FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6006886 **B. WING** 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4626 OLD ORCHARD ROAD **ALDEN ESTATES OF SKOKIE** SKOKIE. IL 60076 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Facility Reported Incident of March 11, 2023 IL158107 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)6) Section 300.610 Resident Care Policies 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 The facility shall provide the necessary care and services to attain or maintain the highest

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

practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care

plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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PRINTED: 06/01/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6006886 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4626 OLD ORCHARD ROAD ALDEN ESTATES OF SKOKIE SKOKIE, IL 60076** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 states in part but not limited to the following: "CNA heard bed alarm and went to check on (R1). Noted patient lying on the floor on his left side by the footboard of the bed. Patient does not remember and states, "I was dreaming that I was walking". Patient complains of slight pain to right shoulder. X-ray was ordered to right shoulder and urinalysis. Patient is alert and oriented x 1-2, forgetful and confused. New interventions: evaluate medications with MD and pharmacy input, neuropsychological evaluation, and check patient frequently." Facility care plan, with initiation date of 2/16/2023, states in part but not limited to the following: Focus: R1 is at risk for falls r/t generalized weakness secondary to right hip fracture status post ORIF (open reduction and internal fixation). Goal: Will remain free of falls through next review. Interventions: Ensure that the bed is in the appropriate lowest position for the patient and that the bed is locked as appropriate, dated initiated: 2/16/23; use of personal or pressure sensor alarms when in chair or bed, date initiated: 3/4/23; patient was reeducated on using his call light for assistance, date initiated: 3/4/23; evaluate medications with MD and pharmacy input, date initiated: 3/11/23; move resident to a room with optimal visual access from the nurses station, date initiated: 3/11/23, neuropsychological evaluation, date initiated: 3/11/23, check patient

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increased supervision."

3/11/23.

every 15 minutes, date initiated: 3/11/23; staff will do frequent checks on the patient, date initiated

On 05/04/23 at 11:20AM, V3 (Registered Nurse) was interviewed regarding R1. V3 said, "(R3) is confused and he is a high fall risk. He needs

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006886 05/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4626 OLD ORCHARD ROAD** ALDEN ESTATES OF SKOKIE SKOKIE, IL 60076 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 On 05/05/23 at 10:05AM, V4 (Licensed Practical Nurse) was interviewed regarding R1's fall incident on 3/11/23. V4 said =he came to the facility due to a fall in which he fractured his hip. V4 said, "I was the nurse on duty when (R1) fell on 3/11/23. We found him lying on the floor by his footboard around 4:00AM. His bed alarm was going off which alerted us to his room, however, he was already on the ground. He was complaining of pain to his shoulder, so the doctor ordered an x-ray that morning. The x-ray showed him to have a fracture to his right clavicle." V4 said, "(R1) is confused and forgetful and has been since admission. He does not often use his call light, and will attempt to get up on his own without calling for assistance. His room was moved closer to the nursing station after this fall to provide increased supervision. He is definitely high fall risk since he is unsteady and will get up without calling for assistance. Sometimes, I will be told that the resident is alert, but (R1) is not. It changes depending on the time of day." At 11:25AM, V6 (family member) was interviewed regarding care at the facility. V6 said her biggest concern with the facility is she feels as if they do not have enough CNAs (certified nursing assistants) and cannot provide adequate supervision, especially at night. "Sometimes the call light time is really high and he (R1) has to wait a long time for assistance. (R1) gets confused at night time and tends to get up without assistance. (R1) had a fall prior to admission and came here for therapy. He was unsteady and a high fall risk even before admitting here." At 12:10 PM, V2 (Director of Nursing) was interviewed regarding R1's care and his fall

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incidents. V2 said R1 has had three falls while a

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following:

08/2020 states in part but not limited to the

risks, implement appropriate resident

Policy: The facility will assess hazards and risks, develop a plan of care to address hazards and

interventions, and revise the resident's plan of care in order to minimize the risks for fall incidents and/or injuries to the resident.

Procedure: 3. Develop a plan of care to include

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