

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

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ALDEN VILLAGE HEALTH FACILITY

Facility Name

0038455

I.D. Number

267 EAST LAKE STREET, BLOOMINGDALE, ILLINOIS 60108

Address

AUGUST 9, 2005

Date of Survey

Reviewed By

COMPLAINT #0572532 AND ANNUAL

Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“A” VIOLATION(S):

350.620a)
350.700
350.1210b)
350.3240a)

The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.

Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.

AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT A RESIDENT. (Sections 2-107 of the Act)

These regulations were not met as evidenced by the following:

Based on interviews, Incident Report dated 6/11/2005, Facility's Log of Events, review of facility policies, procedures, Facility Transfer Form and EMS Ambulance Report, the facility failed to implement their Abuse Reporting Policy (N-1020); Abuse - Suspected (N-1040), Abuse (Resident) Policy (N-1010), Incident/Accident Reports (N2330), for one individual (R11). R11 was raped at the facility which subsequently resulted in a pregnancy which was discovered at seven months and five days gestation. R11 delivered a baby girl on 7/20/2005.

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1. Record review states R11 is a 24-year-old female with a diagnosis of Profound Mental Retardation, Seizure Disorder, Scoliosis, Spastic Quadriplegia, Encephalopathy, Gastrostomy, Cerebral Palsy and history of MRSA of the vagina. R11 is non-verbal, non-ambulatory and requires total care from staff to meet all of her needs since she is unable to provide any care for herself. R11 has an IQ of four and an Adaptive Score of seven months of age which places her in the Profound Range of Mental Retardation and she is unable to ensure her own rights.

Per the Specialized Care Validation request for additional funding for Health/Medical Services, R11 has decreased visual acuity is non-ambulatory and requires the use of a wheelchair which she is unable to self-propel. R11 requires total assistance in all areas of ADL's (Activities of Daily Living). R11 requires a two-person transfer and repositioning on a two-hour basis. R11 has a gastrostomy tube and receives nutrition via tube feedings administered at 9:00 p.m. daily at a rate of 200 cc per hour (per the Physician's Order Sheet). The request for additional funding states "Due to (R11's) medical complexity and need for extensive medical care, staff and nursing supervision is required on a 24-hour basis."

Per the 7/9/2004 Speech/Language annual summary, "results suggest a significant bilateral sensory-neural hearing loss." R11 is non-verbal and her method of communication is "facial expression, self-soothing behavior (sucking on hand)."

The Physician's Certification dated 3/18/2004 states "The above-named resident is in need of consistent supervision during all hours for the following reasons: Severely/profoundly retarded with any two of the following conditions: seizures non-mobile and non-verbal (no means of getting staff attention) are checked.

Review of R11's Psychological Evaluation Updated 1/6/2000, states..."She is able to successfully hold small objects in her hands if her hand is pried open the object is placed in her hand. (R11) is non-verbal with minimal communication skills; she poorly responds to her environment and had a limited response to environmental change. She is responsive to stimuli in her environment and will limitedly react to noises and turn towards stimuli. She is able to visually track stimuli...her perceptual motor skills are severely impaired...she is unable to ambulate independently and is maneuvered about the facility by staff in a wheelchair"... "requires total personal care and intensive supervision".

Review of Incident/Accident Report Policy (N2330) dated 6/2000 states:
Policy

1. Report all incidents/accidents as required.
2. Complete incident/accidents report in the correct manner.

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3. Notify appropriate people, agencies.

350.700

4. Document incident/accident fully and correctly.

350.1210b)

5. Review and investigate incident and accidents.

350.3240a)

(Cont.)

Procedure:

An incident/accident report will be completed for:

1. All serious accidents or incidents of residents.

3. All unusual occurrences

4. All situations requiring the emergency services of a hospital,

5. Any type of resident abuse.....

10. B. Full written report to include statement of and possible cause of incident, physical assessment...

Review of Facility's Log of Events starting on 6/11/2005, documentation states, R11 was "(catheterized) at approximately 3:10 p.m. to obtain a urine specimen (to test urine for pregnancy) and results were positive. Z2 was notified who ordered STAT HCG Serum, TSH, and CBC Panel to obtain accurate results. Z2 arrived at the facility at approximately 6:00 p.m....(R11) was examined and Z2 noted leaking G-tube, Abdomen distended nontender mass in med. upper abdomen, listened to heart and stomach could not hear any fetal heart tones, concerned re: G-tube leakage and mass, ordered to send (R11 to) (hospital A) where he could follow resident's care. (R11) stable. Needs to R/O (rule out) inter-abdominal G-tube leak and pregnancy... 10:30 p.m., DON received results from lab of R11's blood draw. HCG Test Positive."

