STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 Investigations 2592305/IL188272 - 330.780, 330.4240 2592437/IL188542 - 330.1110, 330.4210, 330.4240	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 330.1110d) 330.1110e) 330.1110f) 330.1110 Medical Care Policies d) All residents shall be seen by their physician as often as necessary to assure adequate health care. e) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination shall include documentation of the presence or the absence of tuberculosis infection by tuberculin skin test in accordance with Section 330.1135 and an evaluation of the resident's condition and recommendations for their care including personal care needs and permission for participation in the activity program. f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. This regulation was NOT MET as evidenced by: Based on interviews and record reviews the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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	S9999		

facility failed to follow their policy and procedures for Wound and Skin Condition Treatment and Care by not ensuring skin assessments were completed on admission and yearly, not reporting newly identified skin injuries to the physician, and not monitoring newly identified skin injuries. This failure applies to one of three residents (R2) reviewed for improper nursing care.

Findings include:

R2 has a diagnoses history of Dementia with Anxiety, Ventricular Tachycardia, Essential Hypertension, and anxiety disorder who was admitted to the facility 07/19/2022.

On 03/20/2025 at 10:51 AMObserved R2 in the hall of his unit sitting in his wheelchair with a large bandage on his left arm, and a small bandage on his right arm.

On 03/20/2025 at 2:23 PM V9 (Cook and Caregiver) stated on 03/14/2025 approximately between 7 - 9 PM, on the way from the kitchen V10 (Resident Caregiver) asked him for assistance with providing incontinence care to R2. V9 stated when he initially rolled R2 over for incontinence care and he stuck his hand out he observed a skin tear on his hand and reported it immediately to the agency nurse.

R2's clinical assessment dated 12/04/2023 documents no skin abnormalities.

The facility's 24-hour report dated 12/12/2024 documents R2 was complaining of stinging to his right arm and was observed by caregiver with a skin tear on his forearm where he rests it.

R2's progress note dated 3/7/2025 created by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 V12 (Licensed Practical Nurse) documents resident was found on the floor next to his bed, reopened skin tear on the left forearm. Writer will continue to monitor for any change of condition. Body Assessment tool dated 03/11/2025 signed by V5 (Resident Caregiver) documents R2 was observed with an old scab on his left wrist. Body assessment tool dated 03/14/2025 by V5 (Resident Caregiver) documents R2 was observed with an old skin tear on his left wrist. On 03/20/2025 at 3:38 PM V4 (Licensed Practical Nurse) stated if there are any abnormal skin observations during showers a caregiver will complete a shower sheet (body assessment tool), the nurse will observe the skin of the resident and sign the shower sheet. On 03/20/2025 at 4:03 PM V4 (Licensed Practical Nurse) stated R2's shower sheet (body assessment tool) dated 03/14/2024 was completed in the morning. On 03/21/205 at 10:25 AM V12 (Licensed Practical Nurse) stated R2 has a glass left eye so you have to approach him from the right. V12 stated R2 takes a blood thinner, so his skin is fragile and he bruises easily. V12 stated R2 had a fall 03/07/2025 and reopened a skin tear on his left wrist. V12 stated R2 hasn't had many falls, however he often attempts to self-transfer from his bed to his wheelchair, misses the chair because he doesn't always have it properly positioned, and bumps his arm against the wheelchair which reopens old tears. V12 stated R2's skin tears and reopening them has been an ongoing problem.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 3 On 03/21/2025 at 9:57 PM V2 (Resident Services Coordinator/Licensed Practical Nurse) reported clinical assessments are completed upon move-in around 30 days after move-in and annually. On 03/21/2025 at 2:12 PM V2 (Resident Services Coordinator/Licensed Practical Nurse) stated clinical assessments are completed on admission and annually. V2 stated during investigation regarding an incident for R2 on 03/14/2025 she became aware of him having one old skin tear. V2 stated when skin tears develop it is documented in the residents medical record in progress notes and the nurses also have to complete a body assessment tool and an incident report. V2 stated the facility has no incident reports from the past few months for any skin tears for R2. V2 stated V12 (Licensed Practical Nurse) documented that R2 reopened one skin tear which should have been documented in an incident report. V2 stated she was only aware of R2 having one skin tear on his arm. V2 stated skin tears should be treated so they can heal. V2 stated pictures of skin tears are sent to the physician and they provide orders on treatment or make referral for home health wound care. V2 stated preventative skin interventions for skin tears would be included in physician orders and it doesn't appear there were weekly observations and measurements of R2's skin tear that V12 reported as being reopened on 03/07/2025. V2 stated preventative interventions for skin tears include skin prep and triple antibiotic ointment for healing and protecting the skin from stretching, and preventing infection. V2 stated R2's skin is very thin, and confirmed that if he has skin tears this also makes his already fragile skin more vulnerable. V2 stated preventing a fresh skin tear from being further injured includes wrapping it	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 4	S9999		

