

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013
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	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 Annual Licensure and Certification	F 000			
F 226 SS=D	Validation Survey for Subpart U: Alzheimer Unit The facility is in compliance with Subpart U, 77 Illinois Administrative Code Section 300.7000 483.13(c) DEVELOP/IMPLEMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to incorporate the Elder Justice Act into the facility abuse protocol and failed to post required information in staff areas. This has the potential to affect all residents. Findings include: Review of the facility's Abuse policy and procedure did not include the Elder Justice Act and corresponding requirements for staff to follow. E4 stated on 6/14/13 at 10:10am that the integration of the Elder Justice Act into the facility's Abuse policy has to be completed at the corporate level but should be completed over the weekend. E4 also stated that the facility is currently interviewing all its staff on the Act.	F 226			

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.

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013
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	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 279 SS=D	<p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under o483.25; and any services that would otherwise be required under o483.25 but are not provided due to the resident's exercise of rights under o483.10, including the right to refuse treatment under o483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to identify target behaviors for the use of antipsychotic medication on the care plan. This deficient practice affected two residents (R2 and R3) out of a sample of 24.</p> <p>Findings include:</p> <p>R2's admission sheet shows that R2 is a 91 year old female with multiple diagnoses including dementia and depression with behaviors. R2's Medication Administration Record (MAR) for May</p>	F 279			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013
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	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 279	Continued From page 2 2013 shows R2 receives the antipsychotic medication Seroquel 25 mg twice a day. The MAR indicates the Seroquel was ordered 4/20/13. R3's admission sheet shows R3 is a 91 year old male with multiple diagnoses including dementia with behaviors. R3 is given the antipsychotic medication Seroquel 25 mg. at bed time. R2 and R3's care plans for the psychotropic drug Seroquel did not identify target behaviors or the least restrictive non-pharmalogical interventions.	F 279			
F 441 SS=F	E1 said, "R2 resists care and yells. R3 will swing at staff and residents." 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to	F 441			

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013
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	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 441	<p>Continued From page 3</p> <p>prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to protect clean linen from cross contamination. This deficient practice could affect all the residents.</p> <p>Findings include:</p> <p>During the environmental tour of the laundry unit on 6/11/13 at 10:30 a.m. the chute room had soiled laundry over flowing the cart and backing up into the laundry chute. The fire door to the chute could not close. There were soiled sheets, bed pads and towels in the soiled linen carts that had come done the laundry chute without being bagged. There were no gowns for the staff to wear to prevent the soiled linen from touching their clothing. When the clean linen is taken out of washer or dryer it would touch the staffs</p>	F 441			

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

PRINTED: 06/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145582	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2013
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	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 441	Continued From page 4 clothing where the dirty laundry had touched. E3 (Assistant administrator) said, "We have gloves but no gowns. The laundry comes down in bags. We tear the bags open in the washing machine. The isolation laundry is put in melt-away bags so no sorting is needed." The facilities laundry procedure indicates gowns should be worn.	F 441		