Review of incident report completed on 6/11/2005 @ 7:05 p.m. for R11 states "transfer to hospital, abdomen distended, G-tube leaking....Physicians Orders: Transfer resident to (Hospital A) for evaluation of leaking G-tube and abdominal distention." Review of Facility's Emergency Transfer Form completed for R11 to go to the hospital states "evaluation of leaking G-Tube and Abdominal Distention." Review of EMS Ambulance Report dated 6/11/2005 states "Upon our arrival to facility, RN at nursing station reported pt (patient) with abdominal distention and a leaking G-tube site was to go to (Hospital A) for eval and poss. admit per and under pt's (patient's) doctor. Reports distention is new today... as this report was given to documenting PM (paramedic), other crew went into the room for assessment...crew asked if the cause of patient's abdominal distention was known, staff responded "she's going for rule-out pregnancy". Crew asked staff to specify. Staff elaborated that patient normally has irregular menstrual periods, and last documented period in Feb, staff cannot find records from March or April report, relating to menstruation... documenting PM (paramedic) not aware of details of aid's report, and assessing crew members did not feel comfortable discussing or revealing this

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while still in presence of staff...Crew reported above circumstances, and expressed concerns about conflicting staff accounts." The facility's incident report, Facility's Transfer Form, Communication with EMS Ambulance Report nor nursing notes of 6/11/2005 documented any reference about R11 having a Urine HCG test completed with positive results for pregnancy and was going to the hospital to determine if HCG blood work will also validate positive for pregnancy. Review of facility's incident report did not document R11's situation requiring emergency services of a hospital, possible rape, sexual abuse, and a full written report was not completed on the incident report.

2. Review of Abuse Reporting Policy and Procedure (N-1020) states "All personnel must promptly report any incident or suspected incident of resident abuse including injuries of an unknown source...Any alleged violations...must be reported to the administrator. Staff failed to follow the facility Policy and Procedure as evident by the following: Direct support staff reported to nursing staff findings consistent with pregnancy. The nursing staff related the findings to constipation and G-tube feedings. R11 consequently did not receive interventions related to her condition until she was 28 weeks and five days pregnant.

During interview with E16, CNA on 7/18/2005, she indicated she had been taking care of R11 for six years. Per facility staffing records E16 is the regular full time staff on the 3-11 shift usually assigned to the R11's classroom. Per E16, when she was bathing R11, she kept throwing up green and yellow fluid. Per E16, R11 was throwing up every day. E16 said there was vomit everywhere, in R11's hair and on her clothes. E16 said she reported it to the DON, E2. E16 said she was told by E2, that she would have E3, LPN and R11's primary nurse on the 3-11 shift, give R11 a suppository because she may be impacted. E16 said R11 was gaining weight and she could not lift her and E16 told E3 that R11 might be pregnant on two occasions. E16 first started thinking this in February or March of 2005.

E17 was interviewed on 7/19/2005. E17, Hab specialist, is also 3-11 staff assigned to R11's classroom. Per E17, he was present and heard E16 tell E3 that she thought R11 could be pregnant. He believed he heard this conversation in January, February or March 2005. E17 said that over a period of time E16 complained of R11's weight gain. E17 said he thought it was due to the G-tube feedings. He didn't think she was pregnant; it was the last thing on his mind. E17 said R11 vomited a whole lot. Especially the month prior to finding out R11 was pregnant; she vomited almost every day or every other day. E17 said when looking back he could say yes she was pregnant but at the time he didn't think so.

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During interview with E13, QMRP, on 7/25/2005 she confirmed that E17 was surprised when he actually found out that R11 was pregnant. E13 also said that a few months ago she was in R11's classroom and noticed R11 was gaining weight. E13 said that since R11 had a twin sister, staff was able to tell them apart before because R11 was skinnier.

During interview with E40, CNA, 3-11 staff in R11's classroom, he stated that R11 vomited a lot a month or two before the pregnancy was discovered. Per E40, it came out like green and yellow fluid and it happened consistently. E40 said he heard E16 tell E3 there might be something wrong with R11 because she is throwing up so much.

