

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GENEVA)		STREET ADDRESS, CITY, STATE, ZIP CODE 2388 BRICHER ROAD GENEVA, IL 60134		
(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 7 330.700b)1) 330.700d) 330.700k)1)2) Section 330.700 Disaster Preparedness b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents, and others to follow. The plan shall include, but not be limited to, the following: 1) Proper instruction in the use of fire extinguishers for all personnel employed on the premises. d) Fire drill shall include simulation of the evacuation of residents to safe areas during at least one drill each year on each shift. k) Coordination with Local Authorities 1) Annually, each facility shall forward copies of all disaster policies and plans required under this Section to the local health authority and local emergency management agency having jurisdiction. 2) Annually, each facility shall forward copies of its emergency water supply agreements, required under Section 330.262(d) to the local health authority and local emergency management agency having jurisdiction. These requirements were NOT met as evidenced by: Based on interview and record review, the facility	S9999		

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>failed to have an emergency disaster plan. This failure affects all 54 residents in the facility.</p> <p>Findings include:</p> <p>On 06/11/2025 at 10:56 AM, V6 (Maintenance/Building Services Director) said that in the past (1 or 2 years ago), the facility used to provide a hands-on fire extinguisher training for all staff members. V6 said this training was led by a third-party vendor but had since been discontinued due to budgetary concerns. V6 said he shows new staff members how to use the fire extinguisher during new hire orientation but does not do any return demonstration and/or competency evaluation. V6 said that he does not track which staff members had already completed this training. V6 said V7 (Human Resources/Business Office ManagerHR/BOM) is keeping track of that. V6 also said that the facility does not include residents or families in any training or education, whether in person or through written communication methods. V6 said that the facility's emergency disaster preparedness training does not include any resident evacuation simulation exercises. V6 stated he does not have or utilize any specific written plans related to evacuation or resident relocation. Lastly, V6 said the facility does not coordinate with local authorities via any method regarding anything to do with their emergency disaster plan.</p> <p>On 06/11/2025 at 12:00 PM, V7 (HR/BOM) said she does not have a tracking record showing which staff members had already completed the fire and disaster plan training. V7 was unable to produce evidence of actual fire extinguisher training for staff members other than those who were recently hired. V7 said the facility provides a</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>20 minute online training that does include "general safety." V7 said most of the staff members do not have an orientation checklist in their file since they had been hired several years ago.</p> <p>On 06/11/2025 at 1:00 PM, V2 (Resident Services Coordinator) said that she does not keep track of emergency disaster training. V2 said her expectation is that such training is offered continuously since it is vital to ensuring the safety of all individuals in the facility.</p> <p>On 06/10/25 at 10:38 AM, V8 (caregiver) said that she was hired 7 years ago but does not recall receiving education regarding emergency preparedness, including hands-on training on the use of fire extinguishers. V8 said she completes most of her training through the facility's online learning education platform.</p> <p>Facility did not provide a policy regarding any encompassing policy on Emergency Preparedness covering natural or man-made disasters and/or emergency situations. V2 provided facility's policy entitled, "Chapter 6: Evacuation," dated 01/2020. V6 said that it is not something that the facility follows because each situation is unique and should be dealt with on a case-by-case basis.</p> <p style="text-align: center;">"C"</p> <p>Statement of Licensure Violations 2 of 7</p> <p>330.710a)</p> <p>Section 330.710 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>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.</p> <p>These REQUIREMENTS were NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to follow their policy to ensure a resident (R28) was free from physical abuse.</p> <p>This applies to 1 of 12 residents (R28) reviewed for resident-to-resident physical abuse in a sample of 28.</p> <p>Findings include:</p> <p>R28's Medical Record (MR) showed an admission date of 5/17/2024 with diagnoses including dementia, glaucoma, Crohn's disease, osteoarthritis, hyperlipidemia and hypertension.</p> <p>On 6/12/2025 at 9:24 AM, V10 (Caregiver/CNA-Certified Nurse Assistant) said on 6/2/2025 around 5:00 AM, while she was changing another resident, she heard a resident yelling "no! no!" coming from the hallway. She quickly went to the hallway and saw R5 slap R28 on the left side of her face. She said she quickly stepped between R5 and R28 and called for the nurse. She said residents were separated. She said R5 was redirected to another area of the unit and stayed with R5 until she calmed down. She said R28 was taken by the nurse.