| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6015523 | A. BUILDING: _____ B. WING _____ | C 10/09/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ARDEN COURTS (GLEN ELLYN) | 2 SOUTH 706 PARK BLVD GLEN ELLYN, IL 60137 |

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|---|---|---|---|---|
| S 000 | Initial Comments<br><br>Complaint Investigation 2579615/IL197861 | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>330.710a)<br>330.1110f)<br><br>Section 330.710 Resident Care Policies<br><br>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.<br><br>Section 330.1110 Medical Care Policies<br><br>f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition.<br><br>These requirements were not met as evidenced by:<br><br>Based on interview and record review, the facility failed to assess and obtain physician treatment orders for a newly identified wound.<br><br>This applies to 1 of 3 residents (R1) reviewed for wounds in a sample of 3.<br><br>The findings include: | S9999 | | |

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| S9999 | Continued From page 1 | S9999 | | |

Resident Service Plan, dated 4/10/25, showed R1's diagnosis included parkinsonism, neurocognitive disorder with Lewy bodies, dementia, anxiety, benign prostatic and hyperplasia with lower urinary tract symptoms. R1's Service Plan Report for skin integrity, shows R1 was to have a wheelchair cushion.

Resident Care Plan, printed 10/6/25, shows R1 was to receive barrier cream PRN (As needed.)

On 10/6/25 at 2:39 PM, V3 (Caregiver) stated on 9/7/25 he was performing a shower and noted a very small opening on R1's buttocks which was small and the surrounding tissue was red and approximately the size of a golf ball. V3 stated he informed the nurse and the nurse instructed V3 to put barrier cream on the wound.

On 10/7/25 at 10:39 AM, V6 (Caregiver) stated she worked on 9/9/25 and 9/10/25 and R1 had a small wound on his buttocks. V6 stated the wound was first identified one or two weeks prior to being sent to the hospital on 9/10/25. V6 stated she was putting cream on the wound and the wound did get larger prior to R1 being sent the hospital on 9/10/25.

On 10/7/25, V2 (Director of Nursing) stated she was not aware of R1's wound until after he was discharged for the hospital. V2 stated when a new skin condition was identified in the facility, she expected the staff to inform her and she and the staff perform an assessment, call the physician, and obtain an order from the physician for home health to evaluate and treat the wound.

On 10/6/25 at 10:00 AM, V1 (Administrator) stated nursing identified R1 as having a small

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| S9999 | Continued From page 2 | S9999 | | |

wound and nursing staff were putting ointment on the wound to protect the skin.

Progress note, dated 9/9/25, shows R1 had his colostomy bag changed and a small abrasion on the right buttock was identified. The progress note shows R1's physician and V2 (Director of Nursing) was notified. R1's clinical record failed to show any assessment of R1's wound. As of discharge to the hospital on 9/10/25 R1 had no completed body evaluation tools completed regarding his wound identified in the 9/9/25 progress note.

On 10/7/25 at 1:26 PM, V7 (Physician) stated he did not recall the facility staff informing him of a wound on R1's buttocks. V7 stated he would immediately order home health for wound treatment for any open wounds reported to him.

Review of R1's Physician Order Summary (POS) shows no physician orders for treatment of R1's buttocks wound.

Facility Wound/Skin Condition procedure, dated 5/2025, shows, "PROCEDURE: 3. A Licensed Nurse will evaluate, within 24 hours, any report of a wound/skin condition reported by staff .... PROCDURES ... 6. Identify the wound and/or skin condition area on the Body Evaluation Tool. 7. Measure the size of the wound and/or area of skin condition. 8. Document the first day that wound and/or skin condition is first observed. 9. Document the anatomical site of the wound and/or skin condition, the type, the size, depth, color, amount and type of drainage, and odor, if present. 10. Document treatment ordered by physician."

Change of Condition Protocol, dated 5/2025,

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| S9999 | Continued From page 3<br>shows facility staff were to notify the attending physician and obtain instructions or orders as directed. The document shows the staff were to document all interventions, results, and follow-up needed in the Resident Health Record.<br><br>(B) | S9999 | | |