E3, LPN, was interviewed on 7/18/2005 and 7/25/2005, per E3 there was no reason to think R11 was pregnant. E3 said she overheard a staff say that R11 was pregnant. E3 palpated R11's stomach and compared it to her twin sister, R102's stomach. Per E3, R11's stomach was harder than R102's stomach. E3 said she asked E16 if R11 had her monthly and E16 said, no. E3 said menses is marked on the BM sheet. Per E3, she thought R11 was bloated due to missing her period. E3 said this occurred on 6/9/2005. E3 said she was going to tell E2, but E2 was not there. On Friday, 6/10/2005, E2 was not there so E3 did not report this information.

In the interviews with E3 (7/18/2005 and 7/25/2005) she said she thought R11 was vomiting due to her feeding. E3 said R11 did not vomit every day, sometimes it was a little and sometimes a lot. Per E2, E3 and E5 (R11's primary nurse on the day shift), the facility changed the standard formula for tube feedings in November 2004. Per interview, E3, told the dietician that R11 was vomiting and the formula was changed to half strength water and half strength formula. E2 said that she was notified by E3 about R11's vomiting. E2 said she discussed this with Z2 and R11 was given a diagnosis of Gastro-Esophageal Reflux Disease (GERD). R11 was started on Reglan (a medication with anti-emetic properties) per E3.

Surveyor reviewed the Physician Order sheet and noticed the Reglan was initiated on 1/10/05. Surveyor interviewed E2, who said she thought the GERD diagnosis was given in May. The physician's progress notes list GERD as a diagnosis beginning 2/7/2005.

E3 said she also thought R11's vomiting could be due to constipation and gave her suppositories and R11 would have a large bowel movement. After a large bowel movement E16 said she is pregnant according to E3.

According to interviews with E9 Hab specialist (7/19/2005), E23 Hab specialist (6/15/05), E24 RN (6/15/2005) E28 CNA (6/14/2005), and E30 LPN on 5/24/2005, nursing staff was notified on 5/24/2005 that the hab staff thought R11 might be pregnant. E28 said she was changing

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R11 on 5/24/2005, and saw her stomach moving. E28 put her hand on R11's stomach and she felt a kick. E28 called E23 into the room and she also felt R11's stomach moving. E9 walked by the room and was called in and also felt R11's stomach move. E9 said to call the nurse. E24 was called into the room and notified that the staff felt R11's stomach move.

E30 was the primary nurse for R11 on 5/24/2005. E30 said she had given R11 a suppository because R11 had not had a bowel movement in three days. E30 said there was no reason for concern. R11's abdomen was mildly distended. When E30 passed R11's room she noticed nurses and nurse's aids in R11's room. Per E30, out of curiosity she went into the room to see what was going on. E30 was notified that the staff felt movement and thought R11 might be pregnant. E30 thought it was peristalsis movement due to the suppository. E30 said she got angry that night because the staff were starting rumors and said it was ridiculous. Per E28, E30 told the hab staff they were going too far.

Per the nurse's progress notes and interviews with E20 LPN and E5 RN, R11 also had problems with her G-tube leaking. Per E20, (LPN, R11's primary nurse for the night shift), R11 threw up at night. R11's G-tube was constantly leaking at night. E20 said she reported this to E5 (R11's primary nurse for day shift). E5 confirmed that R11's G-tube leaked at night. E7, Hab specialist said in interview on 7/20/2005, that on Friday 6/10/2005 she told E20 that R11's G-tube was leaking. E20 told E7 that the other nurses knew. E7 said R11 was soaking wet and her t-shirt was tucked up around her breasts. E15, 3-11 shift supervisor confirmed that R11's G-tube was leaking and the "g milk" was on the bed.

3. Review of Facility Policy and Procedure Abuse -Resident (N-1010) and Abuse - Suspected (N1040), which states: "Without delay the administrator or designee shall initiate and complete a thorough investigation into the allegation of abuse". Review of the facility policy indicates the facility did not implement their policy for Resident Abuse as evident by the following: Incident report was reviewed from 1/2005 to 7/20/2005 and abuse, neglect and mistreatment allegations were requested for 1 year on 7/18/2005. Review of these reports did not yield any abuse allegation or investigation of abuse. E1, Administrator, was questioned regarding the investigation of sexual abuse toward R11 and surveyor asked to review a copy of this investigation. E1 presented surveyor with a facility log of events documented as of 6/11/2005 to 6/18/2005. E1 was unable to present a reproducible document, of a completed investigation into the rape and pregnancy of R11. E1 was interviewed on 7/20/2005 and stated "our legal department suggested it would be best to leave it to the detectives due to different information and getting inflated stories". E1 states the facility's "normal procedure is to do interviews but everyone is cautious that the investigation is done right". E1 stated she interviewed some