with a bandage per physician's orders and referring to wound care. V2 stated a skin tear is monitored which includes evaluating a dressing and confirmed weekly observations and measurements would be for monitoring if the skin tear is healing. V2 stated preventative skin interventions are for prevention of bruising, skin tears, or abrasions.

On 03/22/2025 at 1:56 PM V2 (Resident Services Coordinator/Licensed Practical Nurse) reported regarding V12's (Licensed Practical Nurse) progress note dated 3/7/25 she tried to locate any skin treatment/wound care orders for R2's left arm; however, they discovered the reopened skin tear was located on the right forearm.

R2's medical records do not include any clinical assessments from admission in July of 2022, nor any for 2024 or 2025.

R2's medical records do not include any photos of skin tears, incident reports, skin treatment/wound care orders, body assessment tools, nor weekly observations or measurements for his skin tear on his right forearm identified 12/12/2024 nor for any skin tears on his left or right wrists or forearms prior to 03/14/2025.

The facility's Wound Treatment Nursing Guidelines received 03/21/2025 states: "Wound healing requires management of several factors including selection of the appropriate treatment for the type of wound. In collaboration with Jobst Vascular Institute, a core list of action steps has been developed to guide the nurse's initial discussion with physician's and other care providers in selecting the most appropriate evidence-based interventions for selected wound treatment. The attending physician or extended

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 5	S9999		

care practitioner needs to provide specific orders for care beyond routine skin prevention interventions. These guidelines can also be used as a guide when obtaining physician orders for newly identified wounds until the resident is evaluated by the attending physician, physician extender, home health or hospice nurse."

For Skin Tears "Apply foam dressing and change every three days and as needed; Evaluate dressing integrity every shift and as needed; Document observations and measurements weekly; Implement preventative skin care interventions."

The facility's Wounds/Skin Condition Policy received 03/21/2025 states:
"A wound/skin evaluation is initiated when a resident wound or skin condition is identified during a residents stay. The wound/skin evaluation is documented in the Clinical Evaluation in PCC, using the Body Evaluation Tool, and with a nursing entry in the resident's health record."
"A Licensed Nurse will evaluate, within 24 hours, any report of a wound/skin condition reported by staff."
Commonly acquired skin alterations include skin tears.
"Indications include:
Ensuring proper standards of care are implemented for treatment of a wound/skin condition."
To accurately describe a wound/skin condition by category, type, status, size, depth, color, drainage, and odor.
To ensure that no wounds and/or skin conditions receiving treatment is greater than a stage 2 unless end of life or per your state regulation."
"Steps to take when discovering any type of skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 6 alteration include: Incident Report to be completed, if applicable by licensed nurse." (B) Statement to Licensure Violations 2 of 2 330.780b) 330.780c) 330.4210a)1) 330.4240e) Section 330.780 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 330.785, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 330.4210 General	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 7 a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law based on their status as a resident of a facility. 1) Residents shall have the right to be treated with courtesy and respect by employees or persons providing medical services or care and shall have their human and civil rights maintained in all aspects of medical care as defined in the State Operations Manual for Long-Term Care Facilities 330.4240 Abuse and Neglect e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) This regulation was NOT MET as evidenced by: Based on interviews and record reviews the facility failed to follow their abuse and resident protection policy and procedures by not respecting a resident's right to refuse care and physically restraining a resident against their wishes and by not preventing an employee who was being investigated for an allegation of abuse from having access to the resident who was the alleged victim of abuse and all other residents in the facility. This failure has the potential to affect all 48 residents in the facility.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 8	S9999		

Findings include:

R2 has a diagnoses history of Dementia with Anxiety, Ventricular Tachycardia, Essential Hypertension, and anxiety disorder who was admitted to the facility 07/19/2022.

