

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/27/2024
NAME OF PROVIDER OR SUPPLIER Alden Estates of Northmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5831 North Northwest Highway Chicago, IL 60631	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41356</p> <p>Based on observation, interview, and record review the facility failed to follow their Fire Watch policy by failing to provide all staff with an in-service related to Fire Watch and fire safety procedures and failed to notify the Fire Department and State Health Agency after all systems have been restored. These failures have the potential to affect all 175 residents and facility staff safety related to fire safety emergencies.</p> <p>Findings include:</p> <p>On 9/24/2024 at 9:31 AM, V1 (Administrator) stated that the box for the water sprinkler has a problem. If the water sprinkler will turn on, it will be low pressure after 7 minutes. The fire department needs to come and connect a water hose to help water pressure in the sprinklers. We (the facility) were on fire watch.</p> <p>On 9/24/2024 at 1:42 PM, surveyor requested to meet with V3, listed as Building Manager on the facility directory provided by V1. V1 stated that V3 had not worked in the facility for quite some time and the best person to answer questions is either him (V1) or V4 (Corporate Maintenance). V1 stated that fire sprinklers were not functioning from 9/11/2024 to 9/17/2024. V1 stated that sprinkler pressure decreases if it goes to a certain amount of time. As a result, the fire department needs to connect a hose to help in the water needs of the sprinklers. V1 stated that V21 (Fire Sprinkler Repair Company) came the first day to repair and several times in between and it did not fix the problem until the last day, 9/17/2024. After the repair, a test was done to test the sprinklers. When asked if an in-service was provided to facility staff regarding Fire Watch, V1 stated, I am not sure if there was an in-service given. V1 was informed that it should be given to all staff at the beginning of every shift per policy. V1 stated, does the policy say that every shift? After looking at the policy, V1 stated, No, in-service done for everybody. V1 stated that there may have been some sort of in-service and had to check with V4.</p> <p>(continued on next page)</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
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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/24/2024 at 2:15 PM, V5 (VP of Facilities Environmental Services and Life-safety) stated that since he was near the facility he came because he knew about the situation. V5 was asked who the Building Manager was of the facility since V3 is not anymore connected with the facility. V5 stated that V1 the administrator is in-charge of the whole facility, and that the facility just hired a new Building Manager. V5 stated that V3 was not employed with the facility for over six (6) months. For that reason, V4 came out to the facility the first day of Fire Watch (9/11/2024). The reason for the problem was that the fire sprinkler pump control failed. Parts were ordered but take time to arrive. V5 stated that V4 did an in-service for certain staff but did not have any form of documentation. V5 stated that V4 did in-service the first shift and first shift in-serviced the next shift, so on and so forth.</p> <p>During a phone conversation between writer, V5 and V4, V4 stated that it was only the night-shift staff on the floor that he did an in-service regarding Fire Watch and it included the process of walking around the building. V4 said, there were a couple of girls. V4 and V5 were asked what would happen if there were a fire and the pump control for the sprinklers does not work. V5 answered, The fire pump would not run when there is fire. V4 and V5 were asked if after the fire pump control was fixed if the fire department came to witness that it worked. V5 stated, The fire department did not come, it needs to be scheduled. V4 and V5 were asked if there was a final report sent to the Fire Department and State Health Department. V5 stated that there was no report sent yet. The outside vendor (V21) who did the repair needs to schedule.</p> <p>Facility submitted print out document that reads:</p> <p>V3 (Former Building Manager) last day work 3/8/2024 and termed dated 7/28/2024.</p> <p>V9 (Current Building Manager) hire date 8/29/2024.</p> <p>V1 (Administrator) was requested to submit documentation from Human Resources (HR) to support accuracy of dates on the employment record of both V3 and V9. None was provided.</p> <p>V5 submitted a list of staff printed on a piece of paper. With the following list of staff:</p> <p>V11 (Registered Nurse)</p> <p>V12 (Licensed Practical Nurse)</p> <p>V13 (Licensed Practical Nurse) -</p> <p>V14 (Licensed Practical Nurse)</p> <p>V15 (Licensed Practical Nurse)</p> <p>V16 (Certified Nursing Assistant)</p> <p>V17 (Certified Nursing Assistant)</p> <p>V8 (Assistant Administrator) -</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>V18 (Admission Officer) -</p> <p>V19 (Licensed Practical Nurse)</p> <p>V20 (Activity Aide/Certified Nursing Assistant) -</p> <p>V4 (Corporate Maintenance)</p> <p>V5 stated that these are the staff that was in-serviced. Staff that have a mark after their names (V13, V8, V18, and V20) were in-serviced by V4. Staff that has no mark at the end of their names (V11, V12, V14, V15, V16, V17 and V19) were in-serviced by V8 (Assistant Administrator). In comparison to all the staff on schedule that worked 9/11/2024 to 9/17/2024 very few were in-serviced. Per nursing daily schedule from 9/11/2024 to 9/17/2024 facility has an average of eight (8) nurses on 7:00 AM to 3:00 PM and eight (8) nurses on 3:00 PM to 11:00 PM shifts and four (4) nurses on 11:00 PM to 7:00 AM shift. This is an average total of twenty (20) nurses per day. The facility had thirty-seven (37) Certified Nursing Assistants on 9/11/2024 schedule alone when Fire Watch was started. Most of the nursing staff were not included in the list of staff that were in-serviced submitted by V5. The list of in-serviced staff does not include other departments that may be affected during an actual emergency related to a fire.