

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015101	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/27/2014
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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS OF NORTHBROOK	STREET ADDRESS, CITY, STATE, ZIP CODE 3240 MILWAUKEE AVENUE NORTHBROOK, IL 60062
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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 IRI of 8/7/14-IL#71523- 330.760a), 330.1120a) 330.4240 a)	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 330.760a) 330.1120a) 330.4240a) Section 330.760 Personnel Policies a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. Section 330.1120 Personal Care a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.(Section 2-107 of the Act) This requirement is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to ensure one resident (R1) was changed or cared for properly when pants became wet. R1 ' s wet pants were dried while on her with a hair dryer which caused full thickness and partial thickness burns to the right leg.	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>Findings Include: On 8/23/14 at 11:10 am Z1(Attending Physician for R1) reported it was the use of a hair dryer by a caregiver on (R1 ' s) wet pants combined with pants becoming heated up and remaining in contact with R1 ' s right leg which caused full thickness and partial thickness areas of burn to develop. Skin is thin with loss of elasticity which contributes to risk for burn according to Z1. R1 is described as being in hospice and having end stage dementia with lack of awareness of pain due to dementia by Z1. Because of hospice and facility ability to care for the burn, hospitalization was not recommended by Z1. Debridement was performed on August 19th. Z1 reported scarring is probable as long term effect. On 8/23/14 at 10:00 am R1 was in bed and non-verbal. Right leg burn mark extended from slightly below groin to below knee. Facility incident report on R1 documents she went to the hair salon on 8/7/14. On 8/23/14 at 10:16 am E2(Caregiver) stated, " (R1) went to hair salon. Not sure close to 10:00 am. Noticed bottom pants wet. Took her in to the 1st floor bathroom shower; blew dryer upward, not on skin. Stayed in chair in living room. Had lunch. Not able to talk. She just sitting there calm. After lunch put in bed. Took pants off. Looked like rash. Looks like burn. I used blow dryer on pants. Called nurse. Doctor came in. Don ' t know time. They changed all blow dryers. She ' s totally dependent. " Facility policy titled, " Residents will receive assistance to their level of need with personal care, " dated 8/22/14 states, " Change resident ' s clothing when soiled or wet. If article of clothing becomes soiled or wet that article is to be completely changed. " Resident abuse policy from 10/1994 and last revised 8/09 includes neglect as a component. Central Management</p>	S9999		

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Continued From page 2

Service has defined neglect as failure to provide services necessary to avoid physical harm. In this case the failure was the technique used to respond to wet clothing which led to significant burns.

On 8/22/14 at 1:04 pm E1(Administrator) stated, " It is not our procedure to use a hair dryer to dry wet clothing. " In-service on how to use a hair dryer dated 8/7/14 documents, " Only use hair dryers on hair. Never on clothes or skin or anything else that is wet that you want dry. "

(A)

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IMPOSED PLAN OF CORRECTION
NAME OF FACILITY: Arden Courts of Northbrook
DATE AND TYPE OF SURVEY: 08/27/2014
Incident Report Investigation to Incident of 8/7/2014/IL71523

330.760a)
330.1120a)
330.4240a)

Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility.

Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.(Section 2-107 of the Act)

This will be accomplished by:

- I. The Administrator, Resident Services Director, and nursing staff will be trained, by Mandatory in-service, in the facility's policies and procedures concerning abusive situations. This in- service shall include, but not be limited to:
 - A. Identification of situations which can be considered abuse or neglect.
 - B. A thorough review of the facility's policies and procedures concerning abuse and neglect.
- II. Mandatory in-services shall be conducted with all care staff to address, at minimum, the following items.
 - A. Proper review, documentation and implementation of facility's policies and procedures and guidelines.
 - B. Performance and documentation of assessments when a resident is incontinent with incontinent care and providing any additional care to residents.
- III. The facility will provide all services necessary to maintain each resident in good physical health.
- IV. Direct care personnel will be trained in, basic skills required to meet the health needs and problems of the residents.

- V. A committee shall be established to review existing policies and procedures concerning abuse and neglect, and formulate or revise any needed policies and procedures that facility staff will follow.
- IV. The Administrator shall be responsible for implementing facility policies and procedures regarding incontinent care, abuse and neglect, and ensuring this plan of correction is followed.

COMPLETION DATE: Within ten (10) days of receipt of this notice./LJK