On 03/20/2025 at 10:51 AM, Observed R2 in the hall of his unit sitting in his wheelchair with a large bandage on his left arm, and a small bandage on his right arm. R2 stated he forgot how he got hurt.

R2's progress note dated 03/14/2025 at 7PM created by V11 (Agency Nurse) documents a staff aide alerted nurse that resident has 2 skin tears to right arm and one skin tear to left lower arm, aide stated resident was being combative when being changed which caused the skin tears to his fragile skin.

R2's progress note dated 3/14/2025 11:30 PM created by V4 (Licensed Practical Nurse) documents Resident received sitting in the hall bathroom alert and verbally responsive. No distress noted but complained of pain to both arms. Resident was taken to his room and assessed further and noted with 1 skin tear to the right arm and 2nd skin tear to the left arm. Each one noted with partial flap loss and minimal bleeding. Per the 3-11 nurse, the resident became very combative while staff was rendering incontinent care. There is some bruising noted to the left hand as well.

The facility's 24-hour report dated 03/14/2025 documents during the 3-11PM shift R2 refused care, fought, spit, cursed and needed 2-person assistance.

The facility's 24-hour report dated 03/15/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 9	S9999		

documents R2's second toe on his right foot is scraped.

R2's progress note dated 3/17/2025 at 5:11 PM created by V4 (Licensed Practical Nurse) documents swelling noted to the left hand and wrist; at 9:34 PM Note created by V2 (Resident Services Coordinator/Licensed Practical Nurse) documents upon interviewing staff and resident, new information was reported per community policy; all departments and physician made aware; the resident alert and verbally responsive and has confusion at times; able to recall incidents. As stated a few days ago, "I told the other gal I was pulled all over."

Body Assessment Tool dated 03/17/2025 signed by V4 (Licensed Practical Nurse) documents R2 was observed with bruises and skin tears on his left arm, swelling to his hand and forearm, abrasions on his left calf and all his left toes, bruising on multiple spots on his right arm, a skin tear and bruising on his right hand, and a small abrasion on his right calf.

Initial Incident Investigation Report dated 03/17/2025 R2 obtained 2 skin tears during care.

Witness statement from V6 (Resident Caregiver) dated 03/17/2025 at 2:00 PM documents V6 reported that on 03/14/2025 she observed V10 (Resident Caregiver) ask V9 (Cook) for assistance with providing care then repeatedly observed R2 yell and scream to get off of him, and leave him alone; V6 reported when R2 came to the bathroom in the common area his arms looked so bad she just turned away and it looked painful.

Witness statement from V9 (Cook) dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 10	S9999		

03/17/2025 at 5:41 PM documents V9 reported that on 03/14/2025 when he and another aide rolled R2 on his side to provide incontinence care R2 began swinging at him and the other aide with his fist hitting sheets and gripping sheets causing friction between the sheets and his arm; V9 reported he observed an old skin tear on R2 and immediately stopped and went to get the nurse; V9 reported when a resident begins to swing he grabs their clothes instead of their body parts.

Witness statement from V10 (Resident Caregiver) dated 03/17/2025 at 6:00 PM documents V10 reported while attempting to provide care to R2 on 03/14/2025, V9 (Cook) held R2 by his pants.

Witness statement from V11 (Agency Nurse) dated 03/18/2025 documents V11 reported on 03/14/2025 when she asked R2 what happened he replied he was pulled all over; V11 reported on 03/14/2025 V9 (Cook) reported to her that while providing R2 incontinence care he became combative and developed skin tears.

