	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			С
		IL6015101	B. WING			05/2025
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST			
ARDEN (COURTS (NORTHBRO	DOK)	LWAUKEE AVE BROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	November 7, 2024/ Investigation of Fac November 16, 2024 Investigation of Fac	ility Reported Incident of IL182508 - No Deficiency ility Reported Incident of I/IL182520 - No Deficiency ility Reported Incident of I/IL183446 - Licensure				
S9999	Final Observations		S9999			
	Statement of Licens 330.710a) 330.1940b)1)2) 330.1940c) 330.1940e) 330.1940f) 330.1940g) 330.1940h)	sure Violations:				
	a) The facility shall procedures governi facility. The written be formulated with administrator. The followed in operatin reviewed at least ar	esident Care Policies have written policies and ng all services provided by th policies and procedures shal the involvement of the written policies shall be g the facility and shall be nnually by the Administrator. omply with the Act and this				
	resident indicating v a general or a thera physician may dele dietitian.	write a diet order for each whether the resident is to have apeutic diet. The attending gate writing a diet order to the 's diet order shall be included	2			

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE		
	COURTS (NORTHBRO	DOK)	WAUKEE AVE			
	•	NORTHE	ROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	age 1	S9999			
	2) The diet sha	II be served as ordered.				
	service department admitted and each changed. Each cha physician or dietitia include, at a minim name of resident, r diet, consistency if date diet order is se department, name ordering the diet, at transmitting the ord department. e) The facility shall preparing and serv obtaining consultation f) A therapeutic diet physician or dietitian disease or clinical of decrease certain su sodium) or to increase	ler shall be sent to the food t when each resident is time that the resident's diet is ange shall be ordered by the in. The diet order shall um, the following information: oom and bed number, type of other than regular consistency ent to the food service of physician or dietitian nd the signature of the person ler to the food service I provide supervision for ing the therapeutic diets, ion as needed from a dietitian. t means a diet ordered by the in as part of a treatment for a condition, to eliminate or ubstances in the diet (e.g., ase certain substances in the m), or to provide food in a form				
	that the resident is altered diet). g) The kinds and va therapeutic diets sh If separate menus specific diet, diet in type, in a form easi	able to eat (e.g., mechanically ariation of prescribed hall be available in the kitchen. are not planned for each formation for each specific ily understood by staff, shall be				
	h) All oral liquid die physician or dietitia diets, sometimes k	enient location in the kitchen. ts shall be reviewed by a in every 48 hours. Medical sof nown as transitional diets, by a physician or dietitian every				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
		3240 MI	LWAUKEE AVE	NUE		
		NORTH	BROOK, IL 600	062		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 2	S9999			
	mechanically altere commercially prepa form and blenderize	ared formulas that are in liquic ed liquid diets, shall be ician or dietitian as needed, o				
	This REQUIREME	NT is not met as evidenced by	y:			
	failed to follow mec physician for one re residents This failu general diet and ch	and record review, the facility hanical soft diet ordered by esident (R2) in a sample of 3 re resulted in R2 receiving a oking on whole shrimp and og chest compressions and to local hospital.	/			
	Findings include:					
	in Other Diseases (Behavioral Disturba	tory not limited to: Dementia Classified Elsewhere with ance, Acute Angle-Closure I. Insomnia, Unspecified				
	R2's face sheet, roo notes (12/24)	unding sheet (12/24) progress	5			
	documents (in part feeding resident sh with cranberries for up food and was no food and swallow in began to choke. Re	dated 12/25/2024 5:10pm Private duty caregiver as rimp alfredo and green beans dinner. Caregiver did not cut twaiting for resident to chew between bites. Resident esident lowered to floor as she				
	was turning blue. W					
	rtment of Public Health	slodge the food. Writer was				

TATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BOILDING.			С
		IL6015101	B. WING			05/2025
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
	COURTS (NORTHBRO	DOK)	WAUKEE AVE ROOK, IL 600			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 3	S9999			
	cranberries. 911 ca compressions and	vhole shrimp and several lled due to chest resident turning blue. Resident or evaluation. R2 will be closely				
	Presentation (in par Goal Will receive m nutritional/cultural n 05/02/2022, revisio 10/20/2024, Suppo	n 07/05/2022, Target Date: rt/Supports Action: Regular oft consistency Date initiated	t			
	Initiated: 10/01/202 appropriate weight initiated: 05/02/202 Support/Supports A private caregivers w they follow the Mec initiated: 12/27/202 needs to be fed slo	vining & Eating (in part): Date 0, Goal: Will maintain and nutritional status Date 2, Target Date: 10/20/2024, Action: Double check the vhile feeding R2 to make sure hanical soft diet. Date 4, Revision on: 12/27/2024, 2. wly the Mechanical soft diet. sion on: 12/27/2024.				
