

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003735	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/11/2022
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NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF BARRINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010
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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
S 000	Initial Comments Complaint Investigation 2292660/IL145433	S 000		
S9999	Final Observations Complaint Investigation 2292660/IL145433 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care	S9999	Attachment A Statement of Licensure Violations	

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>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>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.</p> <p>These regulations were not as evidenced by:</p> <p>Based on interview and record review, the facility failed to have sufficient staff as per comprehensive assessment to provide safe bed mobility and transfer for R1. The facility also failed to set the low air loss mattress to the static mode to provide a firm surface that makes it easier for residents to transfer or reposition. This failure caused R1 to fall from the bed when left unassisted and sustain bilateral femur fractures.</p> <p>This applied to 1 of 3 residents (R1) reviewed for resident fall and injury in a sample of 3.</p> <p>Findings include:</p> <p>R1 is an 85-year-old female, alert-oriented, having a BIMS (Brief Interview for Mental Status) score of 12. R1 was admitted with an admitting diagnosis including muscle weakness, gout, abnormalities of gait and mobility, rheumatoid</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>arthritis, and polyneuropathy.</p> <p>On 4/10/22 at 11:20 AM, R1 stated, "I had fallen on 2/23/22 and fractured both legs (femurs). On 2/23/22, CNA (V4) dressed me up and let me sit at the bedside. I think V4 went to grab the wheelchair, and I slipped off to the floor, causing fractures on both my legs."</p> <p>Record review on fall risk assessment dated 1/19/22 document that R1 was at risk for fall.</p> <p>Record review on fall care plan document to ensure resident properly transferred and assisted with ADL (activities of daily living) care.</p> <p>Record review Minimum Data Set (MDS) dated 1/19/22 document that R1 was a two-person extensive assist with transfer and bed mobility.</p> <p>On 4/10/22 at 11:35 AM, V4 (Certified Nursing Assistant - CNA) stated, "On 2/23/22, I told my coworker (V5) to stop by R1's room for assistance to get R1 up using a sit-to-stand lift. Then I went to R1's room, changed R1 brief, and sat R1 at the bedside. I stick out my head at the door, looking for V5 to get help. Meantime, R1 slipped to the floor, and I couldn't stop when R1 slipped down. Two people are required for her bed mobility and transfer. The other CNA was busy, and she didn't show up. A second staff with me could have avoided that potential fall."</p> <p>On 4/11/22 at 2:10 PM, V4 added, "R1 was on low air loss mattress. I didn't make any changes to the bed settings before I made R1 sit at the bedside to get R1 up using a sit-to-stand lift. It's possible that air inflation can slip R1 down to the floor. I didn't know how to put the low air loss mattress to a static mode/CPR (Cardiopulmonary</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>resuscitation) position to avoid slipping."</p> <p>On 4/10/22 at 11:42 AM, V5 (CNA) stated, "V4 called me for help before V4 went to R1's room. I was helping other residents. When I got there, R1 was already on the floor. The paramedics were already there, and her CNA (V4) was there. We use a sit-to-stand lift to get R1 up, requiring two people's help."</p> <p>On 4/10/22 at 11:25 AM, V2 (Director of Nursing) stated, "If R1 is assessed for two people's extensive assistance for bed mobility and transfer, two staff should be present to provide that care. I don't think it was safe to leave the resident at the bedside, and V4 walked to the door to look for a second CNA for help. V4 should have stayed close by R1 to prevent slipping off her to the floor."</p> <p>The facility presented Fall Management Program dated 08/2020 policy statement document: It's the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventative strategies and facilitate a safe environment.</p> <p>(A)</p>	S9999		
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