On 03/20/2025 at 2:23 PM V9 (Cook) stated on 03/14/2025 between approximately 7 - 9 PM, on the way from the kitchen V10 (Resident Caregiver) asked him for assistance with providing incontinence care to R2. V9 stated normally R2 only needs one caregiver for incontinence care however he was heavily soiled with feces and needed more assistance with cleaning. V9 stated when we he arrived to R2's room he noticed a small skin tear on his left wrist and he immediately reported this to the agency nurse prior to continuing to provide incontinence care. V9 stated on 03/17/2025 Monday night after his shift ended V2 (Resident Services Coordinator/Licensed Practical Nurse)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 11	S9999		

interviewed him, had him sign his statement, and informed him he was on administrative leave for abuse and had him leave the building.

On 03/20/2025 at 2:48 PM V10 (Resident Caregiver) stated during her shift on 03/14/2025 she asked V9 (Cook) for assistance with providing R2 incontinence care because he was agitated when she originally approached him. V10 stated while care was being provided V9 observed R2's arm was bleeding and immediately reported this to the agency nurse on duty. V10 stated on Monday 03/17/2025 at approximately 5:40 PM she received a call from V1 (Administrator) and V2 (Resident Services Coordinator/Licensed Practical Nurse) stating she was being investigated. V10 stated V1 and V2 informed her that the investigation began on Friday Night 03/14/2025 but hadn't reached out to her until Monday. V10 stated she wondered if this happened Friday and she was being told she was being investigated Friday, why wasn't she informed until 72 hours later and why was V9 allowed to work since then and serve residents food?

On 03/21/2025 at 11:28 AM V2 (Resident Services Coordinator/Licensed Practical Nurse) stated resident protection policy provided to the surveyor on 03/11/2025 was still current and had not changed.

On 03/21/2025 at 2:12 PM V2 (Resident Services Coordinator/Licensed Practical Nurse) stated she was not aware of the 24-hour report documenting R2 refusing care, fighting, spitting, cursing and needing two-person assistance. V2 stated she was informed on 03/14/2025 about R2 becoming combative during care and of his skin tears observed after that incident. V2 stated what was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 12	S9999		

told to V11 (Agency Nurse) by V9 (Cook) was that R2 was being combative and the sheets that R2s arms were covered in were hitting and pulling his arms as he was punching causing friction. V2 stated she did want to know why R2 was wrapped in sheets during incontinence care and is still in the process of investigating the incident. V2 stated she intends to ask if R2's skin tears were on his arms prior to the aides entering the room and why was he wrapped in sheets during incontinence care. V2 stated both V10 (Resident Caregiver) and V9 were in the room with R2. V2 stated once she began investigating what happened and speaking to the other caregivers on the shift 03/14/2025 that's when it was noticed there could be possible allegations of abuse. V2 stated during investigation she became aware of R2 having one old skin tear. V2 stated R2 has two additional skin tears that developed during care on Friday 03/14/2025. V2 stated the bruise noted on R2s left hand in V4's (Licensed Practical Nurse) progress note dated 03/14/2025 was new. V2 stated she first interviewed V9 and V10 on Monday 03/17/2025. V2 stated if any resident becomes combative while receiving care the staff should stop rendering care. V2 stated on Monday morning 03/17/2025 a caregiver asked if she talked to V6 (Resident Caregiver), because V6 heard R2 saying stop, leave me alone, get out my room, and just screaming and yelling when receiving incontinence care on 03/14/2025 which prompted her to begin an investigation of an allegation of abuse. V2 stated she was confused by V9's report of grabbing R2's pants because if they were providing incontinence care why was he grabbing R2's pants while also changing him? V2 stated she would not grab anything on a resident or touch them at all if they become combative during care. V2 stated if V9 was grabbing R2's pants while becoming combative

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 13	S9999		

that would be inappropriate and responded absolutely, when asked by surveyor if this would be an infringement on R2's rights and undignified care. V2 stated she asked V9 to leave the building on 03/17/2025 after she interviewed him regarding the allegation of abuse for R2. V2 stated V9 was working in the kitchen during his shift. V2 stated V9 is also a part time caregiver.