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 6/12/2025 at 9:58 AM, V2 (RSC- Resident Services Coordinator) said she investigated the incident as soon as she came to work on the same day and substantiated that R5 slapped R28. She said R28 did not have any injuries and had no complaint of pain. She said R5 can be agitated at times and will start talking in an angry and loud tone. She said caregivers are aware that they need to monitor R5 and separate her from the other residents when she gets that way.</p> <p>On 6/12/2025 at 10:15 AM, R28 said she was fine and had no recollection of the incident.</p> <p>The facility's policy titled Resident Protection dated 11/2021 said: "The resident has the right to be free from abuse ...The community will adopt and operationalize an abuse prevention system that includes screening and training of employees, protection of residents, identification and investigation of allegations of abuse, and reporting and responding to the appropriate individuals or agencies ...The community provides employee orientation and ongoing education about the prohibition of abuse such as ...Recognizing signs of abuse ...Ways to deal with aggressive behaviors ...The community creates and maintains a proactive approach for identifying events that may constitute or contribute to abuse. When investigating whether abuse has occurred, the community identifies and considers events such as behavioral changes ...Investigation process is a three (3) step framework to provide a consistent standardized process for the identification and investigation of near miss situations, concerns/grievances, incidents, and trigger events. The purpose of the investigation process is to reduce resident risk, mitigate harm, identify root cause and associated factors, and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>minimize the opportunity of recurrence ...PLAN ...GATHER EVIDENCE ...RESPOND Analysis of findings, Complete paperwork, Formulate and implement recommendations. Resident protection actions include ...Provide a safe and secure environment for residents ...Additional actions may include...Resident room changes ..."</p> <p>"B"</p> <p>Statement of Licensure Violations 3 of 7</p> <p>330.715a) 330.715b)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at 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.</p> <p>These REQUIREMENTS were NOT met as evidenced by:</p> <p>Based on interview and record review, the facility</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>failed to complete resident background checks within 24 hours on the CHIRP (Criminal History Information Response Process) , Illinois Sex Offender Registry and Illinois Department of Corrections website.</p> <p>This applies to 3 of 10 residents (R10, R16, R17) in a sample of 28.</p> <p>The findings include:</p> <p>On 6/11/2025 at 10:29 AM, V5 (Administrative Assistant) said V1 (Adminstrator) was the only one in the facility who had access to the Criminal History Information Response Process (CHIRP) website. He said he was only responsible for the Illinois Sex Offender, National Sex Offender, Illinois Department of Corrections Registry. V1 is currently not available for interview.</p> <p>On 6/11/2025 at 1:18 PM, V2 (RSC-Resident Services Coordinator) said background checks needs to be done within the right time frame to ensure safety of the residents that live in the facility.</p> <p>R10's face sheet showed the admission date of 5/20/2025. There was no CHIRP found in R10's medical records.</p> <p>R16's face sheet showed an admission date of 1/16/2025. There was no CHIRP found in R16's medical records. The Illinois Sex Offender Registry, and Illinois Department of Corrections Registry was checked on 1/18/2025.</p> <p>R17's face sheet showed an admission date of 1/8/2025. The Illinois Sex Offender Registry, and Illinois</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Department of Corrections Registry was checked on 1/13/2025.</p> <p>No policy regarding background checks was provided by facility.</p> <p>"C"</p> <p>Statement of Licensure Violations 4 of 7</p> <p>330.790c)1)4)</p> <p>Section 330.790 Infection Control</p> <p>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):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>4) Infection Control in Healthcare Personnel</p> <p>These REQUIREMENTS were NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to handle and prepare residents' medications in a sanitary manner.</p> <p>This applies to 3 out of 4 (R25, R26, R27) reviewed for infection control in a sample of 28.</p> <p>The findings include:</p> <p>On 6/10/2025 at 3:20 PM, V4 (Agency Licensed Practical Nurse/LPN) prepared R26's scheduled</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>medications including Divalproex sprinkle capsule, Vitamin D tablet, and Antacid Calcium tablets. V4 removed R26's Divalproex capsule and Vitamin D tablet from the medication cards with her ungloved hands she placed them directly into her hands. V4 also removed R26's Antacid Calcium tablets from the medication bottle with her ungloved hands. V4 proceeded to prepare R26's medications with her ungloved hands, handling them directly. V4 then administered them to R26.