STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146186	A. BUILDING _____ B. WING _____	C 07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES CTS OF HUNTLEY	12140 REGENCY PARKWAY HUNTLEY, IL 60142

(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) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Investigations 2114853/IL135849 - F760, F600 2115057/IL136118 - No deficiencies A partial extended survey was conducted.	F 000		
F 600 SS=G	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility neglected to administer a physician prescribed medication (antibiotic) for twenty-nine days (29) to a resident (R1) which resulted in R1 missing fifty-two (52) doses of the medication. This failure contributed to R1 being hospitalized with a diagnosis of septic shock. This applies to 1 of 4 residents (R1) reviewed for neglect in the sample of 7. The findings include:	F 600	Plan of Correction F600 483.12(a)(1) FREE FROM ABUSE AND NEGLECT Submission of this plan of correction by Alden Estates-Courts of Huntley is not a legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of	7/21/21

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

Electronically Signed | 06/27/2021

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F 600	Continued From page 1 R1's Infectious Disease Note dated May 27, 2021 showed R1 had a history of MSSA (methicillin-susceptible Staphylococcus aureus) bacteremia (blood infection), discitis (infection of the intervertebral disc space), MRSA (methicillin-resistant Staphylococcus aureus) colonization in her lungs, recurrent left knee effusions, and Aspergillus pneumonia. The Note showed, "Plan: To continue doxycycline 100 mg by mouth twice a day indefinitely (history of the above MSSA bacteremia and discitis/colonized with MRSA ...). A fax sheet dated May 27, 2021 showed R1's Infectious Disease Note (dated 5/27/21) was faxed successfully to V8 (R1's Physician). R1's Nurses Note dated June 5, 2021 showed R1 was admitted to the facility from the hospital. R1's hospital After Visit Summary instructions dated June 5, 2021 showed R1 was to continue taking doxycycline, 100 mg, twice a day, in the facility. R1's Nurses Notes dated June 18, 2021 showed R1 was sent to the hospital for the complaint of chest pain. R1 was hospitalized from June 18-25, 2021. R1's Nursing Admission Assessment dated June 25, 2021 showed R1 was readmitted to the facility. R1's hospital After Visit Summary instruction dated June 25, 2021 showed, "Take these medications ....doxycycline 100 mg capsule by mouth two times daily ..." R1's hospital record dated July 9, 2021 showed R1 presented to the emergency room with fever and lethargy after being sent from the facility by	F 600	any kind by the facility of the truth of any facts set forth in this allegation by the survey agency. 1. Corrective actions which were accomplished for those residents alleged to have been affected by the deficient practice: a. R1, and all other residents, are receiving reconciled and verified medications as physician prescribed to ensure the prevention of neglect. 2. Actions taken to identify other residents that may have the potential to be affected by the same deficient practice: a. All residents have been observed to ensure medications are being reconciled, verified, and administered in accordance with standards of practice. b. Although no additional residents were determined to be affected, there remains the potential for residents to be affected by the alleged deficient practice. In response to this potential, the facility has taken actions as stated below. 3. Measures taken to ensure that proper practices continue: a. Nurses were in-serviced on facility admission process related to medication reconciliation and verification. b. Nurses were in-serviced on facility abuse and neglect policy, with an	

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F 600	Continued From page 2	F 600		

ambulance. R1's hospital record showed R1 was subsequently admitted to the intensive care unit with a diagnosis of septic shock.
R1's hospital Orthopedic Surgery Consult note dated July 11, 2021 showed R1 underwent a surgical revision of her left knee replacement due to an "acute left total knee arthroplasty infection from chronic MSSA discitis/bacteremia."

R1's June 1-30, 2021 Physician Order Summary and July 1-9, 2021 Physician Order Summary were each reviewed and showed no physician orders for doxycycline for R1.
R1's June 2021 and July 2021 Medication Administration Records were reviewed and showed R1 was not administered any doses of doxycycline while residing in the facility from June 5, 2021 through July 9, 2021.