	Follow-up Nutritiona (in part): Diet order	al assessment (1/22) reviewed : mechanical soft.				
	Routine Physician (Mechanical Soft wit	Orders dated 9/21/14: Diet: th ground meat.				
	12/19/2024: Facilit mechanical diet, Fa mechanical diet, Fa mechanical, Facility	nt titled Resident Diet dated y House #1 4 residents on acility House #4 2 residents on acility House #2 2 residents on / House #3 one resident on tal of 9 mechanical diets.				
	R2's Local Hospital	Emergency Room Disposition				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ARDEN	COURTS (NORTHBRC	DOK)	NAUKEE AVE ROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa dated 12/25/24 Diag	•	S9999			
	On 1/3/2025 at 11:5 groomed, dressed, (Private Caregiver) open but not able to stated, R2 will say s Spanish and it is ha R2 babbles a lot an stated, she gets R2 V16 stated, R2 is to and changed her ar V16 stated, we have On 1/3/2025 at 11:5 R2 has a private ca private caregiver is weekend we do car here by 10:00am we care of her. The prive certain hours. R2 m mechanical diet. R2 caregiver is not her asked V17 how long mechanical soft die R2 is non-verbal an V17 if she was awa with R2 on Christma but I heard R2 got of evening shift. On 1/3/2025 at 12:0	51am surveyor observed R2 wearing shoes and V16 doing R2's hair. R2 with eyes o answer questions. V16 some words but mostly in ard to know what R2 is saying. d is usually non-verbal. V16 dressed and will feed her. otal care, and we have to feed nd get her up in the morning. e to do everything for her. 56am V17 (Caregiver) stated, regiver from an agency. The her Monday thru Friday and te totally. If the caregiver is not e will get R2 up and will take vate caregiver is only here nust be fed and eats a 2 does not see well. If the e, we will feed R2. Surveyor g R2 has been on a t. V17 stated for a long time. Id babbles. Surveyor asked re of incident that occurred as. V17 stated, I was not here choked during dinner on				
	cannot. Surveyor as for today (1/3/2025) vegetables, fish, an not eat fish. There i resident that is on h	a feed themselves and some sked what the lunch menu was b. V18 stated, rolls, rice, d chicken for residents that do s one puree meal for a hospice and holds food in the				
incia Donas	mouth. Surveyor ob	pserved lunch cart brought to y food service staff. One puree				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ARDEN	COURTS (NORTHBRO	DOK)				
(X4) ID	SUMMARY STA		ROOK, IL 600	PROVIDER'S PLAN OF ((X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 5	S9999			
	container with mech container with fish, chicken for residen stated, R2 is on me vegetables are cut cut into small piece sends mechanical stated, R2's private will feed another re (Caregiver) put mer rice on plate and cu given to private car observed with beve	15pm V17 (Caregiver) stated,				
	other caregiver pas have a problem eat fingers. R2 eats an Surveyor observed mechanical soft me time to eat, chew a between food being R2's food chopped	es plate and cuts up food, sees the food out. R2 does not ting, you must watch your d drinks well all the time. R2 eating prescribed eal with caregiver giving R2 nd swallow then given liquid in g given. Surveyor observed up into small bites. V17 er choked on meals when I				
	normally work in Fa mechanical soft die she will spit it out. S and her caregiver v caregiver works fro feed her. R2 eats b	47pm V19 (Caregiver) stated, I acility House #1. R2 gets et. If R2 does not like the food, She has a private caregiver, vill feed her. Her private m 10:30am to 6:00pm and will reakfast, lunch and dinner and he private caregiver does not				
		51pm Facility House #4 V20 we follow the doctors order of				

(EACH DEFICIENCY REGULATORY OR L continued From pa that to feed resided esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101 STREET AD 3240 MILL NORTHBI TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Ige 6 Ints. The kitchen will prepare vill send up regular, puree and st.	(X2) MULTIPLE A. BUILDING: B. WING DRESS, CITY, ST VAUKEE AVE ROOK, IL 600 ID PREFIX TAG S9999	TATE, ZIP CODE	ECTION HOULD BE	SURVEY PLETED D5/2025 (X5) COMPLETE DATE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE continued From pa that to feed resident esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	STREET AD 3240 MILL NORTHBI TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 6 nts. The kitchen will prepare vill send up regular, puree and st. Dpm V2 (Director of Nursing)	B. WING DRESS, CITY, ST VAUKEE AVE ROOK, IL 600 ID PREFIX TAG	ATE, ZIP CODE NUE 162 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	ECTION IOULD BE)5/2025 (X5) COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE continued From pa that to feed resident esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	STREET AD 3240 MILL NORTHBI TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) age 6 nts. The kitchen will prepare vill send up regular, puree and st. Dpm V2 (Director of Nursing)	DRESS, CITY, ST VAUKEE AVE ROOK, IL 600 ID PREFIX TAG	NUE 162 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	ECTION IOULD BE)5/2025 (X5) COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE continued From pa that to feed resident esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	DOK) 3240 MILV NORTHBE ITEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) Ige 6 nts. The kitchen will prepare <i>v</i> ill send up regular, puree and st. Dpm V2 (Director of Nursing)	VAUKEE AVE ROOK, IL 600 PREFIX TAG	NUE 162 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From pa that to feed resident hechanical soft die on 1/3/2025 at 2:50 tated, the caregive he meal tray on 12	DOK) NORTHBI	ROOK, IL 600 ID PREFIX TAG	62 PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
SUMMARY STA (EACH DEFICIENCY REGULATORY OR L continued From pa that to feed resident hechanical soft die on 1/3/2025 at 2:50 tated, the caregive he meal tray on 12	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) uge 6 nts. The kitchen will prepare vill send up regular, puree and st. Opm V2 (Director of Nursing)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
(EACH DEFICIENCY REGULATORY OR L continued From pa that to feed resided esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) uge 6 nts. The kitchen will prepare vill send up regular, puree and st. Opm V2 (Director of Nursing)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETE
that to feed resident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	nts. The kitchen will prepare vill send up regular, puree and t. Opm V2 (Director of Nursing)	S9999			
esident food and w nechanical soft die on 1/3/2025 at 2:50 tated, the caregive ne meal tray on 12	vill send up regular, puree and				
tated, the caregive ne meal tray on 12					
appens is the care ther caregiver pas gency, and she no sked V2 if shrimp ranberries are par tated if it is choppe ote stated, whole s vas found in R2. V2 ranberries are not nat is why that priv vork here. Surveyo Assistant Cook) ar	ate caregiver can no longer or asked V2 to speak with V9 nd V10 (Caregiver). V2 stated,				
lurse/LPN), stated orking on Christm :30pm. I was the r upposed to be on as very few teeth i oft diet. Inside out heet that states wi aregiver knows to now what kind of r verybody's food co itchen and the car nechanical soft cor nd is dished up an 2/25/24 dinner me eans with cranber	, I am familiar with R2. I was as Day 12/25/2024 7am - hurse for all 4 houses. R2 is mechanical soft. I believe R2 if any, so she is on mechanical r cabinet doors there is a diet hat the resident would get. The look inside the cabinet to meal a resident gets. omes in tin pans from the egiver dishes the food up. The mes in a small tin container of served to them. On eal was shrimp Alfredo, green ries, and I don't remember				
na vois 9 nu vois 19 nu vois 10 n	nberries are not t is why that priv rk here. Survey sistant Cook) ar and V10 are out 1/3/2024 at 3:15 rse/LPN), stated rking on Christm Opm. I was the r oposed to be on s very few teeth it t diet. Inside ou eet that states wit regiver knows to ow what kind of r erybody's food c chen and the car ochanical soft cou d is dished up ar 25/24 dinner me ans with cranber at else what on t	 and the caregiver dishes the food up. The chanical soft comes in the part of a mechanical diet and t is why that private caregiver can no longer rk here. Surveyor asked V2 to speak with V9 asistant Cook) and V10 (Caregiver). V2 stated, and V10 are out of the country. 1/3/2024 at 3:15pm V4 (Licensed Practical rse/LPN), stated, I am familiar with R2. I was rking on Christmas Day 12/25/2024 7am - 0pm. I was the nurse for all 4 houses. R2 is oposed to be on mechanical soft. I believe R2 is very few teeth if any, so she is on mechanical t diet. Inside our cabinet doors there is a diet be that states what the resident would get. The regiver knows to look inside the cabinet to pw what kind of meal a resident gets. by body's food comes in tin pans from the chanical soft comes in a small tin container d is dished up and served to them. On 25/24 dinner meal was shrimp Alfredo, green ans with cranberries, and I don't remember at else what on the menu. To us (referring to nurses and the caregivers) we asked if this 	nberries are not part of a mechanical diet and t is why that private caregiver can no longer rk here. Surveyor asked V2 to speak with V9 sistant Cook) and V10 (Caregiver). V2 stated, and V10 are out of the country. 