</p> <p>On 9/26/2024 at 9:19 AM, V9 (Building Manager) stated that he started working in the facility on 9/16/2024. V9 was asked what happened when the facility was under Fire Watch. V9 stated that he did not know anything about Fire Watch. V9 was reminded that the facility was under Fire Watch from 9/11/2024 to 9/17/2024. Since he (V9) started working on 9/16/2024, the facility was still under fire watch. V9 stated that when he came in the facility on 9/16/2024. V1 informed him that the fire pump controller was under repair and the facility was under Fire Watch. V9 stated that the importance of doing an in-service on Fire Watch is to make sure all of the building occupants stay safe and that all areas of the building have no signs of fire. Staff need to know the location of all fire extinguishers. All this information needs to be communicated to the staff.</p> <p>On 9/26/24 at 9:42 AM an inspection was done with V9. Inside the Fire Pump Room, V9 showed the Jockey Pump. Per V9, the Jockey Pump helps to supply water to the main pump to maintain pressure. The Fire Control Panel Room was observed with V9 and V10 (Maintenance Staff). It shows panel of each area that has a small green light with multiple subpanels. Per V9 those subpanels represent each sprinkler. If the light color turns to yellow it needs trouble shooting. If the light turns red it needs to be attended. V10 stated that if the light is either yellow or red it needs to be turned off and turned back on to reset. Control panels also automatically notify the fire department when there is fire in the facility. If fire panel does not work, it does not notify the fire department. The fire department would need to be informed manually or by phone. The fire control panel serves as a command to let the Jockey pump know to help the main pump supply water to the sprinklers. If it is not working, it will not signal the Jockey pump to supply water and it will only supply water depending on the needs of the sprinkler. Wide areas of fire need more sprinkler and demands more water. The fire department needs to supply additional water if the demand is high.</p> <p>Fire Watch - Automatic Sprinkler System policy dated 4/18, reads:</p> <p>Fire Watch must be implemented when one of the following exists for more than 10 hours in any 24-hour period:</p> <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. Automatic Sprinkler System is not functioning.</p> <p>b. Construction and remodeling situations which adversely affect a above.</p> <p>All Department Heads (and others designated by the Administrator) shall be trained on Fire Watch procedures.</p> <p>Building Manager will be present or on call during Fire Watch Emergency. Repair contractors (Sprinkler, Construction) will be called on site for repairs to system.</p> <p>Under procedure, the Administrator or designee shall be responsible for assuring that the following steps are taken:</p> <p>A brief in-service for all staff shall be conducted at the beginning of each shift to inform them of the Fire Watch and to review Fire Plan procedures. This in-service shall include a brief review of the correct use of the fire extinguishers.</p> <p>The Fire Watch will be conducted by trained staff member(s) not included in the resident care staffing pattern. The staff member(s) conducting the Fire Watch shall not have any other duties during his Fire Watch shift.</p> <p>Staff member(s) shall record their name, time, and areas of search on the Fire Watch Log Sheets specific for their area of tour.</p> <p>The Administrator or designee shall notify:</p> <p>a. The local fire department and alarm company</p> <p>b. The State Public Health Regional Office</p> <p>c. V7 (Corporate Construction Officer)</p> <p>State Health Department notification will be in writing using facility incident form of narrative faxed/emailed to the appropriate Regional Office. Confirmation of the fax will be kept with the Fire Watch Records.</p> <p>Per Incident/Accident Notification dated 9/12/2024 under description of occurrence: The facility will be on fire watch. (No additional information of description was added).</p> <p>When all systems have been restored the facility will perform a test of the fire alarm system and receive confirmation from the local fire department or intermediary alarm company that the signal has been received. Written confirmation of this test will be kept with the Fire Watch records.</p> <p>The Administrator shall notify all parties (Fire Department, State Health Agency, Regional Office, V7 (Corporate Construction Officer) when the situation has been resolved and proper fire protection system are restored. This notification to the State Health Department will be in writing using the facility incident form or narrative faxed/emailed to the appropriate Regional Office. Confirmation of the fax will be kept with the Fire Watch Records.</p>		