On July 14, 2021 at 12:05 PM, R1's hospital After Visit Summaries (dated 6/5/21 and 6/25/21), physician orders, and June/July 2021 medication administration records were reviewed with V1 Administrator and V2 Interim Director of Nursing (DON). V2 stated, "When a resident returns to the facility from the hospital, we use the medication list sent from the hospital as a resource for what meds to order/continue for our resident. The admission nurse reviews the resident's medication list with the physician and then sends the orders to our pharmacy. (R1) should have been on doxycycline the whole time she was here. R1's physician orders for doxycycline never got sent to the pharmacy. I don't know what happened. I don't know how it was missed."

On July 14, 2021 at 2:00 PM, V8 (R1's Physician) stated R1 was to be on doxycycline

emphasis on prevention of neglect as it relates to proper medication administration.

c. QA audits on medication reconciliation and verification have been conducted on new admissions/re-admissions, by clinical leadership.

d. A verification process, conducted by two nurses at the time of admission, has been developed to ensure consistency in verifying resident medication lists upon admission, physician review of medication orders, and pharmacy receipt of medication orders.

e. A resident admission medication reconciliation and verification audit schedule has been developed, and is being conducted by clinical leadership, to ensure orders are correctly carried out.

f. Facility changes made to the resident admission process to ensure all medication orders are verified and ordered have been added to the facility medication administration policy as an addendum.

g. Nurses were in-serviced on updated facility medication administration policy related to verification of medication orders during admission process.

h. Additional education related to facility admission medication reconciliation and verification process has been added to new nurse training binders and is being

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F 600	Continued From page 3 prophylactically indefinitely, twice a day, due to her history of sepsis and also to prevent an infection to the prosthetic in her left knee. V8 stated she never discontinued R1's doxycycline order. V8 stated R1 should have been receiving the doxycycline twice a day while residing in the facility. On July 14, 2021 at 11:20 AM, V6 Infectious Disease Physician stated R1 had a history of staph (staphylococcus aureus) infection of her blood and MRSA discitis which required her to be on doxycycline, twice a day, prophylactically for the rest of her life. V6 stated, "The goal of the doxycycline was to try to prevent (R1) from becoming septic again or risk getting an infection in her left knee prosthetic. The facility's Abuse Policy dated September 2020 showed, "Neglect is the failure of the facility, its employees, or service providers to provide goods and services necessary to avoid physical harm, pain, mental anguish, or emotional stress."	F 600	discussed during new hire orientation, by clinical leadership, with every new nurse going forward. i. In-servicing and QA audit tools developed during this plan have been implemented to ensure ongoing compliance and are monitored by the Administrator and/or designee. The results of the monitoring completed under this POC are submitted to the QAPI Committee for review and follow up with new interventions developed as needed. These QA/QI tools will continue until the QAPI Committee deems it is no longer necessary.	
F 760 SS=J	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a resident (R1) received a physician prescribed antibiotic which resulted in R1 missing fifty-two (52) doses of the antibiotic. This failure contributed to R1 being hospitalized, in an intensive care unit, with a diagnosis of septic shock. During her hospitalization, R1 also	F 760	Plan of Correction F760 483.45(f)(2) RESIDENTS ARE FREE OF SIGNIFICANT MED ERRORS Submission of this plan of correction by Alden Estates-Courts of Huntley is not a	7/21/21

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F 760	Continued From page 4 required surgical intervention to treat an acute infection to her left knee. This applies to 1 of 4 residents (R1) reviewed for medications in the sample of 7. This failure resulted in an Immediate Jeopardy. The Immediate Jeopardy began on June 5, 2021, when the facility failed to initiate/transcribe a physician's order for doxycycline (antibiotic) for R1 upon her readmission to the facility from the hospital. The Immediate Jeopardy was identified on July 14, 2021. V1 (Administrator) was informed of the Immediate Jeopardy on July 20, 2021. This surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on July 20, 2021, however, noncompliance remains at a Level 2 because additional time is needed to evaluate the implementation and effectiveness of the in-service training. The findings include: R1's Infectious Disease Note dated May 27, 2021 showed R1 had a history of MSSA (methicillin-susceptible Staphylococcus aureus) bacteremia (blood infection), discitis (infection of the intervertebral disc space), MRSA (methicillin-resistant Staphylococcus aureus) colonization in her lungs, recurrent left knee effusions, and Aspergillus pneumonia. The Note showed, "Plan: To continue doxycycline 100 mg by mouth twice a day indefinitely (history of the above MSSA bacteremia and discitis/colonized with MRSA ...). A fax sheet dated May 27, 2021 showed R1's Infectious Disease Note (dated 5/27/21) was faxed successfully to V8 (R1's Physician).	F 760	legal admission that a deficiency exists or that this Statement of Deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the survey agency. 1. Corrective actions which were accomplished for those residents alleged to have been affected by the deficient practice: a. R1, and all other residents, are receiving reconciled and verified medications as physician prescribed. 2. Actions taken to identify other residents that may have the potential to be affected by the same deficient practice: a. All residents have been observed to ensure medications are being reconciled, verified, and administered in accordance with standards of practice. b. Although no additional residents were determined to be affected, there remains the potential for residents to be affected by the alleged deficient practice. In response to this potential, the facility has taken actions as stated below. 3. Measures taken to ensure that proper practices continue: a. Nurses were in-serviced on facility admission process related to medication	