1/3/2024 at 3:15pm V4 (Licensed Practical rse/LPN), stated, I am familiar with R2. I was rking on Christmas Day 12/25/2024 7am - 0pm. I was the nurse for all 4 houses. R2 is oposed to be on mechanical soft. I believe R2 is very few teeth if any, so she is on mechanical t diet. Inside our cabinet doors there is a diet eet that states what the resident would get. The regiver knows to look inside the cabinet to ow what kind of meal a resident gets. erybody's food comes in tin pans from the chen and the caregiver dishes the food up. The chanical soft comes in a small tin container d is dished up and served to them. On 25/24 dinner meal was shrimp Alfredo, green ans with cranberries, and I don't remember at else what on the menu. To us (referring to	nberries are not part of a mechanical diet and t is why that private caregiver can no longer rk here. Surveyor asked V2 to speak with V9 sistant Cook) and V10 (Caregiver). V2 stated, and V10 are out of the country. 1/3/2024 at 3:15pm V4 (Licensed Practical rse/LPN), stated, I am familiar with R2. I was rking on Christmas Day 12/25/2024 7am - 0pm. I was the nurse for all 4 houses. R2 is opposed to be on mechanical soft. I believe R2 is very few teeth if any, so she is on mechanical t diet. Inside our cabinet doors there is a diet eet that states what the resident would get. The egiver knows to look inside the cabinet to ow what kind of meal a resident gets. erybody's food comes in tin pans from the then and the caregiver dishes the food up. The chanical soft comes in a small tin container d is dished up and served to them. On 25/24 dinner meal was shrimp Alfredo, green ans with cranberries, and I don't remember at else what on the menu. To us (referring to	nberries are not part of a mechanical diet and t is why that private caregiver can no longer rk here. Surveyor asked V2 to speak with V9 sisistant Cook) and V10 (Caregiver). V2 stated, and V10 are out of the country. 1/3/2024 at 3:15pm V4 (Licensed Practical rse/LPN), stated, I am familiar with R2. I was rking on Christmas Day 12/25/2024 7am - 0pm. I was the nurse for all 4 houses. R2 is opposed to be on mechanical soft. I believe R2 is very few teeth if any, so she is on mechanical t diet. Inside our cabinet doors there is a diet set that states what the resident would get. The egiver knows to look inside the cabinet to ow what kind of meal a resident gets. erybody's food comes in tin pans from the then and the caregiver dishes the food up. The chanical soft comes in a small tin container d is dished up and served to them. On 25/24 dinner meal was shrimp Alfredo, green ans with cranberries, and I don't remember at else what on the menu. To us (referring to

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
ARDEN	COURTS (NORTHBRO	DOK)	WAUKEE AVE ROOK, IL 600			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 7	S9999			
	was mechanical so	ft diet because to us it did not				
		nical soft diet. The cook (V9)				
		out this meal being mechanica	I I			
		e shrimp Alfredo is for				
		should cut it up and give to				
		residents. The caregivers				
		d, but R2 had a private				
		Caregiver) in Facility House #1				
		e private caregiver that she ne food up prior to feeding R2.				
		that serves the food in a				
		d have cut up R2's food, but				
		Caregiver), and the private				
		ave cut up R2's food. I (V4)				
	guess my understa	nding is the private caregiver				
		do it, I could be wrong. There				
		as to what the private				
		aregivers are supposed to be				
		duty caregiver after being told				
		od without being cut up. When R2 her medication the private				
		he thinks something is wrong				
		R2 and she was turning blue.				
		iver) to help me get R2 to the				
		tart chest compressions.				
		she was eating food; it was				
		ugh she must be choking. V10				
	()0	the floor and I started doing				
		and immediately whole				
		ing up and I got several whole				
		It is not part of a mechanical				
		d not have been given to R2. d caregiver (V6) was calling				
	911 and I was conti					
		ise V7 said there was still food				
	•	up. R2 began to breath				
		lot get anything else up then l				
		position on right side and				
		EMS got here and checked				
	her mouth and put	R2 on stretch and R2 was sen	•			

If continuation sheet 8 of 20

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6015101			01/05/20	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ARDEN (COURTS (NORTHBRO	DOK)	LWAUKEE AVE BROOK, IL 600			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIENC		DATE
S9999	Continued From pa	ge 8	S9999			
	to local hospital to r	make sure she did not aspirate	e			
	or have any fractured ribs because she is so					
	petite, and I had to	provide chest compressions.				
