TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)     TAG     CROSS-REFERENCED TO THE APPROPRIATE     DATE       F 496     Continued From page 105     F 496     F 496     F 496     F 496       During the record review of the facilities Health Care Worker Background Checks on 4/6/07 at 10:30 am. Ten CNA's files were reviewed for registry verification. One employees file documented "No records on the Nurses Aide Registry verification on the Nurses Aide Registry found for E 7."     F 496     F 496       During the review of the 10 Health Care Worker Background Checks on 4/6/07 with E 6 (Personal Director) at 10:30 am, E 6 said E 7 (CNA) was hired on 8/21/06. I did check the Nurses Aide Registry at that time but it was not on the registry. E 7 brought in a verification at a later date stating she had passed the exam but I did not copy it because I trusted her. I forgot to recheck the registry at that time but it was not on the registry. E 7 brought in a verification at a later date stating she had passed the exam but I did not copy it because I trusted her. I forgot to recheck the registry at that Ime but it was not on the registry. E 7 Jongot In DIAL OBSERVATIONS     F9999       F19999     FINAL OBSERVATIONS     F9999       LICENSURE VIOLATIONS     J00.1210b/30 .00.1210b/60 .00.1220b/20       300.1210b     300.1210b/60 .00.1220b/20			I AND HUMAN SERVICES				FORM	11/26/2007 APPROVED 0938-0391
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS. CITY. STATE, ZIP CODE       ALDEN OF WATERFORD     STREET ADDRESS. CITY. STATE, ZIP CODE       2021 RANDI DRIVE AUDRORA, IL 60505     PROVIDER'S DAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     PREFIX TAG     PROVIDER'S DAN OF CORRECTION (EACH ODRESS) DAN OF CORRECTION (EACH ODRESS) (EACH ODR				` '			(X3) DATE SU	
ALDEN OF WATERFORD       2021 RANDI DRIVE AURORA, IL 60505         CM, ID TREETX TAG       SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)       PD PREFIX TAG       PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMMENT TAG         F 496       Continued From page 105 The examples include:       F 496       F 496         During the record review of the facilities Health Care Worker Background Checks on 4/6/07 at 10:30 am. Ten CNA's files were reviewed for registry verification. One employees file reviewed did not have a CNA registry verification. Registry verification report found in E 7's file documented 'No records on the Nurses Aide Registry found for E 7.*       F         During the review of the 10 Health Care Worker Background Checks on 4/6/07 with E 6 (Personal Director) at 10:30 am. E 6 said E 7 (CNA) was hired on 8/21/06. I did check the Nurses Aide Registry after that.       F9999         F 7 brought in a verification at a later date stating she had passed the exam bul I did not copy it because I trusted her. I forgot to recheck the registry after that.       F9999         FUNAL OBSERVATIONS       F9999         LICENSURE VIOLATIONS       F9999         UCENSURE VIOLATIONS       500.1210b) 300.1210b)(6) 300.1210b)(6) 300.1220b)(2)       F9999			146008	B. WI	NG _		04/1	6/2007
ALDEN OF WATERFORD     AURORA, I. 69505       (Y4) ID PREFIX TAG     IsuMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SPECION MUST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     D PREFIX TAG     PREFIX (EACH CORRECTIVE ACTION SPECION (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)     00%9.1 (EACH CORRECTIVE ACTION SPECION (CROSS-REFERENCED TO THE APPROPRIATE DURING the record review of the facilities Health Care Worker Background Checks on 4/6/07 at 10:30 am. Ten CNA's files were reviewed for registry verification report found in E 7.5 file documented 'No records on the Nurses Aide Registry fund for E 7.*     During the review of the 10 Health Care Worker Background Checks on 4/6/07 with E 6 (Personal Director) at 10:30 am, E 6 said E 7 (CNA) was hired on 8/21/06. 11 did check the Nurses Aide Registry atter that.     F9999       F9999     FINAL OBSERVATIONS     F9999       LICENSURE VIOLATIONS     F9999       LICENSURE VIOLATIONS     500.1210b)(6) 300.1210b)(6) 300.1210b)(6) 300.1220b)(2)       300.1210b     300.1210b)(6) 300.1220b)(2)       300.1210b     300.1210b)(6) 300.1220b)(2) <td>NAME OF P</td> <td>ROVIDER OR SUPPLIER</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	NAME OF P	ROVIDER OR SUPPLIER						
