STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015523	A. BUILDING: _____ B. WING _____	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARDEN COURTS (GLEN ELLYN)	2 SOUTH 706 PARK BLVD GLEN ELLYN, IL 60137

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 4) 330.710a) 330.780b) 330.780c) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. 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 ... The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. (Source: Amended at 37 Ill. Reg. 2315, effective February 4, 2013)	S9999		

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S9999	Continued From page 1 This REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to report an incident that resulted in resident injury after a fall. This applies to 1 of 3 residents (R1) reviewed for falls in the sample of 16. The findings include: R1's face sheet included diagnoses of dementia in other diseases classified elsewhere with behavioral disturbance, depression, unspecified abnormalities of gait and mobility, unspecified fracture of upper end of unspecified tibia, initial encounter for closed fracture, deficiency of other specified B group vitamins. Nursing progress notes dated January 15, 2025 included as follows: "Upon passing evening medication this nurse was notified by caregiver resident fell at 5:42 PM while walking inside the dining room. This nurse was notified by caregiver resident fell and did hit her head-blood noted on the floor and on resident's arm. Resident was sitting upright when nurse came to assess her, but prior was laying sideways. Resident unable to state what happened. Caregiver notified nurse, "she was walking and then she landed on the floor." Resident may have possibly lost her balance and fell. Resident fall was witnessed. Nurse assessed resident and observed no skin tears, abrasions, but did note laceration on L (left) side of scalp; cleansed with normal saline & open to air till further instructions by Hospice nurse ..." The progress note included that Hospice on call nurse and POA (Power of Attorney), was notified of fall and DON (Director of Nursing) notified	S9999		

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while in facility.

Nursing progress notes dated January 17, 2025 included as follows:
"Hospice nurse here today and assessed resident. No new orders. Laceration approximately 5 x 0.5 cm. Continues to be open to air no active bleeding. Resident had a shower this morning, noted skin tear to the right arm. Area was cleansed and bandaged."

On January 22, 2025 at 4:25 PM, V1 (Administrator) stated that she does not have a record of incident that shows R1 has had a fall with injury that was reported. V1 stated that a laceration should have been reported. V1 stated that V2 (DON) may have additional information that she is unaware of.

On January 22, 2025 at 4:28 PM, V2 (DON) stated that she started working for the facility in June, 2024 and she does not have any information about R1's fall's with injury. V2 added "If they don't tell me, I won't know." V2 stated that if R1 fell and had a laceration, she should have been sent out [to hospital] right away. V2 stated that any open area or broken bones is considered reportable.

Facility Policy and Procedure titled "Resident Emergencies" (dated June 2012) included:
Purpose: Resident Services' staff is prepared to respond to emergency situations within the scope of practice.
Procedure: 4. Other procedures are implemented per state regulations and community policies ....
(C)
Statement of Licensure Violations (2 of 4)

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S9999	Continued From page 3 330.710a) 330.1155b) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs b) State laws, regulations, and policies related to psychotropic medication are intended to ensure psychotropic medications are used only when the medication is appropriated to treat a resident's specific, diagnosed, and documented condition and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. (Section 2-106.1(b) of the Act) This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to monitor resident's behavior according to the facility's policy and procedure. This applies to 1 of 4 residents (R5) reviewed for psychotropic consents in a sample 16. The findings include: 1. The face sheet showed R5 was admitted to the	S9999		

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facility on September 17, 2024, and has diagnoses including unspecified dementia without behavioral disturbances, psychotic disturbances, mood disturbance, anxiety, and depression.

R5's Physician Order Sheet (POS) showed an order for Duloxetine HCL DR (Delayed Release) 60 mg (milligram) capsule, give one capsule twice a day for depression and Quetiapine (antipsychotic) 50 mg tablet, take one tablet at bedtime.

On January 22, 2025, at 2:27 PM, V1 (Executive Director) stated, there was no behavior monitoring for R5.

