

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Poplar Creek Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Barrington Road Hoffman Estates, IL 60169	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543</p> <p>Based on interview and record review, the facility failed to respect a resident's personal space when a staff member stored their bag in the resident's closet. This applies to 1 of 3 (R7) residents rights reviewed for staff behavior in the sample of 7.</p> <p>The findings include:</p> <p>R7's Admission Record (Face Sheet) showed an original admitted [DATE], with diagnoses to include heart failure, dementia, and psychosis.</p> <p>R7's 2/16/24 Quarterly Minimum Data Set (MDS) showed she was experiencing severe cognitive impairment, with a brief interview for mental status score of 5 out of 15.</p> <p>On 4/24/24 at 10:20 AM, V15, R7's Daughter, stated she was visiting her mother the evening of 4/20/24 (Saturday). V15 stated as she was leaving R7's room, she opened her closet door to ensure R7's clothing was clean and organized. V17 said she noted a bulge of clothing on the bottom of the closet. V17 stated the bulge was a backpack covered with R7's clothing. V17 stated the bag had a bottle of the same perfume her mother wore, so she believed the bag was brought in and left by a family member. V17 grabbed the bag and took it home. V17 stated as her and her husband drove home, she began to go through the bag and realized, based on the items in the bag, the bag belonged to a staff member. V17 stated the staff member called her and asked that the bag be returned. V17 stated staff should not be storing personal items in R7's closet. V17 stated she took her mother home that evening, and she has not yet taken her back.</p> <p>On 4/24/24 at 11:23 AM, V1, Administrator, stated the staff member did admit to keeping her bag in R7's closet. V1 stated the staff member should not be storing their items in resident personal spaces.</p> <p>On 4/24/24 at 2:30 PM, V16, Registered Nurse (Nurse on R7's floor), stated the staff should not be storing personal items in resident rooms. V16 said resident rooms are their own personal space.</p> <p>The Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities (Revision 11/2018) showed residents have the right to be treated with respect and dignity.</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Poplar Creek Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Barrington Road Hoffman Estates, IL 60169	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543</p> <p>Based on observation, interview, and record review, the facility failed to safely transport a resident in a manner to prevent him from falling out of the wheelchair. This applies to 1 of 4 residents (R6) reviewed for falls in the sample of 7.</p> <p>The findings include:</p> <p>R6's Admission Record (Face Sheet) showed an original admitted [DATE], with diagnoses to include blood infection, dialysis, and epilepsy.</p> <p>R6's 4/20/24 Discharge Minimum Data Set showed he was cognitively intact, with a Brief Interview for Mental Status (BIMS) score of 15 out of 15.</p> <p>R6's 4/20/24 Nurse Note from 12:10 AM showed he was being discharged home with his wife.</p> <p>R6's 4/20/24 Progress Note from 12:20 AM showed, As CNA (Certified Nursing Assistant) was pushing [R6]'s wheelchair out to the lobby and went over a small bump by the door, [R6] slipped off his wheelchair and fell forward on his knees and his face. Assessed and noted nose bleeding and cut on his lower lip . denies any pain and discomfort . The note showed R6 was sent to the local Emergency Department for evaluation. (The progress note was authored by V14, Registered Nurse)</p> <p>On 4/24/24 at 10:56 AM, V14 stated the accident occurred at the main entrance to the facility. V14 stated there are two automatic sliding doors, with a small entry area between the two doors. V14 stated it was V23, Agency Certified Nursing Assistant's, first night at the facility. V14 stated she had requested V23 assist R6 to his car. V14 stated the accident, .happened so fast. V14 stated she was in the reception area near the entrance. V14 stated she believed V23 was not looking down and it was dark out, due to it being midnight, and as V23 attempted to go over the threshold, R6 fell out of the wheelchair and onto the concrete. V23 stated, I'm thinking he fell out of the wheelchair because of the threshold. I think if [V23] knew it (door threshold) was there, but it was dark out, and I think she was looking forward instead of down at the ground. I think she should have pulled him backwards over the threshold instead of pushing him. I'm pretty sure if she would have pulled him through the threshold instead of pushing him, that would have prevented the fall. It was also kind of dark. [R6] is a big man and she was not expecting that bump. Pulling [R6] would have prevented it because the back rest would have supported him as she pulled him backwards over the bump. V14 said pulling R6 would have also been easier and safer due to less chance of the smaller front wheels being caught or stuck on the threshold.</p> <p>On 4/25/24 at 10:58 AM, V21, R6's Spouse, stated she was going to get her car when, I heard him yell 'No. Stop. I'm going to fall.' I don't know if the wheelchair was upright or not, but she should have known to go over that threshold backwards with that wheelchair. If she had gone over it backwards and gone over it slower, he would not have fallen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Poplar Creek Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Barrington Road Hoffman Estates, IL 60169	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at 1:30 PM, the facility's outer most door was an automatic sliding door. The door track was contained within a ramped threshold. The threshold was metal; approximately 6 inches wide; approximately three quarters of an inch in height; and the ramps leading up to the height of the threshold were approximately 45 degrees and threequarters of an inch long.</p> <p>On 4/24/24 at 1:55 PM, V4, Assistant Director of Nursing, stated how a CNA would traverse a threshold, either forward or backwards with a resident in a wheelchair, is determined on a case by case basis. V4 said what determines how a CNA would manage a threshold would depend on factors such as the strength of the resident and their positioning in the wheelchair. V4 said CNAs should be able to transport residents and be able to keep them in the wheelchair.</p>		