		ardian to notify of the transfer	•			
		t particular caregiver (V7)				
		ntracts with an agency and				
		eople to provide care. V7 was				
		ulars. The doctor was notified				
		I was not here when R2 came	3			
		ad any other problems since caregiver has a question				
		ent care, they should notify the				
		otified until I got to the house				
		g. V10 did question the meal				
		/9 said that meal was for				
		iust needed to cut it up for				
		. Green beans are not very				
		k cranberries or green bean				
	should be served.	Ū				
		7am, I, V6 (Caregiver) worked ne caregivers. I worked in	t			
		n Christmas day, 12/25/24. I				
		egivers. R2 had a private				
		private caregiver was feeding				
		residents had sauce pasta				
		mething else I cannot				
		n a mechanical soft diet. I do				
		she gets mechanical soft diet	•			
		ill feed R2 if the private				
		come. I have fed R2, and n mechanical diet. R2 cannot				
	-	ere is a list by the side of				
		ere is a list by the side of				
		id gluten free. That day, I was	;			
		nd the other caregiver (V10)				
		d. I had another resident that	1			
		e he is blind. I think V10 gave				
		le Shrimp and pasta, green				

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6015101	B. WING		01/05/2	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ARDEN COURTS (NORTHBR	DOK)	WAUKEE AVE BROOK, IL 600			
PREFIX (EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)			SHOULD BE	(X5) COMPLET DATE
S9999 Continued From pa	age 9 rd R2 starting to cough. The	S9999			
nurse (V4) was the went to give R2 ma and started to help happened. We (V6 food. V10 was help V4 was doing CPR away and took R2 what R2 coughed of residents. I do not caregiver knows w may say a few wor Spanish sometime toilet herself, we ha not independent to to do total care for laugh, maybe she the past. I have to to see what the res I have fed R2 and You have to focus fed them slow. R2 cannot chew any for the food cuts up th make sure the food R2 does not have a chew. That day I di caregiver cut R2's	re passing medication. V4 edicine then the nurse saw R2 R2 and asked what and V10) stopped passing the bing V4, and I went to call 911. , the ambulance came right to the hospital. I did not see but, I was watching the other know how the private hat to feed the resident. R2 ds she will talk a little in s. R2 cannot feed herself or ave to do all of her care. R2 is take care of herself. We have her. Sometimes she will s thinking about something in read the paper in the cabinet idents can eat. Once in a while t was a mechanical soft diet. when feeding the resident and does not have any teeth and bod. The caregiver that serves e food. When I have fed R2 I d is cut up and I feed R2 slow. any teeth and she cannot d not feed her, the private do not know if the private food or not. I usually work in #1 part-time for 4 hours. If	3			

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPL	
		IL6015101	B. WING		C 01/05	5/2025
	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST			
		3240 MII				
ARDEN		DOK)	ROOK, IL 600	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 10	S9999			
	who was feeding he think agency will tel facility. I work strict	er that day. The private duty I Il them and on dietary order at tly nights. R2 is declining on d cannot eat anymore.				
	On 1/4/2025 at 11:08am Facility House #1, surveyor asked V20 (Caregiver) how you know a resident's diet. V20 stated, there is a list of resident diet inside the cabinet. V20 stated, R2 does not have teeth, she can't chew hard food. We have to feed R2. R2 has a private caregiver, but not on the weekends. We have to check to see what type of diet residents have. Surveyor observed resident diet list as of 12/19/2024 and R2 is listed as mechanical soft diet.					