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The examples include:       During the record review of the facilities Health Care Worker Background Checks on 4/6/07 at 10:30 am. Ten CNA's files were reviewed for registry verification. One employees file reviewed did not have a CNA registry verification. Registry verification report found in E 7's file documented "No records on the Nurses Aide Registry found for E 7."         During the review of the 10 Health Care Worker Background Checks on 4/6/07 with E 6 (Personal Director) at 10:30 am. E 6 said E 7 (CNA) was hired on 8/21/06. I did check the Nurses Aide Registry at that time but it was not on the registry. E 7 brought in a verification at later date stating she had passed the exam but I did not copy it because I trusted her. I forgot to recheck the registry after that.         F9999       FINAL OBSERVATIONS         LICENSURE VIOLATIONS         LICENSURE VIOLATIONS         S00.1210a)         300.1210b)(3)         300.1210b)(3)         300.1210b)(3)         300.1210b)(3)         300.1210 General Requirements for Nursing and	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	ΞIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
Care Worker Background Checks on 4/6/07 at         10:30 am. Ten CNA's files were reviewed for         registry verification. One employees file         reviewed did not have a CNA registry verification.         Registry verification report found in E 7's file         documented "No records on the Nurses Aide         Registry found for E 7."         During the review of the 10 Health Care Worker         Background Checks on 4/6/07 with E 6 (Personal         Director) at 10:30 am, E 6 said E 7 (CNA) was         hired on 8/21/06. I did check the Nurses Aide         Registry at that time but it was not on the registry.         E 7 brought in a verification at a later date stating         she had passed the exam but I did not copy it         because I trusted her. I forgot to recheck the         registry at that LOBSERVATIONS         F9999         FINAL OBSERVATIONS         LICENSURE VIOLATIONS         J00.1210a)         300.1210b)         300.1210b) <td>F 496</td> <td></td> <td>•</td> <td>F</td> <td>496</td> <td>5</td> <td></td> <td></td>	F 496		•	F	496	5		
a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with	F9999	Care Worker Backg 10:30 am. Ten CN. registry verification. reviewed did not ha Registry verification documented "No re Registry found for E During the review of Background Check Director) at 10:30 a hired on 8/21/06. I Registry at that time E 7 brought in a veri she had passed the because I trusted h registry after that. FINAL OBSERVAT LICENSURE VIOL/ LICENSURE VIOL/ 300.1210a) 300.1210b)3) 300.1210b)6) 300.1210 General I Personal Care a) The facility must and services to attap practicable physica	ground Checks on 4/6/07 at A's files were reviewed for . One employees file ave a CNA registry verification. In report found in E 7's file cords on the Nurses Aide E 7." of the 10 Health Care Worker s on 4/6/07 with E 6 (Personal am, E 6 said E 7 (CNA) was did check the Nurses Aide e but it was not on the registry. rification at a later date stating e exam but I did not copy it er. I forgot to recheck the TIONS ATIONS ATIONS ATIONS Requirements for Nursing and provide the necessary care ain or maintain the highest I, mental, and psychosocial	F9	995			