On January 22, 2025, at 2:30 PM, V2 (DON/Director of Nursing) said they have not been doing behavior monitoring for residents on psychotropic medications.

Facility provided policy titled, "Clinical Evaluation" updated November 2024, showed "7. On move-in, residents with orders for antipsychotic medications shall have the Antipsychotic Medication Tool/Evaluation or equivalent will be completed on paper or in the HER where available and are monitored for the first 30 days of the drug therapy. This occurs upon move-in, a new order, or a change in antipsychotic medication."
(C)
Statement of Licensure Violations (3 of 4)

330.1940b)2)
330.1940f)

Section 330.1940 Diet Orders

b) Physicians shall write a diet order for each

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resident indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.

2) The diet shall be served as ordered.

f) A therapeutic diet means a diet ordered by the physician or dietitian as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

This REQUIREMENT was not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide diet as ordered by the Physician. This applies to 2 of 6 residents (R2, R4) reviewed for dining in the sample of 16.

The findings include:

On January 22, 2025 at 11:58 AM, V3 (Dietary Manager) stated that the mechanical soft diets are getting ground pork which should be fork smashable and cauliflower and regular corn for the lunch meal.

On January 22, 2025 at 12:49 PM, R2 was eating a lunch meal served by V8 (Caregiver) consisting of ground pork, cauliflower, and whole kernel corn. The ground pork appeared dry with no gravy on top of the food. No additional gravy was seen on the steam table.

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R2's face sheet included diagnoses of dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance, aphasia following cerebral infarction. R2's diet order on POS (Physician Order Summary) showed Regular, Mechanical Soft.

On January 22, 2025 at 12:57 PM, R4 was fed by V10 (R4's family) of a lunch meal served by V9 (Caregiver) consisting of ground pork, cauliflower, and whole kernel corn. R4 ate only a few bites of the ground meat and declined to eat anymore. V9 stated that R4 is only wearing upper denture and he took out his lower dentures earlier and won't wear them.

R4's face sheet included diagnoses of unspecified dementia, moderate, with anxiety, dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, dysphagia, unspecified, gastro-esophageal reflux disease without esophagitis. R4's diet order on POS showed Mechanical Soft, thin liquids.

On January 22, 2025 at around 1:00 PM, V3 was requested to provide the guidance he follows for vegetables to serve on a mechanical soft diet. V3 stated that he serves what is shown on the menu spreadsheet.

Menu spread sheet for week 2 Wednesday, lunch meal for mechanical soft diets showed to serve and 2 ounces of gravy with ground pork and pureed corn. V3 agreed that he should have served pureed corn and did not prepare additional gravy for the mechanical soft diets.
(C)
Statement of Licensure Violations (4 of 4)

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S9999	Continued From page 7 330.715a) 330.715b) Section 330.715 Request for Resident Criminal History Record Information 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) b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. The REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to do criminal backgrounds checks on newly admitted residents. This applies to 10 of 10 residents (R7-R16) reviewed for criminal background checks in the sample of 16. The findings include: On January 21, 2025 at 1:08 PM, V1 (Executive Director) stated Human resources is in charge of running back ground checks for newly admitted	S9999		

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S9999	Continued From page 8 residents and staff and Human Resources has not been doing the background checks for residents. On January 21, 2025 at 2:49 PM, V7 (Human Resources/Administrative Services Coordinator) stated she has been working at the facility for 4 years and she is responsible for background checks for residents and healthcare workers. Surveyor requested background checks for the most recent newly admitted residents. V7 stated she has not done any background checks for residents since November of 2024. V7 stated the background checks were not done because she was overwhelmed with other duties. On January 22, 2025 at 12:16 PM, V7 stated they do not have any Identified Offenders in the facility that she is aware of. On January 22, 2025 at 4:14 PM, V7 stated the last background check she had done was for R4 in September 2024. Review of the facility's list of residents without background checks included R7- R16 who still reside in the facility and have admission dates in November and December of 2024. (C)	S9999		