

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2017
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NAME OF PROVIDER OR SUPPLIER BROOKDALE HOFFMAN ESTS GOLF RD	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
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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
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S 000	Initial Comments Complaint Investigation 1696306/ IL89624 Incident Report Investigation IRI of 08-11-16 / IL88042 IRI of 12-31-16 / IL91095	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.2210 a) 1) 2) Section 330.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor coverings, such as tile or linoleum; loose handrails or railings; loose or broken window panes, and any other similar hazards. 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. This requirement is not met as evidenced by:	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Based on document review and interview the facility failed to maintain facility electrical /mechanical system in safe and functioning condition. This failure resulted in one resident (R2) in a sample of three residents (R1,R2 and R3) exiting the facility unassisted , sustaining injury from a fall outside the facility.</p> <p>Findings include:</p> <p>Incident Report to Illinois Department Of Public Health dated 1/1/17 states on 12/31/16 at approximately 4:30pm a visitor alerted nurse in the facility that there was a woman outside the facility sitting on the ground with blood on her face. The nurse investigated and found woman identified as R2. Resident was wearing her coat and stated she was just going for a walk when she fell. R2 was sent to the hospital via 911 and returned the same evening with two fractures to the left side of her face , 3 stitches to her forehead and a swollen right hand. Further investigation by the facility revealed that the main entrance doors were found to be not locking as designed. R2's service plan includes resident is independent going to and from the dining room or community activities. The plan did not include resident leaving the facility unassisted.</p> <p>Review of nurses notes dated 12/15/16 states R2 (R1 in complaint allegation) is alert and oriented with periods of forgetfulness. Notes also state R2 needs orientation of surroundings to prevent confusion. 12/29/16 notes documents resident is alert with periods of forgetfulness and confusion. 12/31/16 notes document incident as described in incident report.</p> <p>Follow Up to investigation dated 1/1/17 includes</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>documentation that E6 (Wellness Nurse) reported seeing R2 4:30PM on the elevator with her coat on . E6 asked what R2 was doing with her coat on. R2 responded she was going outside for a walk . E6 reminded R2 that she needed to have someone accompany her outside.</p> <p>E4 (Maintenance Director) 1/24/17 1:33PM stated the front entrance magnetic lock malfunctioned on 12/31/16. This enabled the door to be exited without staff authorization. This resulted in R2 getting outside the facility. The magnetic lock was found without 12 volt electric supply required for the proper operation of the lock. This was repaired by service company on 1/1/17. E4 was asked if preventative maintenance was documented for this lock system. E4 responded I do not have any recent preventative maintenance records of checking the functioning of the magnetic lock.</p> <p>Review of facility service records reveals on 1/1/17 the facility front door security system was repaired.</p> <p>(B)</p>	S9999		
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