PRINTED: 11/22/2021 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 09/14/2021 IL6007033 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1525 SOUTH OXFORD LANE ALDENESTATES OF NAPERVILLE NAPERVILLE, IL 60565 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigation#2176427/IL137772 S9999 S9999 Final Observations Complaint Investigation#2176427/IL137772 STATEMENT OF LICENSURE VIOLATIONS: 300.1210d)6) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on observation, interview and record review, the facility failed to ensure the safety of a resident during care. This failure resulted in R1

Section 300.3240 Abuse and Neglect

resident. (Section 2-107 of the Act)

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a

These regulations were not met as evidenced by:

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLANOF CORRECTION		IDENTIFICATION NOWIDER	A. BUILDING:		COMP	LETEU
IL6007033		IL6007033	B. WING		C 09/14/2021	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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\$9999	Continued From page 1		S9999			
	sustaining a trauma spiral fracture on R	atic brain bleed and traumatic 1's left femur requiring n to 1 of 3 residents (R1)				
	The findings include:					
	9/9/21 shows R1 ha	dical record accessed on as diagnoses of stroke, iabetes at the time of 1/2017.				
	is severely cognitive	ment dated 8/3/21 shows R1 ely impaired and R1 is total dependence for care on ers and toileting.				
	Nurse-LPN) dated PM) shows, "At abordalled in roomto was c/o pain when further assessment left hip down to kneed and warm on to on affected leg. [R1 order for STAT x-racalled Tech [xray] at till really late or earlied and per hercall I resident to ER for y gave ok to send resident and requested residents at 10:20pm. POA new to send residents at 10:20pm.	y V3 (License Practical 9/2/2021 timed at 2219 (10:19 but 9pm this night, writer was further assess resident as she turned to her left side. upon a writer noticed that resident be joint was swollen, slightly buch, fainted pedal pulse was 1'S MD] was called and gave by of knee and hip. Writer and was told tech might come by in am. Writer called DON MD to see if ok to send (4-ray. Dr. was contacted and sident to ER. POA was called dent to be sent to [local to the serior of th				
	dated 9/3/2021 sho 91-year-old female	emergency room document livs "The patient is a with a previous history of terol, hypertension, diabetes,				

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at thigh area underneath the ace wrap. When R1 was asked what happened to her left leg, R1

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normally resistive, curses and fights during care. V15 said she asked R1 if she was feeling ok. V15 said R1 did not say anything. V15 said when she turned R1 to her side. R1screamed for pain! V15 said she noticed R1's left leg was loose. V15 said she finished cleaning R1 having a bowel movement. When she turned R1 to her back, R1

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was diagnosed with spiral fracture left femur and

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