	is on a mechanical	15 surveyor asked V17 why R2 soft, ground meat diet. V17 R2's teeth, they are not in d many are missing.	2			
	(Caregiver) stated, in the cabinet, so ca diet. The kitchen se fixed from the kitch already chopped. T	20am Facility House #3 V19 there is a list of resident diets aregivers know the resident's ends all resident meals already en. Mechanical diets are 'he kitchen is notified when ge and what diet new osed to have.	,			
	was notified that V4 and V6 told V4 that V4 came to assess colors, so they put to do Heimlich on F come up whole shr cranberries. V4 felt	om V2 (Director of ed, I am familiar with R2. I 4 the nurse was passing meds R2 kept coughing and when R2 she was already turning R2 on the floor and V4 began R2. Some food was able to imp and a couple of whole R2 was breathing and V4 put position and waited for 911 to				

	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	`́сомі	E SURVEY PLETED C 05/2025
		I		· · · · · · · · · · · · · · · · · · ·	01/05/	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ARDEN	COURTS (NORTHBRO	DOK)	WAUKEE AVE BROOK, IL 600			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 11	S9999			
	V7 was feeding R2 feeding R2 but stat so caregiver was fe and R2 is on a med should have been of chewing. V1 (Exec agency of what hap return. We print out a month and put ne serve the food, and information binder in every house. No all diets and who ge puree diet is norma served on heat com Once it comes to th caregiver, there are regular meal, mech come on a plate. Of for serving the mea know who gets wha asked why kitchen mechanical soft die prepare a mechanic just prepared regula do not prepare mea disconnect but once caregivers should h cut up into smaller prepared meals for	tigation it was found out that on 12/25/24 dinner. V7 was ed, meal had not been cut up, eeding R2 whole pieces of food chanical soft diet. R2's food cut up. R2 has problems sutive Director) notified the opened and asked that V7 not t sheets of resident diets once ext to the cupboard where they I also in the resident which is at the nurses' station ormally, the kitchen is aware of et what. Mechanical soft and ally prepared in the kitchen and trol carts to each house. The house and given to the eseparate containers for nanical meal, and puree diet Our caregivers are responsible to at type of meal. Surveyor staff did not prepare a et? The kitchen did not cal soft meal and apparently ard diet menu. They normally als like that. Not really sure of e it came from the kitchen, the have noticed and should have purce because those have had that. Kitchen staff is				

AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015101	B. WING		01/0	05/2025
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ARDEN	COURTS (NORTHBRO	DOK)				
	-	NORTHE	BROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 12	S9999			
	let the caregiver km What are they resp resident? They com know who they are and thy assume res (Agency) has been and review the char know what is going needs to be done. and V10 stated, she food has to be cut u cranberries part of a stated, cranberries diet. The meal can delivered to the hou given to V6 and V6 why staff plated and Kitchen staff stated prepared for dinner the houses. It was kitchen and food sh not given the green were mixed togethe mechanical soft if c staff do not know he already comes from mechanical soft die supposed to know t kitchen is not prepa resident? V2 state, that is how we serv questioned the mea	n to the agency, and they will ow what the resident needs. onsible for doing with the ne in and sign in and let us here to care for the resident sponsibility at that point. out here and they will come rt and let the agency staff on with the resident and what Our caregiver will plate food e informed V7 don't forget her up. Surveyor asked are whole a mechanical soft diet. V2 are not part of a mechanical ne from the kitchen and use and plated by V10 and gave to V7. I cannot explain d gave cranberries to V7. that is the meal that was and that is what they sent to a big error that came from the nould have been cup up and beans and cranberries that er. The shrimp could easily be hopped correctly. Normally ow to chop which is why it in the kitchen prepared as aff oriented on mechanical ure if agency is oriented on it. How are agency staff that food that comes from the ared as ordered for the I know, they would assume e it. The staff should have al, and they did not and V9 he prepared. The staff should				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 01/05/2025	
					01/	05/2025
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST WAUKEE AVE			
ARDEN	COURTS (NORTHBRO	DOK)	ROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 13	S9999			
	V7 stated, she thou that is why we aske while you are feedin did not realize R2 w had problems chew which is a safety co on mechanical soft for at least 2 years. On 1/4/2024 at 1:29 Coordinator/Cook) what diet a resident finger food. The nu diet or V2 will give n diet. We blend and then put in separate different container. container is mechan the plate, and regul heard about R2. I w day, a lot of the res is made for those th Christmas Day was beans cranberries a there are no cranbe Christmas day to gi fish and residents of peppers. A lot of re have to give someti V9 prepared that. I and dinner on Chris already had pureed	d why she was still feeding R2. ght R2 was ok and V4 said, d you to put down your phone ng R2, and agency said she vas choking. R2 has always ving because she eats fast, uncern. R2 has always been diet since I have been her so Opm V12 (Food Service stated, I have the paper for the paper for the paper for the residents of the paper for the ne the paper for the residents' ecial blender for mechanical if sauce will put on the sauce, e container. There is a The caregivers know small nical when puree we put on ar put in half containers. I vas off that day. On Christmas idents do not eat fish. Chicken hat do not want or eat fish. shrimp Alfredo with green and almonds. For mechanical erries or almonds. I told V9 for ve residents that do not eat on mechanical diet stuffed esidents don't eat fish, so we hing else. I am not sure why told V9 what to do for lunch stmas Day. For puree I meat, mash potatoes and Iready. The meal was				
	supposed to be stur soft residents. Men mechanical we do s	ffed peppers for mechanical us come regular so if it is something else and put in o not have the answer why V9				

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		. COMPLETED	
		IL6015101 B. WING				C 05/2025
	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
		3240 MIL	WAUKEE AVE	NUE		
ARDEN		NORTHE	ROOK, IL 600	062		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 14	S9999			
	instructions for med	chanical diet and what needed				
		pecial blender blends the				
	meat into very sma	ll pieces.				
