stated "I have to clean her." V3 stated the night shift staff changed R1 when R1 got up at 7:00 AM. V3 stated she usually checks R1 before lunch but V3 did smell a strong smell of urine earlier and knew she needed to change R1's incontinence brief. V3 stated, "She pees a lot."</p> <p>On 12/23/24 at 10:25 AM, V2 (Director of Nursing) stated residents should have their incontinence briefs changed no less than every two hours. V2 stated some residents have individualized check/change schedules based on their needs, but they should be checked for a need of change no less than every two hours.</p> <p>On 12/24/24 at 9:45 AM, V1 (Administrator) stated it was her expectation that if staff know a resident smells like they need assistance with their incontinence brief to be changed because it is soiled, the staff need to change the incontinence brief immediately.</p>	S9999			

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S9999	<p>Continued From page 7</p> <p>Resident Hourly and Incontinence Check document, dated 12/23/24, shows R1 was marked as being checked for incontinence at 7:30 AM, 8:30 AM, and 9:30 AM.</p> <p>Facility document Incontinence Care: Feces and Urinary, dated 6/2021, shows no expectations for how often residents are to have their incontinence briefs checked/changed at the facility.</p> <p>(B) Statement of Licensure Violations (4 of 4)</p> <p>330.1160a) 330.1160b) 330.1160c) 330.1160d)</p> <p>Section 330.1160 Vaccinations</p> <p>a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated, or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated, or the resident has refused the vaccine. (Section 2-213(a) of the Act)</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused, or medically contraindicated. (Section 2-213(a) of the Act)</p> <p>c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination, or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, arranged, refused, or medically contraindicated. (Section 2-213(b) of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to offer the influenza and pneumonia vaccines to all residents in the facility and failed to document in the medical records that the vaccines were offered, administered, refused, or medically contraindicated. This applies to 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for vaccinations in the sample of 15 .</p> <p>The findings include:</p> <p>On December 23, 2024, at 2:23 PM, V2</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>(DON/Director of Nursing) also know as Resident Services Coordinator, said once a year via regular postal mail, we send out a vaccine consent packet to all the residents' POAs (Power of Attorneys). The packet included our corporate consent form and the consent form from the pharmacy that will be delivering and administering the vaccine(s). The pharmacy consent form packet identified which vaccines would be available for administration. Those vaccines included Covid-19, Influenza, PPSV23 (pneumococcal polysaccharide), Prevnar 13, Tdap (Tetanus and Diphtheria), and Shingles. If families have questions about which vaccine(s) they need or if they need education regarding the vaccine(s), they can ask us and then we will let them know and educate them. The packets sent out do not include any specific information/education on the vaccines being offered. V2 said, "let's be real, they are most likely not going to want the vaccine(s)." Once the residents' POAs return their form, their name is put on a list and the pharmacy gets notified how many vaccines we need, and which vaccine(s) are needed. This year our clinic was on November 19, 2024. V2 said the vaccines must be administered by the pharmacy and not by the facility, because the facility does not have a way to bill Medicare.</p> <p>On December 24, 2024, at 9:24 AM, V2 (DON) said we track the forms that come back from the residents' POAs by utilizing a check list. When the packet comes back in the mail, we put a check mark and the letter "R" next to the resident's name. We also keep a checklist at the front desk showing which resident's forms that have not been returned to the facility. When a family members come in, we can ask them if they received the information and if they would like</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>their family member to be vaccinated. When there is a refusal, V2 said she does not call the families to offer education or discuss the benefits, because "it is their prerogative to refuse." V2 said she would say only about 50% of families don't want their family members vaccinated anyway.</p> <p>On December 24, 2024, at 11:38 AM, V1 said there are two ways the facility communicates with the family members regarding the annual vaccine clinic. One way is we send the information to the mailing address that is used each month for billing and secondly, an email blast goes out to everyone. V1 said it is her expectation that there be education provided to the family members regarding the benefits of the vaccines as well as letting the family member know which vaccine(s) their loved one needs. There should be documentation to show which vaccines were offered, especially with the different pneumonia vaccines, which vaccines were consented for, and any refusals. V1 said the education provided to the family member should also be documented.</p> <p>R1's EMR (Electronic Medical Record) showed R1 had not received any vaccines at the vaccine clinic on November 19, 2024. There was no documentation to show her POA had received the vaccine consent packet, had refused the vaccine(s), or that the POA had been educated on the benefits of the vaccinations.</p> <p>R2's EMR showed R2's POA had received the vaccine consent packet and had consented for Covid-19 and influenza. R2's immunization record showed R2 received the Influenza vaccine but did not receive the Covid-19 vaccine. There was a refusal for Prevnar 15 on her immunization record, but there was no date of the refusal. R2's</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>consent form did not show consent or refusal for any pneumonia vaccine. The administration record from the pharmacy showed R2 was given the Influenza and Covid-19 vaccine even though the immunization record in the EMR showed she only received the Influenza vaccine. There was no documentation to show that there had been any education provided to the POA regarding the vaccines or any refusal.</p> <p>R3's EMR showed R3's POA had not received the vaccine consent packet but her immunization record in the EMR showed she had received the Influenza vaccine. R3's immunization record showed she had received Prevnar 15 on June 11, 2015, but Prevnar 15 was not approved for use until 2021. There was no documentation to show any communication with R3's POA to clarify which pneumonia vaccine received in 2021, any refusal, or that the POA had been educated on the benefits of the vaccinations.</p> <p>R4's EMR showed R4's POA received the vaccine consent packet and consent was signed for Influenza, but the POA "declined" the Covid-19 booster. There was no documentation to show any education was provided to the POA and there was no documentation to show any discussion regarding the pneumonia vaccine.</p> <p>R5's EMR showed R5's POA received the vaccine consent packet and consent was given for the Influenza and Covid-19 vaccines to be given. R5's immunization record in the EMR showed R5 had not received any pneumonia vaccines. There was no documentation to show this was discussed with the POA. There was no documentation to show education had been provided or that a refusal had been received.</p>	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014419</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>ARDEN COURTS (ELK GROVE)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1940 NERGE ROAD ELK GROVE VILLAGE, IL 60007</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
S9999	Continued From page 12  Facility provided policy dated June 2021 and titled, "Immunizations" showed, " .... Procedure: 1. The Resident Service Coordinator reviews the resident's Medical Evaluation Form or state specific form for evidence of: Influenza vaccination in current year, Pneumovac immunization in past 10 years, ... ..Covid-19 immunization in the last year. 2. If the immunization (communicable diseases) section is not completed in the Medical Evaluation Form or on the state specific form upon move-in, it is the responsibility of Resident Services Coordinator to contact the physician and obtain/verify the resident's immunization history. 3. The Resident Services Coordinator offers the Influenza and Pneumovac immunization if the resident is not already immunized and obtains a physician's order ..." (B)	S9999			