</p> <p>On 6/10/2025 at 3:25 PM, V4 (Agency LPN) prepared R25's scheduled medication Seroquel tablet. V4 removed R25's Seroquel tablet from the medication card with her ungloved hands and placed it directly into her hands. V4 proceeded to prepare R25's medication with her ungloved hands, handling it directly. V4 then administered it to R25.</p> <p>On 6/10/2025 at 3:30 PM, V4 (Agency LPN) prepared R27's scheduled medications including Xarelto tablet, Tylenol tablets, and Tamsulosin capsule. V4 removed R27's medications from the medication cards with her ungloved hands and placed them directly into her hands. V4 proceeded to prepare R27's medications with her ungloved hands, handling them directly. V4 then administered them to R27.</p> <p>On 6/11/2025 at 1:35 PM, V2 (Residents Services Coordinator) said nurses should not handle medications directly with ungloved hands when preparing medications for infection control purposes and safe medication administration.</p> <p>The facility's policy titled Medication and Treatment Guidelines dated 06/2021 said "GENERAL ...Medications are administered in</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>accordance with standards of practice and state specific and federal guidelines.</p> <p>"C"</p> <p>Statement of Licensure Violations 5 of 7</p> <p>330.1510g)</p> <p>Section 330.1510 Medication Policies</p> <p>g) All medications having an expiration date that has passed, and all medications of residents who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 330.1510. Medications shall be transferred with a resident, upon order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Disposition shall be noted in the resident's record.</p> <p>These REQUIREMENTS were NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to dispose of expired medications.</p> <p>This applies to 6 out of 8 (R23, R4, R20, R21, R2, R18) reviewed for medication storage in a sample of 28.</p> <p>The findings include:</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>On 6/11/2025 at 8:10 AM, the medication storage was reviewed with V3 (Licensed Practical Nurse/LPN) in the facility's Health Center room. V3 said R23, R4, R20, R21, R2, and R18 had expired medications stored in the medication fridge. V3 said nurses should check the stored medications in the fridge and dispose of them when expired.</p> <p>The medication storage refrigerator had the following expired medications:</p> <p>R23's opened Lorazepam liquid solution bottle with an expiration date of 2/27/2025 and Atropine liquid solution bottle with an expiration date of 1/13/2025. Both medication bottles were filled with liquid solutions.</p> <p>R4's opened Lorazepam liquid solution bottle with an expiration dated 6/01/2025. The medication bottle was filled with liquid solution.</p> <p>R20's filled Atropine liquid solution bottle with an expiration date of 1/13/2025.</p> <p>R21's filled Atropine liquid solution bottle with an expiration date of 3/04/2025.</p> <p>R2's filled Atropine liquid solution bottle with an expiration date of 4/19/2025.</p> <p>R18's filled Atropine liquid solution bottle with an expiration date of 3/04/2025.</p> <p>On 6/11/2025 at 1:30 PM, V2 (Residents Services Coordinator) said nurses should be checking stored medications for their integrity including expiration dates to ensure safe medication storage and administration. V1 said expired medications should be disposed of as indicated.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>R23's POS (Physician Order Sheets) dated 6/01/2025 showed an active order for "LORAZEPAM ORAL SOLUTION 2MG/ML" PRN (as needed) and "Atropine 1% EYE DROPS" PRN.</p> <p>R4's POS dated 6/01/2025 showed an active order for "LORAZEPAM ORAL SOLUTION 2MG/ML" PRN.</p> <p>R20's POS dated 6/01/2025 showed an active order for "Atropine 1% EYE DROPS" PRN.</p> <p>R21's POS dated 6/01/2025 showed an active order for "Atropine 1% EYE DROPS" PRN.</p> <p>R2's POS dated 6/01/2025 showed an active order for "Atropine 1% EYE DROPS" PRN.</p> <p>R18's POS dated 6/01/2025 showed no active order for Atropine.</p> <p>The facility's policy titled Medication and Treatment Guidelines dated 06/2021 said "MEDICATION STORAGE AND SECURITY: Medications and biologicals ...attended to by nursing staff for medication administration, receipting, or disposal ...Medications are stored in accordance with standards of practice."</p> <p style="text-align: center;">"C"</p> <p>Statement of Licensure Violations 6 of 7</p> <p>330.1155a)2)4) 330.1155d)1)2)3)4)5)6)</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>a) For the purposes of this Section the following definitions shall apply: 2) "Antipsychotic medication" - a medication that is used to treat symptoms of psychosis such as delusions, hearing voices, hallucinations, paranoia, or confused thoughts. Antipsychotic medications are used in the treatment of schizophrenia, severe depression, and severe anxiety. Older antipsychotic medications tend to be called typical antipsychotics. Those developed more recently are called atypical antipsychotics. 4) "Duplicative therapy" - multiple medications of the same pharmacological class or category or any medication therapy that substantially duplicates a particular effect of another medication that the individual is taking. d) A resident shall not be given unnecessary drugs. An unnecessary drug is any drug used: 1) In an excessive dose, including in duplicative therapy; 2) For excessive duration; 3) Without adequate monitoring; 4) Without adequate indications for its use; or 5) In the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act); or 6) Any combination of the circumstances listed in subsections (d)(1) through (5).</p> <p>These REQUIREMENTS were NOT met as evidenced by:</p> <p>Based on interview and record review the facility failed to review and discontinue as needed antipsychotic medications.</p> <p>This applies to 2 out of 3 (R19, R24) reviewed for antipsychotics in a sample of 28.</p>	S9999		