	0- 4/4/000 + 4 + 1					
		om V1 (Executive Director)				
	was asked about incident involving R2 choking on Christmas Day. V1 stated, it was at dinner time					
	and R2 had a private care giver. The caregiver					
		egiver how R2 needed to be				
	fed and food had to be cut and R2 was on a					
	mechanical soft diet. The private caregiver did not		t			
	follow the instructions. We are talking to all the					
	private caregiver how to feed R2 and to feed R2					
	very slowly. In the kitchen they have a special blender machine, and they prepare mechanical					
		ial blender. It looks like they				
		chanical diet for R2. Regular				
		, and the regular caregivers				
	were instructed to a	cut the meal and V10 told the				
		(7) to cut the shrimp and give				
		are she swallows. The meal				
		, green bean with cranberries				
		t is not a mechanical diet. V10				
		told V7 to feed R2 slowly and kitchen is supposed to				
		hanical diets. I did not get a				
		9. He left after the meal. I				
		he said for R2 she was to have	•			
	a different meal and	d he told V9 to give different				
		at would have been				
		The nurse will tell the kitchen				
		rders. The kitchen staff follow				
		use staff have the same list , so they know who is on				
		ical diet. The facility staff				
		ok should have made				
	•	the kitchen. The private				
		e given the mechanical diet				
	and should not hav	e to make it mechanical. The				
	staff did call the kite	chen staff and asked the cook				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015101	B. WING			05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST	TATE, ZIP CODE		
ARDEN	COURTS (NORTHBRC	DOK)	WAUKEE AVE ROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	was told could not r them to cut it up but up the food. The st food and if they could not have given R2 to there have worked they knew R2 was of has swallowing issu- staff is not expected is our responsibility residents that requi- day. On 1/4/024 at 2:11p (Advanced Practice mechanical soft die that is soft and easy residents that have food as well and we mash and easy to of bananas, applesaud soups. Surveyor as cranberries are part stated, I do not known not be my first thing told V13 the doctor ground meat V13 st my first thing that co On 1/4/2025 at 2:28 stated, feeding clier our services. That can assist, but the of mouth. We put food in their mouth. I kn come in and help w	ge 15 meals. V10 called V9 and make it mechanical. V9 told t seems like they did not cut caff should have smashed the ild not smash it, they should he food like that. The staff there for more than a year, so on mechanical diet. I think R2 ues, I am not sure. Agency d to make mechanical diet that . I am not sure what the other red mechanical diet got that om Surveyor asked V13 e Nurse/APN) what is a t. V13 stated, it is regular food y to chew and swallow. With dementia they cannot swallow e want food that is easy to chew like ground meat, ce well cooked vegetables, ked if whole shrimp whole t of a mechanical diet. V13 w the resident, but that would that comes to mind. Surveyor order states, mechanical soft, tated, again, that would not be pomes to mind to feed resident. Bpm V14 (Owner of Agency) nts is not part of the scope of is a CNA responsibility, we client has to put it in their d in front of them and they put ow sometimes my staff will re try to work as a team. I have ent from V7. I will call and get		DEFICIENC	T)	

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6015101	B. WING			C 05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ARDEN	COURTS (NORTHBRO	DOK)	VAUKEE AVE ROOK, IL 600			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLET
S9999	Continued From pa	ge 16	S9999			
	according to V9 (Co Alfredo. Surveyor s and V4 identified M resident diet is no fi but I cannot remem had to cut up and p shrimp. Country La assume they cut up told me she picked what happened in C not hear anyone els	-				
	(Caregiver) stated, (12/25/2024) evenin House #4. In our h so we got stuffed po eat shrimp and othe pasta and green be We served one resi residents mechanical chopped up really g bring mechanical so the cranberries or n so we did not give of usually comes from	roximately 3:30pm V25 I worked Christmas Day ng shift. I worked in Facility ouse we got 2 different foods, epper for residents that do not er residents got shrimp with eans with whole cranberries. ident puree meal and two cal soft. The kitchen did not soft diet, so we mashed and good because they did not oft that day. We did not give buts that is a choking hazard, cranberries to them. Food a kitchen for puree diet and nechanical soft diet.				
	dated (6/21) (in par Centers are to follo Matrix for initiation o orders. All orders a medical practitioner Process: The desig	and Treatment Guidelines t) documents: General: w the Orders Management of non-medication or treatment are to be prescribed by a r. Physician Order Recap gnated licensed nurses review vsician Order Sheets and a needed.				

Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
						С
		IL6015101	B. WING		01/0	05/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		3240 MII	WAUKEE AVE	NUE		
ARDEN	COURTS (NORTHBRO	NORTHE	BROOK, IL 600)62		
(X4) ID			ID	PROVIDER'S PLAN OF ((X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T		COMPLETE DATE
1110		,		DEFICIENC	Y)	
S9999	Continued From pa	age 17	S9999			
	e entina e a riem pa	.90				
	Eacility Job Dosorin	tion for Cook dated in 2/08 (in				
		otion for Cook dated in 2/08 (in ob Summary As a Cook you				
		for the residents and assist the				
		dinator in managing food				
	service functions. You strive to provide a setting					
	that is clean, safe, and comfortable while serving					
	food that is appetizing and nutritious. Safety and					
		established safety policies and				
	procedure, observes safety needs of residents as		i			
	indicated in service plan. Cook Responsibilities					
	Prepares food in accordance with sanitary					
	regulations as well as established goals and					
	objectives. Prepare quality meals in accordance with planned menus and scheduled meal times,					
	Prepare and serve food in accordance with standardized recipes, therapeutic diet orders, and					
	portion control proc		4			
	Facility Job Descrip	otion for Resident Caregiver				
	dated 07/18 (in par) documents: The Resident				
	Caregiver assists re	esidents in all aspects of their				
		ed in the resident service plan,				
		care, food service, Safety and				
		established safety policies and				
		ves safety needs of residents				
		vice plan; Service Delivery -				
	Wellness/Resident	Services Assisting the				
		tive Director with delivering				
		ssessing residents' needs and				
		ing and assisting residents				
		eated in residents' individual				
		ding personal care (personal				
		bileting, dressing, mobility,				
	etc.), activities, the	al service; Service				
		al service; Service ning and Dining Services				
	Delivery-Programm Assisting residents	ning and Dining Services with transfer and meal service				
	Delivery-Programm Assisting residents as indicated on resi	ning and Dining Services				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	IL6015101		B. WING			C 05/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		3240 MIL	WAUKEE AVE			
ARDEN (DOK)	ROOK, IL 600			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ge 18	S9999			
	standards.					
	Supervisor dated 2 Resident Services 3 day-to-day activities service area. Esser Sanitation Follows of procedures, Observas as indicated in serves customer service, M standards for qualit Services Supervisor managing and mon resident services in ordering and disper the health care state ensures adherence interventions, obse Ensures that treatm documented on in a Assisting the Resid	as a role model to foster Maintains high expectations & y resident care; Resident or Responsibilities Assisting in itoring the delivery of all icluding personal care, nsing medications, monitoring us of the residents to include, to prescribed treatments or rves nutritional status, etc. nents are administered and accordance to doctor's orders; ent Services Coordinator in lished standards of resident				
	(06/2021) documer resident/family may Caregiver (PCG) to resident while living not licensed and do	y Caregivers policy dated hts (in part): Purpose: A directly hire a Private Duty provide services to the at facility. Companions are not provide direct nursing e resident. Procedure: 2.				
	Community orientation to the first schedule limited to: Location Food Service Inform	tion training is conducted prior ed shift and includes but not of Resident Service Plan, nation Sheet. Appropriate care nt who is also being cared for				
	by a PDC; The lice	nsed nurse in charge will ies for resident care delivery				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		11 604 54 04	B. WING			C
		IL6015101			01/	05/2025
AME OF	PROVIDER OR SUPPLIER		DRESS, CITY, ST WAUKEE AVE			
RDEN	COURTS (NORTHBRO	DOK)	ROOK, IL 600			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLE ⁻ DATE
S9999	Continued From pa	ge 19	S9999			
	expected to adhere policies and proced report to the license change in resident's Hydration: 2. Licens any difficulties with Facility national dys Mechanically Altere 2: Mechanically Altere 2: Mechanically Altere 2: Mechanically alter pureed diet and req tolerate mixed textu and should be cut ½ Fish, Poultry - serve less than ¼ inch in other dried fruits- re and vegetables - m are restricted. Soft, than ¼ inch. Protein prepared, moistene gravy and sauce for than ¼ inch. Vegeta	ponsibilities: PDCs are to all pertinent resident care lure. Reporting: PDCs must ed nurse or designee in charge is condition. Nutrition and sed nurse in charge notified if the meal are observed. sphagia diet Level 2: d (undated) documents: Level ered is a transition from the quires the ability to chew and ures. Foods are hot and moist ¼ inch sized pieces. Meat ed ground, moist with pieces size, Nuts Dried Raisins, and estricted from diet. Raw fruits ost raw fruits and vegetables well-cooked vegetables less in foods recommended ed, and ground fresh, shrimp r moisture. Pieces no larger ables recommended food all ess than ¼ inch in size.				