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F 760	Continued From page 5 R1's Nurses Note dated June 5, 2021 showed R1 was admitted to the facility from the hospital. R1's hospital After Visit Summary instructions dated June 5, 2021 showed R1 was to continue taking doxycycline, 100 mg, twice a day, in the facility. R1's Nurses Notes dated June 18, 2021 showed R1 was sent to the hospital for the complaint of chest pain. R1 was hospitalized from June 18-25, 2021. R1's Nursing Admission Assessment dated June 25, 2021 showed R1 was readmitted to the facility. R1's hospital After Visit Summary instruction dated June 25, 2021 showed, "Take these medications ....doxycycline 100 mg capsule by mouth two times daily ..." R1's hospital record dated July 9, 2021 showed R1 presented to the emergency room with fever and lethargy after being sent from the facility by ambulance. R1 was "found to be markedly hypotensive". R1's hospital record showed R1 was subsequently admitted to the intensive care unit with a diagnosis of septic shock. R1's hospital blood culture results dated July 10, 2021 showed R1 was positive for MSSA bacteria growth in her blood. R1's hospital Orthopedic Surgery Consult note dated July 11, 2021 showed R1 underwent surgical revision of her left knee replacement due to an "acute left total knee arthroplasty infection from chronic MSSA discitis/bacteremia." R1's June 1-30, 2021 Physician Order Summary and July 1-9, 2021 Physician Order Summary were each reviewed and showed no physician	F 760	reconciliation and verification. b. QA audits on medication reconciliation and verification have been conducted on new admissions/re-admissions, by clinical leadership. c. A verification process, conducted by two nurses at the time of admission, has been developed to ensure consistency in verifying resident medication lists upon admission, physician review of medication orders, and pharmacy receipt of medication orders. d. A resident admission medication reconciliation and verification audit schedule has been developed, and is being conducted by clinical leadership, to ensure orders are correctly carried out. e. Facility changes made to the resident admission process to ensure all medication orders are verified and ordered have been added to the facility medication administration policy as an addendum. f. Nurses were in-serviced on updated facility medication administration policy related to verification of medication orders during admission process. g. Additional education related to facility admission medication reconciliation and verification process has been added to new nurse training binders and is being discussed during new hire orientation, by clinical leadership, with every new nurse	

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F 760	Continued From page 6 orders for doxycycline for R1. R1's June 2021 and July 2021 Medication Administration Records were reviewed and showed R1 was not administered any doses of doxycycline while residing in the facility from June 5, 2021 through July 9, 2021. . On July 14, 2021 at 12:05 PM, R1's hospital After Visit Summaries (dated 6/5/21 and 6/25/21), physician orders, and June/July 2021 medication administration records were reviewed with V1 Administrator and V2 Interim Director of Nursing (DON). V2 stated, "When a resident returns to the facility from the hospital, we use the medication list sent from the hospital as a resource for what meds to order/continue for our resident. The admission nurse reviews the resident's medication list with the physician and then sends the orders to our pharmacy. (R1) should have been on doxycycline the whole time she was here. R1's physician orders for doxycycline never got sent to the pharmacy. I don't know what happened. I don't know how it was missed." On July 14, 2021 at 2:00 PM, V8 (R1's Physician) stated, "When a resident is admitted from the hospital, we usually follow the medication orders from the hospital and continue the medications the resident received in the hospital. (R1) has a history of recurrent effusions to her left knee and sepsis. She takes doxycycline prophylactically to help prevent a recurrent episode of sepsis and to prevent an infection from developing around her prosthetic in her left knee. I have never discontinued her doxycycline. It is primarily prescribed by her infectious disease doctor. If (R1) didn't get her doxycycline, it could increase	F 760	going forward. h. In-servicing and QA audit tools developed during this plan have been implemented to ensure ongoing compliance and are monitored by the Administrator and/or designee. The results of the monitoring completed under this POC are submitted to the QAPI Committee for review and follow up with new interventions developed as needed. These QA/QI tools will continue until the QAPI Committee deems it is no longer necessary.	

