

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510081	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER BROOKDALE HOFFMAN ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BARRINGTON RD HOFFMAN ESTATES, IL 60169		
(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 ANNUAL LICENSURE	A 000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: Violation Section 295.3020 Employee Orientation and Ongoing Training c) Each manager and direct care staff member shall complete a minimum of 8 hours of ongoing training, applicable to the employee's responsibilities, every 12 months after the starting date of employment. The training shall include: 1) Promoting resident dignity, independence, self-determination, privacy, choice, and resident rights. 2) Disaster procedures. 3) Hygiene and infection control. 4) Assisting residents in self-administering medications. 5) Abuse and neglect prevention and reporting requirements; and	A3020		

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

TITLE

(X6) DATE

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A3020	<p>Continued From page 1</p> <p>6) Assisting residents with activities of daily living.</p> <p>d) All training shall be documented with:</p> <p>1) Date.</p> <p>2) Starting and ending time.</p> <p>3) Instructors and their qualifications.</p> <p>4) Short description of content; and</p> <p>5) Staff member's written signature.</p> <p>e) An employee who has not demonstrated to the establishment that he or she is competent to perform a particular task may perform that task only under the direct supervision of an employee who has demonstrated competence in performing the task.</p> <p>These requirements are not met as evidence by:</p> <p>Based on interview and record review the facility failed to ensure yearly continuing education, with Alzheimer's / Dementia training is completed within the years per state guidelines. This failure has the potential to affect the safety of all residents throughout the facility.</p> <p>Findings includes:</p> <p>On 10/9/24 Surveyor requested 6 employee's charts to review. It was noted employees missing ongoing 8 hours of continuing education and Alzheimer's / dementia training in his file. E7, E8</p>	A3020		

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A3020	<p>Continued From page 2</p> <p>did not have employee orientation documentation in their files. E6, E7, and E8 did not have Alzheimer's / dementia specific training in their file.</p> <p>On 10/9/24 E2 (DON) stated that there are residents in assisted living with diagnosis of Dementia that need reminding and cueing for daily ADL's.</p> <p>On 10/9/24 E4 (HR) noted that the employees' services of housekeeping and kitchen area are missing continuing education and required Alzheimer's dementia specific training from their employee file. E2 E4 both noted they will remind directors of those specific areas to keep track of the employee training and remind them to complete them yearly.</p> <p>On 10/9/24 employee files were reviewed for staff requirements the following showed:</p> <p>E6 (Cook) hired on 12/5/19. E6 employee file had only 3.75 hours of continuing education training for last year. There was no required Alzheimer's / Dementia Specific training completed in his record for last year.</p> <p>E7 (Server) hired on 10/21/05. Employee file did not contain Alzheimer's / Dementia specific training in her record.</p> <p>E8 (housekeeper) hired 5/17/10 employee file did not contain Alzheimer's / Dementia specific training in her record.</p>	A3020		