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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145126 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>09/12/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Alden Lincoln Rehab & H C Ctr |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>504 West Wellington Avenue<br>Chicago, IL 60657 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review, the facility failed to report the allegation of sexual abuse for one resident (R1) within the stipulated two hours time frame. Findings Include: On 9/11/25 at 10:05 AM, V1 (Administrator) stated that at approximately 1:00 PM on 9/9/25, the facility was notified via email by V15 (Ombudsman) that she received a call from V3 (Wound Nurse/Licensed Practical Nurse/LPN) about a possible sexual abuse towards R1. V1 stated that he is the abuse coordinator, it is his expectation that all allegations of abuse will be reported to him immediately for investigation, and the initial reportable should be sent to Illinois Department of Public health/IDPH within two hours of notification. V1 stated that V3 should have reported the allegation to him, and he should have sent the initial reportable to IDPH around 3pm and not at 5:44 PM, because he must still follow two hours of reporting allegation of abuse. On 9/11/25 at 12:38 PM, via telephone, V3 (Wound Nurse/LPN) stated that she has been in the facility since March 28, 2025, and she attended in-service on types of abuse, who and when to report an abuse. On 9/11/25 at 1:16 PM, V2 (Director of Nursing/DON) stated that she has been in the facility since April 2024. She knows that the initial investigation should have been reported to IDPH within the first two hours of notification, but V1 oversees the reporting process. Documents reviewed for this investigation are not limited to the following: Initial Incident Report Form dated 9/9/25 faxed to IDPH at 5:44 PM above the two hours time frame. Abuse in-service attendance record dated 5/14/25 with V3's signature. Copy of email dated 9/9/25, sent to V1 at 12:59 PM related to the allegation of abuse. Facility's Abuse Policy documents in part: Filing accurate and timely investigation reports.</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.

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