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(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	<p>Continued From page 13</p> <p>Findings include:</p> <p>On 6/11/2025 at 1:25 PM, V2 (Residents Services Coordinator) said residents receiving PRN (as needed) antipsychotic medications should be assessed at least after 30 days to determine if the medications are still needed. V2 said if residents are no longer showing a need for PRN antipsychotics they should be discontinued.</p> <p>R19's POS (Physician Order Sheets) dated 6/01/2025 showed an active order for Quetiapine (antipsychotic) 25 MG (milligrams) by mouth every 4 hours PRN started on 5/31/2023. R19's POS had another active order for scheduled Quetiapine 12.5 MG by mouth twice daily started on 3/21/2025.</p> <p>R24's POS dated 6/01/2025 showed an active order for Quetiapine 25 MG by mouth daily PRN started on 1/16/2024. R24's POS had another active order for scheduled Quetiapine 50 MG by mouth twice daily started on 10/30/2024. The POS had other scheduled mood stabilizer medications including Divalproex, Mirtazapine, Trazodone, and Lexapro.</p> <p>On 6/11/2025 at 3:15 PM, V2 said she reviewed R19 and R24's MARs (Medication Administration Records) and noticed they had not been receiving their PRN antipsychotics for at least the past month. V2 said also R19's behaviors had improved and R24 was receiving other multiple scheduled mood stabilizer medications.</p> <p>The facility's policy titled Clinical Evaluations dated 11/2024 said "PURPOSE: Clinical evaluations are a critical component to identifying health and wellness care needs for residents ...7. On move-in, Residents with orders for</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>antipsychotic medications shall have the Antipsychotic Medication Tool/Evaluation or equivalent will be completed on paper or in HER where available and are monitored daily for the first 30 days of the drug therapy. This occurs upon move-in, a new order, or a change in an antipsychotic medication."</p> <p>"B"</p> <p>Statement of Licensure Violations 7 of 7</p> <p>330.1710f)</p> <p>Section 330.1710 Resident Record Requirements</p> <p>f) An ongoing resident record including progression toward and regression from established resident goals shall be maintained.</p> <p>This REQUIREMENT was NOT met as evidenced by:</p> <p>Based on interview and record review, the facility failed to initiate and update the service care plan to communicate resident care needs.</p> <p>This applies to 5 out of 10 (R5, R6, R7, R8, R22, R28) residents reviewed for service care plans in a sample of 28.</p> <p>The findings include:</p> <p>On 6/11/2025, R5's electronic and medical chart was reviewed. There was no service care plan found.</p> <p>On 6/11/2025, R6's electronic and medical chart</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>was reviewed. There was no service care plan found.</p> <p>On 6/11/2025, R7's electronic and medical chart was reviewed. There was no service care plan found.</p> <p>On 6/11/2025, R8's electronic and medical chart was reviewed. There was no service care plan found.</p> <p>On 6/11/2025, R22's electronic and medical chart was reviewed. There was no service care plan found.</p> <p>On 6/12/2025, R28's electronic and medical chart was reviewed. There was no service care plan found.</p> <p>On 6/11/2025 at 1:49 PM, V2 (Resident Services Coordinator) said service plan is a communication tool for nurses and caregivers to provide the best care to residents. She said service care plans are created upon admission and updated when there is a significant change. V2 said V1 (Executive Director) is responsible for initiating and updating service care plans.</p> <p>Facility's Policy and Procedure titled Planning and Monitoring Services, dated 6/2021 and updated on 6/2024 states the following: .."Purpose: Resident's service needs, and requirements are identified, planned, implemented, monitored, and reassessed on an on-going basis in accordance with the pre-move-in and resident's stay procedures. Service needs and requirements are coordinated with other entities, such as hospice, on an ongoing and as needed basis. Procedure: ..3. Residents are reassessed within 30 days, every six (6) months thereafter unless they</p>	S9999		

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S9999	Continued From page 16 experience a significant change for better or worse (change in condition) or per state requirement. Service plans are modified accordingly." "B"	S9999			