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F 760	Continued From page 7	F 760		

her risk of becoming septic again from staph (staphylococcus aureus bacteria) which could also lead to an infection of her left knee prosthetic. Sepsis could cause hypotension, bacteremia, and could lead to death."

On July 14, 2021 at 11:20 AM, V6 Infectious Disease Physician stated R1 had a history of staph (staphylococcus aureus) infection of her blood and MRSA discitis which required her to be on doxycycline, twice a day, prophylactically for the rest of her life. V6 stated, "The goal of the doxycycline was to try to prevent (R1) from becoming septic again or risk getting an infection in her left knee prosthetic. If (R1) was not getting the doxycycline, she is at risk for becoming septic again related to an overgrowth of staphylococcus bacteria. Sepsis can lead to a fatal end result."

The facility's Medication Administration policy dated September 2020 showed, "1. Drugs must be administered in accordance with the written orders of the attending physician."
The facility's Admission Notes policy dated September 2020 showed, "When the resident is admitted to the nursing unit, the Nurse must record the following data (as each may apply) to the Nurses Notes or other appropriate place ...h. The date the Physician Orders were received and verified ..."

The Immediate Jeopardy that began on June 5, 2021 was removed on July 20, 2021 when the facility took the following actions to remove the immediacy:
1. Facility has completed a medication reconciliation audit on R1, upon her re-admission from recent hospitalization, to ensure all medications were verified and carried out as

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F 760	Continued From page 8	F 760		

appropriate. Corrected 7/15/21.
2. Nurses have been in-serviced by ADON on facility admission process related to medication reconciliation and verification. Started 7/14/21 for all nurses on duty. All other nurses to be in-serviced before next shift worked.
3. A whole house medication reconciliation and verification audit has begun immediately on current residents, by clinical leadership, to ensure all medications have been carried out as ordered. Started 7/14/21.
4. Medication reconciliation and verification audits have begun immediately on new admissions/re-admissions, by clinical leadership. These will continue daily for the next 2 weeks and then weekly for 2 months for all residents admitting/re-admitting. Started 7/14/21.
5. A verification process, conducted by 2 nurses at the time of admission, has been immediately developed to ensure consistency in verifying resident medications lists upon admission, physician review of medication orders, and pharmacy receipt of medication orders. This will continue daily for 2 months. Started 7/20/21.
6. A resident admission medication reconciliation and verification audit schedule has been immediately developed, and is being conducted by clinical leadership, to ensure orders are not missed and are correct. This audit schedule will continue daily for 2 months. Started 7/14/21.
7. Facility changes made to the resident admission process to ensure all medication orders are verified and ordered have been added to the facility medication administration policy as an addendum. Corrected 7/20/21.
8. Nurses have been in-serviced by ADON on updated facility medication administration policy related to verification of medications orders during admission process. Started 7/20/21 for all

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F 760	Continued From page 9	F 760		

nurses on duty. All other nurses to be in-serviced before next shift worked.
9. Additional education related to facility medication reconciliation and verification process has been added to new nurse training binders and will be discussed during new hire orientation, by clinical leadership, for every new nurse going forward. Corrected 7/20/21.
10. In-servicing and QA audit tools developed during this plan have been implemented to ensure ongoing compliance and will be monitored by the Administrator and/or designee daily for 2 weeks, then monthly for 2 months. The results of the monitoring completed under this plan are submitted to the QA Committee for review weekly for 3 weeks, then monthly for 3 months. New interventions will be developed as needed. Started 7/14/21.