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

PRINTED: 04/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145582	B. WING _				C / 14/2015
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				152	REET ADDRESS, CITY, STATE, ZIP CODE 25 SOUTH OXFORD LANE PERVILLE, IL 60565	, , , , , ,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
F 353 SS=E	IL/76279 - no deficier 76224 F353 cited. 483.30(a) SUFFICIEI	plaint Numbers 1571828 ncies and 1571778 / IL NT 24-HR NURSING STAFF	F;	353			
	provide nursing and r maintain the highest						
	numbers of each of the personnel on a 24-ho	ide services by sufficient ne following types of ur basis to provide nursing n accordance with resident					
	Except when waived section, licensed nurs personnel.	under paragraph (c) of this ses and other nursing					
	section, the facility m	under paragraph (c) of this ust designate a licensed harge nurse on each tour of					
	by: Based on interview a	is not met as evidenced and record review the facility ant staff to provide nursing					
	This applies to 4 of 7 reviewed for staffing i	residents (R4 through R7) n the sample of 7.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: IL6007033

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

PRINTED: 04/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		145582	B. WING			C 4/14/2015	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565		04/14/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 353	Continued From page 1		F 35	3			
	Findings include: On 4/14/15 at 9:20 AM, R4 said that there is not enough nursing staff, especially at night. Frequently there is only 1 CNA to care for 30 residents on the night shift. On 4/12/15, R4 had to wait for 1 hour for her call light to be answered. R4 said that frequently staff work double shifts which she thinks is not good because staff get tired and are burned out. R4 said staff are in a hurry when they do come to help, they say "what's up, I have someone on the toilet." R4 said that she needs to take medication for Parkinson's on time, even 10 minutes late she feels symptoms, but frequently they are 45 minutes late. On 4/10/15 at 2:30 PM, R7 was observed in her room. R7 said she had been waiting for her						
	them, but they are ne short of staff." On 4/10/15 at 2:45 Pl	M, "I am always ready for ever ready for me, they are M, R5 said they are short of ts have complained, but it					
	On 4/10/15 at 2:50 Pl regularly short hande in the past because the	M, R6 said the facility is d. He has missed showers hey could not get to him on r days. Residents have to call light answered.					
	following concerns: 12/3/14 - department Transporting resident	concern areas: " CNAs after meal times back to					

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

PRINTED: 04/15/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		145582	B. WING _			C 04/14/2015		
	NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565		·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 353	Continued From page 2		F3	53				
	afterwards and cannot wait too long. We need more CNAs."							
	Assigning 1 CNA for	2nd floor staffing pattern. 40 people on the overnight at was here for only 3 weeks ord unit by herself. "						
	3/4/15 -" staffing pat and evening shifts o	tern problem on the overnight n the second floor."						
	overnight and evenir	ing pattern problem on the ng shifts on the second floor. ADON to June's meting to erns."						
	nursing said that the CNAs, but when pec always find a replace requirements depen-	AM E2, the director of e facility is trying to hire more ople call in sick they cannot ement. E2 said the staffing d on the resident census, but would need a total of 8 CNAs is.						
	for eleven days during reviewed. On 4 days CNAs. The second medicare section who 4/14/15, Oxford has when only 6 CNAs were section.	and employee hours worked ing the past 3 weeks was is the night shift only had 6 floor has 1 CNA for the inich has a census of 28 on 30 residents with 1 CNA were on duty. E2 said the two and Oxford have to help each						