On 03/21/2025 at 3:26 PM V6 (Resident Caregiver) stated during her shift from 3PM - 11PM on 03/17/2025 at dinner time between 5PM - 6PM she observed V9 West (Cook) come into the unit where R2 and multiple other residents live and perform his dining duties of collecting food carts, swapping menus, and checking the refrigerator to ensure food items were available.

On 03/21/2025 at 3:31 PM V13 (Resident Caregiver) stated she worked in the Berry unit on 03/17/2025 from 3PM - 11PM and during her shift observed V9 (Cook) bring dinner carts onto the unit at dinner time between approximately 5PM - 6PM.

On 03/21/2025 at 3:37 PM V15 (Resident Caregiver) stated during her shift from 3PM - 11PM on 03/17/2025 she observed V9 (Resident Caregiver) going back and forth on the Cloverdale unit to bring food, place snacks for residents in the cabinet, and change out menus between approximately 5:00PM - 5:15PM.

V9's (Cook) Time Record from 03/17/2025 documents he worked from 7:05 AM - 6:42 PM.

On 03/22/2025 at 3:40 PM V2 (Resident Services Coordinator/Licensed Practical Nurse) stated the last time V1 (Executive Director) has been to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 14	S9999		

work was approximately two weeks ago. V2 stated V1 is the abuse coordinator and in her absence she is not sure whose responsibility it is to follow abuse investigation procedures. V2 stated however, she has been completing the abuse investigation for R2's incident 03/14/2025. V2 stated once an allegation of abuse against staff is received their statement is taken, and they are placed on administrative leave pending investigation. V2 stated staff are immediately removed from contact with resident's once an allegation of abuse has been made and confirmed this means they wouldn't have any access to residents during the investigation. V2 stated the alleged perpetrators for the allegation of abuse for R2's incident that occurred on 03/14/2025 included both V10 (Resident Caregiver) and V9 (Cook). V2 stated she received information on Monday 03/17/2025 at approximately 11:00 AM regarding additional concerning information for R2 that during care it was overheard that he was yelling, and saying get out my room, leave me alone, stop, and no which prompted her to follow up on the source of this information. V2 stated she attempted to contact V6 (Resident Caregiver) right away but she didn't answer and returned her call later. V2 stated right after she received V6's statement she contacted V1, Human Resources, V8 (Regional Director of Operations), and the consultant over nursing and informed them of the statement she received, and they decided to immediately collect the statements of the staff involved and place them on administrative leave. When asked by surveyor if when she received the concerning information regarding R2 at 11:00 AM on 03/17/2025 could she have removed V9 from the schedule to prevent him from having access to the residents and V2 stated by law she can't just remove V9 from the building, the staff have rights too. V2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 15	S9999		

stated she does have to protect the residents as well and once she received the information she did what she could. V2 stated V9 wasn't in caregiving and was performing dietary duties so she doesn't consider that in direct relation with the residents. V2 stated if V9 is able to come into a unit she's sure he does have access to residents, but she was not sure why he would approach a resident if he's just delivering food however, she guesses he would have access. V2 stated she probably could have removed V9 from the schedule and taken his statement later. V2 stated she did not have any additional information or records to provide the surveyor regarding the concerns of resident rights, or abuse investigation procedures.

The facility's Resident Abuse Policy reviewed 03/22/2025 states:
"Abuse is non-accidental harm to a resident's physical welfare and includes maltreatment."
"Witness statement is taken from the employee accused of the abuse and employee is then suspended, pending the completion of the investigation."

The facility's Resident Protection Policy reviewed 03/22/2025 states:
"The resident has the right to be free from abuse. This includes but is not limited to freedom from any physical restraint."
"The community will adopt and operationalize an abuse prevention system that includes protection of residents."
"For the purpose of this policy, abuse includes all types of abuse, and mistreatment."
"Resident protection actions include: Immediately removing the resident from contact with the alleged abuser; Provide a safe and secure environment for residents."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015325	A. BUILDING: _____ B. WING _____	C 03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (PALOS HEIGHTS)	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 16 (B)	S9999		