

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF PALOS HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 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 Investigation 2190149/IL130030	S 000		
S9999	Final Observations Statement of Licensure Violation Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the department. (Section 3-610 of the Act) This REQUIREMENT is not met as evidence by: Based on interview and record review, the facility failed to prevent and report to the State Department, finger like bruising to the right forearm for one of three residents (R1) reviewed for injures in a sample of three. Findings include: The facility's Resident Abuse policy, revised August 2009. documents the following: "In the event of suspected resident abuse, the Executive Director of the facility assumes full and complete responsibility for implementing required state and (facility) procedures. Abuse is non-accidental harm or threatened harm to a resident's physical, mental, and/or sexual health or welfare, and includes maltreatment, endangerment,	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF PALOS HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 1</p> <p>exploitation, and neglect. Abuse is not limited to resident/staff situations and can include visitors and other residents. The Executive Director and the Resident Services Coordinator are notified immediately of any suspected resident abuse. The Executive Director notifies the state agency of the suspected resident abuse situation according to state regulations."</p> <p>On 1-23-21 at 2:00 pm, V8 (R1's family member) stated on 12-4-20, she met R1 at a doctor's appointment. When R1's arms were exposed, V8 stated R1's right arm had bruising to her middle arm area that looked like fingers. The finger like bruising was purple/reddish with some additional yellowish bruising present. V8 stated she was very upset and reported this to the Administration later that day.</p> <p>On 1-23-21 at 4:15 pm, V1 (Senior Executive Director) stated on 12-4-20, after R1's appointment, V8 did notify them of bruising to R1's right arm. V1 described the bruising as finger like bruises. V1 stated they completed an investigation including interviews with staff, checking schedules and shower sheets. Their conclusion was that a V4 (Caregiver) may have grabbed R1 by her arms and pulled her up which caused the bruising. V1 reported that V4 had been terminated on 11-25-20, nine days before R1's 12-4-20 appointment. V1 stated V4 had been talked to by V2 (Resident Care Coordinator/Licensed Practical Nurse) about care but was unsure of the details. V1 stated he does not believe R1's bruising incident was reported to the State agency nor could he find any documentation that it was reported.</p> <p>The facility's investigation into R1's bruising documents the following: After V1's meeting with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF PALOS HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 2</p> <p>V8, family, V1 observed "bruises to the inner forearm of (R1) appeared to be the outline of four fingers indicating that she had been picked up by someone grabbing her forearms and lifting her." V2 spoke with all the caregivers in that area about transferring R1 or if anyone had been rough with R1. V2 also checked the shower sheets for any documentation of bruising with none found. The investigation relates that V4 (Caregiver) was responsible for her showers and had been terminated just prior to this occurrence after being counseled previously about being patient and asking for help when lifting residents. "Although our investigation was not able to prove who was responsible for creating the bruises, we believe that the terminated employee (V4) was potentially responsible."</p> <p>On 1-23-21 and 1-24-21 during multiple interviews, V2 stated R1 had Alzheimer's, was mostly unable to communicate, requiring one to two staff for help with transfers and dependent on staff for showers. V2 stated R1 had very thin, delicate, fragile skin and she had instructed her staff to be especially careful when handling her. V2 stated when she observed bruising to a resident consistent with R1's finger like bruising, she considers that it may be abusive or neglectful. V2 stated she had interviewed all staff regarding R1's injuries and no one reported any rough treatment or abusive behavior. When asked why V4 was counseled, V2 stated V4 was young and new, not getting her work done and not the right personality to work with their residents. V2 stated she instructed V4 on how to transfer residents since she did not have much experience. V2 stated she had not seen V4 be rough or abusive to any residents.</p> <p>R1's face sheet documents R1 was admitted on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015325	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/25/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF PALOS HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 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	<p>Continued From page 3</p> <p>10-30-20 with diagnoses of Alzheimer's Dementia, history of falls, osteoporosis, and on hospice. R1's Service plan dated 10-30-20 documents R1 was admitted with a right elbow skin tear and needs assistance with all activities of daily living.</p> <p>(C)</p>	S9999		