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CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM OMB NO.	11/26/2007 APPROVED 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	LDIN		(X3) DATE SU COMPLE	
		146008	B. WI	√G		04/16	6/2007
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ALDEN (	OF WATERFORD				021 RANDI DRIVE AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	each resident's con plan of care. Adeq nursing care and per to each resident to personal care need b) General nursing minimum the follow a 24-hour, seven da 3) Objective observer resident's condition emotional changes and determing care further medical eva made by nursing st resident's medical re 6) All necessary pre assure that the resi as free of accident nursing personnel st that each resident r and assistance to p 300.1220 Supervisi b) The DON shall s nursing services of 2) Overseeing the of the residents' need defined conditions a sensory and physic status and requiren discharge potential	Apprehensive assessment and uate and properly supervised ersonal care shall be provided meet the total nursing and s of the resident. care shall include at a ing and shall be practiced on ay a week basis: rations of changes in a , including mental and , as a means for analyzing e required and the need for luation and treatment shall be aff and recorded in the record. ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision	F9	999			

		AND HUMAN SERVICES				FORM	11/26/2007 APPROVED 0938-0391
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	JRVEY
		146008	B. WIN	NG _		04/1	6/2007
NAME OF P	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ALDEN C	OF WATERFORD		ļ		2021 RANDI DRIVE AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ige 107	F9	999	9		
	These requirements by:	s are not met as evidenced					
	Based on interview failed to:	and record review the facility					
	falls.	nonitor residents to prevent					
	falls.	tances and/or reasons for rentions to prevent further s.					
		nts in a sample of 15 (R23 and it outside of the sample					
		Ited in R23 sustaining multiple ad injury and R100 sustaining sure of the hip.					
	Findings include:						
	dated 7/6/06 shows was admitted to fact including diabetes, and emphysema/C0 R23 is alert and orige extensive assistant of the toilet includin The MDS also note R23 is 61 inches ta MDS, and has faller Resident Assessme 7/6/06 shows that the documentation in the the nurses note dat	ting Minimum Data Set (MDS) s that R23 is 79 years old and cility on 6/24/06 with diagnosis hypertension, osteoporosis OPD. This MDS shows that entated and requires ce for transfers and for the use og one person physical assist. es that R23 has unsteady gait. Ill and weighs 84 lbs, per on in the past 30 days. The ent Protocol (RAP) dated he RAP assessment ne area of falls can be found in ted 6/25/06. This nurses note ent summary but rather the					

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		HAND HUMAN SERVICES				FORM	11/26/2007 APPROVED 0938-0391
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		146008	B. WI	NG _		04/1	6/2007
NAME OF P	ROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE		
ALDEN C	OF WATERFORD				2021 RANDI DRIVE AURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	nursing entry for R2 list of falls R23 sust 7/29/06 as docume 6/25/06 8:00pm four 7/6/06 4:00am four bedside 7/8/06 3:40pm four 7/14/06 7:45am fou Housekeeping staff wheelchair as a wa was trying to get to 7/14/06 4:00pm fou stated she needed tear on arm. 7/15/06 12:00am fou around 11:30pm. R back right on the per hospital. Nurses note dated compression fractur a head injury as a r R23 was readmitted 4:30am. Upon return bruises to the left for upper thigh. R23 w 7/28/06 for pneumo 7/28/06. 7/29/06 8:30pm R2 floor inside R23's b R23 sustained an in right distal radius a 7/29/06. Nurses note	23's first fall. The following is a tained between 6/25/06 and ented in R23's nurses notes: und beside the bed and lying on the floor by the and on bathroom floor und in sitting position on floor. f reported R23 was using the alking device. R23 stated she	F9	999			
	(midnight) state R2 facility and now is a						

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		HAND HUMAN SERVICES					FORM	2: 11/26/2007 APPROVED . 0938-0391
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		TIPLE CONSTRUCTION		(X3) DATE S COMPLE	SURVEY
		146008	B. WII	NG .			04/1	6/2007
	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP C 2021 RANDI DRIVE	ODE		
					AURORA, IL 60505			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	-IX	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOL	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	uae 109	F9	999	9			
	of hip pain nor spec 7/30 and into 7/31 v note states a call w right hip. During this documentation in th R23's mobility, if sh responded to bed n repositioning or how met. The x-ray was 7/31/06 per nurses document that the p were notified on 8/1 results. Review of fa notification dated 8/ an addendum to the 7/29/06 in which R2 fracture. R23 now h intertrochanteric fra multiple end plate of lumbar spine which x-rayed on 7/31/06 until 8/1/06. R23 wa on 8/1/06 and did n Review of admitting the area of falls stat due to unsteady ga awareness/history of	cific mention of it throughout when, at 10:00am, the nurses vas placed for an x-ray to the s time frame there is no ne medical record referring to ne remained in bed, how she nobility, i.e., turning or w R23's toileting issues were s obtained at 3:00pm on note which goes on to physician and family member 1/06 at 11:00am of the x-ray facility incident/accident /31/06 states that this report is e incident faxed to IDPH on 23 sustained a right wrist has an incomplete acture of the right hip and compression fracture of the n was sustained on 7/29/06, and the results not obtained as discharged to the hospital not return to facility.		55.	9			
	multiple approaches as verbal reminders assistance, observe supervised area wh reach, equip with de bed, falling star pro door. There is no in approaches were m effectiveness after a	is listed on the care plan such is not to ambulate without e frequently and place in then out of bed, call light within evice that monitors rising, low ogram, move bed closer to indication in record that these						