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350.620a) people (E32 on 6/11/2005; E27 on 6/11/2005; E3 on 6/11/2005; E2 on 6/11/2005; E15 on 6/14/2005;
350.700 E18 on 6/14/2005; E18 on 6/14/2005; E20 on 6/14/2005; E16 on 6/15/2005; E30 on 6/15/2005; and E23
350.1210b) on 6/15/2005). E1 states on 7/19/2005, "She summarized their statements." (E1)" haven't interviewed
350.3240a) anyone other than those in the investigation" (log of events). As of 7/20/2005, no additional employees
(Cont.) have been interviewed. The facility currently has more than 150 staff working at the facility and have
only interviewed 10 staff as of 7/20/2005.

Z1 was interviewed on 6/14/2005, and stated he told administration she (E1) could talk to anyone she (E1) needs to. A follow-up interview with Z1 on 7/26/2005 states "we did not restrict (E1) from conducting an investigation".

4. R11's physician progress note from 3/31/2005 lists Seizures and GERD as diagnoses. The note states patient is seen for follow-up for above. The labs section lists a normal Phenobarbital level. No new complaint is listed. Abdomen is documented as Soft Nontender. Weight is listed as 105.

R11's physician progress note from 4/26/2005 lists Seizures and GERD as diagnoses. The note states patient is seen for follow-up for above. No new complaint is listed. Abdomen is documented as Soft Nontender. Weight is listed as 107. There is a statement which says "(check) phenobarb."

R11's physician progress note from 5/23/2005 lists Seizures and GERD as diagnoses. (L)ow Hgb is documented in the area for new complaint. Assessment states "Anemia of chronic Dz (disease) GERD Seizures. Labs section states "pheno 29.4 HgB 10.4". Weight is not documented.

R11's laboratory results indicate R11's Hemoglobin was 13.9 and Hematocrit 39.7 on 2/14/2005. Normal results for Hemoglobin is 12 -16 and Hematocrit is 37.0 -47.0.

3/14/05 results for Hemoglobin was 12.5 and Hematocrit 38.0.

The 4/12/05 lab results were flagged with an L (low) on the report. Hemoglobin was 11.3 and Hematocrit was 33.4.

The 5/9/2005 results were Hemoglobin 10.7 and Hematocrit 32.5.

The 6/11/2005 results, that were drawn on the day R11's pregnancy was discovered, were Hemoglobin 9.3 and Hematocrit 28.2.

Interview with Z2 on 6/15/2005 and 7/18/2005, indicated the decreased Hemoglobin was attributable to chronic disease. Z2 said the decreased Hemoglobin may have been due to pregnancy but Z2 would not have suspected that. Z2 said the lab work did not indicate a decrease in MCV levels or MCH levels. If the MCV and MCH were decreased it would indicate a microcytic hypochromic anemia. In that case, he would have looked for further reasons and done other lab work such as total iron, Ferritin level, Sedimentation Rate, and Reticulocyte count. Since the MCV and MCH were normal, he wouldn't look

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for blood loss or iron consumption. Z2 said he was monitoring the Complete Blood Count (CBC). The POS (physician order sheet) indicates a monthly CBC order since 7/11/2003. Z2 said the pregnancy was not something the facility would suspect in their wildest dreams.

Interview with the medical consultant for Health Care Regulations on 7/27/2005 indicated that at a minimum stools for occult blood should have been checked because R11 had a GERD diagnosis which can cause esophagitis which can lead to gastrointestinal bleeding.

R11's physician progress note for 6/11/2005 lists Seizures and GERD as diagnoses. New complaint lists "Leaking G tube, distended abdomen & reported + UCG. Abdomen is documented as "No Rebound No Guarding" "G tube is leaking copiously. Abdomen - is distended, but nontender BS hypoactive (bowel sounds) present Mass in mid & upper abdomen palpated. Labs Prolactin level serum qualitative & quantitative HCG CBC CMP. Physician Order Sheet (POS) indicates Z2 ordered these labs and also TSH. The progress note also states "will transfer to hospital for immediate eval R/O intra-abdominal G-tube leak R/O pregnancy.

(A)