

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>6020953</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/05/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BARDWELL RESIDENCES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 WESTON AVENUE AURORA, IL 60505</b>
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(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) COMPLETE DATE
A 000	Initial Comment  FRI INVESTIGATION 180971 substantiated  295.4010 cited Service Plan	A 000		
A4010	Section 295.4010 Service Plan  This Regulation is not met as evidenced by: TYPE 2 VIOLATION  Section 295.4010 Service Plan  a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan.  b) The service plan shall be developed by:  1) The resident, resident's representative or any individual requested by the resident.  2) The manager or manager's designee; and  3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care.  c) The service plan shall be signed and dated by all individuals involved in its development.	A4010		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A4010	<p>Continued From page 1</p> <p>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)</p> <p>e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).</p> <p>f) Based on the physician's assessment, the service plan may provide for the disconnection or removal of any kitchen appliance. (Section 15 of the Act)</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living.</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident.</p> <p>2) The amount, type, and frequency of health-related services needed by the resident.</p> <p>3) Staff responsible for the provisions of the service plan.</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>medication, or medication administration.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan.</p> <p>These requirements are not met as evidence by: Based on interview and record review the facility failed to keep resident service plans updated with resident change in condition. The facility did not integrate outside services with facility service plan. This has the potential to affect the safety measures for all residents in the facility.</p> <p>Findings includes:</p> <p>R1 is subject of complaint. R1 was admitted to facility on 11/3/23 in the memory care unit with following diagnoses. Dementia, metabolic encephalopathy, hyperlipidemia, depression, hypertension, history of falling prior to admission, and seizure like activity occasionally, anxiety disorder, impulsive.</p> <p>Facility incident report dated 10/30/24 8:55PM noted that R1 was walking to his room with escort and turned away and fell in hallway. R1 was assessed by caregiving staff 911 called and was</p>	A4010		

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A4010	<p>Continued From page 3</p> <p>sent to emergency room for evaluation/treatment. Staff called later to hospital, and it was noted that R1 broke his left femur and will require surgery. R1's Progress Notes noted the following fall dates:</p> <p>" 2/19/24 found on floor in apartment with bruise to forearm near elbow. Sent to ER for evaluation scrape by right eyebrow, bruise to right eye and forearm. R1 returned to facility on 2/20/24.</p> <p>" 2/20/24 3:15PM R1 came out of his apartment bleeding from eyebrow. Sent to ER returned to facility with diagnosis of head injury.</p> <p>" 4/16/24 R1 vs normal noticed eyes rolling back in his head. Wife refused to send R1 to hospital.</p> <p>" 6/26/24 fall in apartment</p> <p>" 9/21/24 fall in apartment</p> <p>" 10/14/24 fall in memory care hallway. Fell on left hip bruising on left hip no pain.</p> <p>" 10/20/24 fall in apartment</p> <p>" 10/30/24 fall in apartment while being escorted noted pain to left leg. Sent to ER for evaluation treatment noted left femur fracture. On 11/7/24 call from hospital that R1 will not be returning to facility will be admitted to Hospice. Review of R1's Service plan dated 1/12/24:</p> <p>" Under Fall section Services noted R1 will walk with assistive device and ambulating.</p> <p>" R1 was to receive OT PT services. The service plan did not document if R1 received these services who provided them to R1 and how often.</p> <p>" There was no documentation or update for each fall (change in condition).</p> <p>" There were no interventions how to reduce the risk of falls in service plan and who was going to provide them.</p> <p>On 2/4/25 interview with E1 Corporate Executive Director noted that at this time she is acting as</p>	A4010		
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A4010	<p>Continued From page 4</p> <p>Executive Director for Facility. There is no on sight DON currently. Corporate DON come 3 days a week. Both are aware that the care plans are outdated and in need of updating. She is aware that the Care plans need much attention. New DON starts in 2 weeks.</p> <p>On 2/4/24 interview with E2 (Director of Culinary Service). E2 noted it so happened that I was on the unit when the R1 fall incident happened. E2 noted there was another kitchen helper and caregiver down by R1. E2 saw R1 trip over his own feet. R1 complained of left hip leg pain immediately. Staff called 911 and was taken to the hospital by ambulance.</p> <p>On 2/4/24 interview with E3 (CNA) noted that R1 was very impulsive would forget to take his walker, would walk very fast and was not easy to redirect.</p>	A4010		