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DEPARTMENT OF HEALTH AND HUMAN SERVICES	
CENTERS FOR MEDICARE & MEDICAID SERVICES	

PRINTED:	11/26/2007
FORM /	APPROVED
OMB NO.	0938-0391

PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE		RS FUR MEDICARE	E & MEDICAID SERVICES				UNB NO.	0938-0391
146008       04/16/2007         NAME OF PROVIDER OR SUPPLIER         ALDEN OF WATERFORD       STREET ADDRESS, CITY, STATE, ZIP CODE         ALDI DRIVE         ALDEN OF WATERFORD         SUMMARY STATEMENT OF DEFICIENCIES         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION       (X5)         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       ID       PREFIX       (EACH CORRECTIVE ACTION SHOULD BE       COMPLE         TAG       Continued From page 110       F9999       Continued From page 110       F9999       Continued From page 110       F9999         F19999       Continued From page 110       F9999         circumstances surrounding R23's falls to assist staff in developing individualized interventions in an attempt to prevent R23's falls.         Interviews with E1, E2, and E3 during the course of the survey stated that, as with other residents in facility who sustained falls, the circumstances surrounding the falls have not been analyzed to determine if there are any trends to the falls such as residents trying to toilet themselves.       Incidents/falls in the facility have not been tracked and/or trended in order to assist staff in order to assist staff in tracked and/or trended in order to assist staff in tracked and/or trended in order to assist staff in tracked and/or trended in order to assist staff in tracked and/or trended in order to assist staff in     <				. ,				
ALDEN OF WATERFORD       2021 RANDI DRIVE AURORA, IL 60505         (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)       COMPLE DATE DEFICIENCY)         F9999       Continued From page 110 circumstances surrounding R23's falls to assist staff in developing individualized interventions in an attempt to prevent R23's falls.       F9999         Interviews with E1, E2, and E3 during the course of the survey stated that, as with other residents in facility who sustained falls, the circumstances surrounding the falls have not been analyzed to determine if there are any trends to the falls such as residents trying to toilet themselves. Incidents/falls in the facility have not been tracked and/or trended in order to assist staff in       Figure 1			146008	B. WI	\G		04/1	6/2007
ALDEN OF WATERFORD       AURORA, IL 60505         (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 CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLE DATE         F9999       Continued From page 110 circumstances surrounding R23's falls to assist staff in developing individualized interventions in an attempt to prevent R23's falls.       F9999       F9999         Interviews with E1, E2, and E3 during the course of the survey stated that, as with other residents in facility who sustained falls, the circumstances surrounding the falls have not been analyzed to determine if there are any trends to the falls such as residents trying to toilet themselves. Incidents/falls in the facility have not been tracked and/or trended in order to assist staff in       AURORA, IL 60505	NAME OF F	PROVIDER OR SUPPLIER						
PREFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       COMPLE DATE         F9999       Continued From page 110 circumstances surrounding R23's falls to assist staff in developing individualized interventions in an attempt to prevent R23's falls.       F9999       F9999       F9999       Interviews with E1, E2, and E3 during the course of the survey stated that, as with other residents in facility who sustained falls, the circumstances surrounding the falls have not been analyzed to determine if there are any trends to the falls such as residents trying to toilet themselves. Incidents/falls in the facility have not been tracked and/or trended in order to assist staff in       Interview and falls, the facility have not been tracked and/or trended in order to assist staff in       Interviews action of the survey state in the facility have not been tracked and/or trended in order to assist staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews action of the survey is a staff in       Interviews actio	ALDEN (	OF WATERFORD						
circumstances surrounding R23's falls to assist staff in developing individualized interventions in an attempt to prevent R23's falls. Interviews with E1, E2, and E3 during the course of the survey stated that, as with other residents in facility who sustained falls, the circumstances surrounding the falls have not been analyzed to determine if there are any trends to the falls such as residents trying to toilet themselves. Incidents/falls in the facility have not been tracked and/or trended in order to assist staff in	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETION DATE
<ul> <li>care for residents at risk of falling.</li> <li>2) R100's closed record review showed that R100 was admitted to the facility on 7/30/06 with diagnoses including Cellulitis, Hypertension, and Hip Replacement. Incident report review showed that R100 had a fall on 10/20/06 with resultant skin tears to the head, right shoulder, left hand, and a bruise to the bridge of his nose. Another incident report dated 1/29/07 showed that R100 was found on the floor with skin tears to bilateral hands, hematomas to the right lower leg and left knee, and a left hip fracture.</li> <li>R100's medical record showed no documentation that R100's fall were analyzed to see why R100 was falling. R100's Falls RAP summary was brief and inconclusive. It did not address R100's history of falls. R100's fall assessment dated 1/02/07 was blank. A nurses note on the fall assessment form did not mention falls or fall risks. Review of R100's plan of care for falls showed no added, updated, or changed interventions to prevent further falls.</li> </ul>	F9999	circumstances surr staff in developing an attempt to prever Interviews with E1, of the survey stated in facility who susta surrounding the fal determine if there a as residents trying Incidents/falls in the tracked and/or tren developing individu care for residents a 2) R100's closed re R100 was admitted diagnoses including Hip Replacement. that R100 had a fal skin tears to the he and a bruise to the incident report date was found on the fl hands, hematomas knee, and a left hip R100's medical rec that R100's fall wer was falling. R100's brief and inconclus history of falls or th relating to the histo assessment dated note on the fall ass falls or fall risks. R for falls showed no	ounding R23's falls to assist individualized interventions in ent R23's falls. E2, and E3 during the course d that, as with other residents ained falls, the circumstances is have not been analyzed to are any trends to the falls such to toilet themselves. e facility have not been ded in order to assist staff in nalized approaches to plans of at risk of falling. ecord review showed that to the facility on 7/30/06 with g Cellulitis, Hypertension, and Incident report review showed I on 10/20/06 with resultant ad, right shoulder, left hand, bridge of his nose. Another ed 1/29/07 showed that R100 oor with skin tears to bilateral to the right lower leg and left fracture. cord showed no documentation re analyzed to see why R100 s Falls RAP summary was ive. It did not address R100's e circumstances/reasons ry of falls. R100's fall 1/02/07 was blank. A nurses essment form did not mention eview of R100's plan of care added, updated, or changed	F9	999			

