

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/21/2025
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (PALOS HEIGHTS)		STREET ADDRESS, CITY, STATE, ZIP CODE 7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463		
(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 Complaint Investigation 2590691/IL185216	S 000		
S9999	Final Observations Statement of Licensure Violations 330.790c)1) Section 330.790 Infection Prevention and Control c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure staff changed their gloves and performed hand hygiene after performing incontinence care for 1 of 4 residents (R2) reviewed for infection control in the sample of 4. The findings include: On 2/21/25 at 10:28 AM, R2 was lying in bed with a urine soaked incontinence brief, blanket, clothes, and pad, and sheet. V3, Certified Nursing Assistant (CNA) and V4, Caregiver, assisted R2 to walk to the bathroom and remove	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: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/21/2025
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (PALOS HEIGHTS)		STREET ADDRESS, CITY, STATE, ZIP CODE 7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463		
(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 1 R2's soiled clothing and incontinence brief using gloved hands. As R2 sat on the commode, V4 put a clean brief around R2's ankles and then V3 and V4 assisted R2 to a standing position. V3 used a wet towel to wipe stool from R2's backside, then V3 and V4 pulled up R2's brief and put clean pants on her followed by her shoes. V3 and V4 did not remove their gloves or perform hand hygiene throughout any of these activities. V3 then changed one glove and bagged up the soiled brief and the soiled linens. V4 assisted R2 back to her bed and finally removed her gloves and left the room without performing hand hygiene. V3 removed her gloves and carried the bags of linen and garbage out of the room without gloves and without performing hand hygiene. On 2/21/25 at 10:55 AM, V6, Caregiver, said staff should wash their hands before entering a resident room to give care and when leaving the resident room after caring for the resident. On 2/21/25 at 3:01 PM, V2, Director of Nursing/DON, said staff should change their gloves and do hand hygiene after they wipe a resident and if their gloves become visibly soiled during incontinence care. V2 said after incontinence care is done, they tie up and bag the soiled linens and garbage without touching anything else because they are contaminated, then remove their gloves and wash hands. V2 said staff should perform hand hygiene/wash hands prior to leaving the room. The facility's Incontinence Care: Feces and Urinary Policy (dated 6/2021) shows ..."if feces present, remove with toilet paper or disposable	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/21/2025
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (PALOS HEIGHTS)		STREET ADDRESS, CITY, STATE, ZIP CODE 7880 WEST COLLEGE DRIVE PALOS HEIGHTS, IL 60463		
(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 wipe ...discard soiled materials and gloves ...perform hand hygiene, don latex free non-sterile gloves ...apply clean linen or brief ... remove soiled gloves and discard in trash, perform hand hygiene ..." The facility's Hand Hygiene Policy (dated 6/2021) shows the purpose is to decrease the spread of infection and hand hygiene should be performed before applying and after removing gloves, after contact with body fluids or excretions, and when moving from a contaminated body site to a clean body site during resident care. (B)	S9999		