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CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES				OMB NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULTI	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		IDENTIFICATION NOMBER.	A. BUI	LDIN	G		
		146008	B. WIN	IG		04/10	6/2007
NAME OF P	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	• 1, 1	
ALDEN C	F WATERFORD				021 RANDI DRIVE		
				A	NURORA, IL 60505		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 111	F99	999			
		plan of care, fall assessment,					
		sment protocol dated 3/17/07, failed to develop an individual					
		sessment, or comprehensively					
		s or nutrition. R19's plan of					
		falls to have a chair and bed					
		s, push the bed up against the 07, 4/5/07, and 4/6/07 at					
		e survey, R19's bed/chair					
	alarm was not conr	ected. R19's fall assesment					
		hich indicates he is a high for					
	falls, he has a histo	ry of falls.					
	During an interview members, they stat a sitter at night so h sitter for 12 hours e hired the sitter he a go to the bathroom the nurses station a because they don't him. The facility the the bookshelf to pre able to climb out book (4/407) E2 (Asst. A told us that the stat pushed up against on him, the state we they have been pus bookshelf until now building and we hav members come into Review of R19's fail 10 or greater= high risk. The facility has with the family to di to develop any othe falls. My husband I	The facility told them to hire be won't fall. We did hire a every night because before we lmost fell climbing out bed to . The facility brought him to and he sat up awake all night have enough staff to monitor en pushed the bed against event him from from being oth sides and then yesterday administrator) and E4 (ADON) e will not allow his bed to be the bookshelf or put restraints ould rather see him fall, but shing his bed against the . It is because you are in the ve never seen so many staff o the room to check on him. I assessment which scores: risk, R19 is scored a 15- high s not had a care plan meeting scuss this situation, attempted er interventions to prevent has a history of falls, one hip her hip has had a fracture, I					

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