

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Alden Lincoln Rehab & H C Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  504 West Wellington Avenue 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 (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>49572</p> <p>Based on observation, interview and record review, the facility failed to ensure that a resident's call light was accessible and within reach to call for staff assistance which affected 1 (R25) resident in the sample of 45 residents reviewed for accommodation of needs.</p> <p>Findings include:</p> <p>On 7/22/24 at 10:50am, R25 was observed in his room, sitting up in a wheelchair, watching television. R25's call light was observed wrapped around R25's dresser drawer behind R25 not within R25's reach. When asked where the call light was, R25 replied, I don't know. Somewhere back there (pointing behind him). I cannot reach it. I just yell for staff if I cannot find the call light. I always need help from the staff.</p> <p>On 7/22/24 at 10:55am, while in R25's room, V2 (Director of Nursing/DON) was asked if R25 can reach the call light. V2 replied, No, R25 cannot reach it. The call light needs to be within R25's reach. V2 took the call light and secured it to R25's gown and R25 said, That's a good idea.</p> <p>R25's face sheet documents, in part, diagnoses of history of falling, unequal limb length tibia and fibula, unsteadiness on feet, difficulty in walking, need for assistance with personal care, unspecified lack of coordination and muscle weakness. R25's BIMS (Brief Interview for Mental Status) Summary Score: 10, dated 7/11/24, which suggests moderate cognitive impairment.</p> <p>R25's Care Plan, date initiated, 4/07/2017, documents, in part, (R25) is at risk for falls related to poor balance, inability to walk independently, limitation in ROM (range of motion), left leg shorter than right leg, use of assistive wheelchair, use of indwelling catheter, use of colostomy, diabetic medications and weakness .Intervention/Tasks: Promote placement of call light within reach.</p> <p>On 7/24/24 at 9:15am, V2 (Director of Nursing/DON) stated, Call lights should be answered in a timely manner. Call lights should be within reach of the resident.</p> <p>Facility policy titled CALL LIGHT, USE OF, dated 09/20, documents, in part, When providing care to residents, position the call light conveniently for the resident's use. Tell the resident where the call light is and show him/her how to use the call light and provide reminders to use the call light as needed Be sure call lights are placed within resident reach at all times.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility job description titled, Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times . Assure all Nursing procedures and protocols are followed in accordance with established policies . Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed. Make physical rounds on all customers daily . Monitor medication passes and treatment schedules to ensure medications are being administered as ordered and treatments are provided as scheduled.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment used after bladder irrigation were discarded after use in an effort to prevent cross contamination. This failure affected 1 (R8) resident reviewed for indwelling catheter care in the total sample of 45 residents.</p> <p>Findings include:</p> <p>On 07/22/2024 at 11:44am, there was an EBP (enhanced barrier precautions) sign posted by R8's room. On top of R8's dresser was a piston syringe dated 7/6/24 and a bottle of .9% Saline solution dated 6/29/24 with R8's identifier.</p> <p>On 07/22/2024 at 11:50am, this surveyor requested V8 (Licensed Practice Nurse) to check the dates on R8's piston syringe and saline solution bottle. V8 stated the piston syringe was dated 7/6/24 and the bottle of saline has an open date of 6/29/24. The piston syringe should be changed every 72hours and the saline solution should be discarded after 30 days upon opening to prevent infection.</p> <p>On 07/24/2024 at 10:30am, V2 (Director of Nursing) stated the saline solution used for irrigating the bladder should be discarded after use to reduce the incident of infection and to prevent compromising the resident's wellbeing.</p> <p>On 07/25/2024 at 10:44am, V2 stated the piston syringe used for irrigation should be discarded after use, basically, not to introduce bacteria to the resident to prevent infection.</p> <p>R8's (Active Order As Of: 07/23/2024) Order Summary Report documented, in part Diagnoses: benign prostatic hyperplasia with lower urinary tract symptoms, neuromuscular dysfunction of bladder, encounter for fitting and adjustment of urinary device. Catheter: May use indwelling urinary catheter due to neuromuscular dysfunction of bladder. Order Status: Active. Order Date: 06/06/2023. Start Date: 07/05/2023. Sodium Chloride Irrigation Solution 0.9% Use 30ml via irrigation every shift related to Neuromuscular Dysfunction of Bladder. Order Status: Active. Order Date: 03/16/2024. Start Date: 03/17/2024.</p> <p>R8's (06/19/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 07. Indicating R8's mental status as severely impaired.</p> <p>R8's (Target Date: 09/17/2024) Care plan documented, in part Focus: requires the use of indwelling catheter related to Urinary retention secondary to Neurogenic Bladder. Goal: will show no complications. Interventions: Irrigate the indwelling catheter every shift per MD order.</p> <p>THE (09/2020) EQUIPMENT CHANGE SCHEDULE documented, in part POLICY: Equipment will be changed following established schedules to prevent cross contamination. 3. FOLEY: c. Foley catheter irrigation sets are one time use only. 8. DISTILLED WATER AND NORMAL SALINE: b. 250ML/1000ML containers of sterile water/sterile saline used for sterile irrigation of the bladder must be used only once and the unused portion discarded.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 43351</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure the nebulizer equipment was changed weekly on 1 resident (R8), failed to label with date the nasal canula on 3 residents (R49, R53 &amp; R333) and failed to label with date the humidifier bottle for 1 resident (R333). These failures have the potential to affect 4 residents (R8, R49, R53 and R333) reviewed for respiratory care in the total sample of 45 residents.</p> <p>Findings include:</p> <p>On 07/22/2024 at 11:44am, R8's nebulizer tubing was dated 7/8/24. The tubing was attached to a nebulizer mask that was inside a plastic container.</p> <p>On 07/22/2024 at 11:50am, this surveyor requested V8 (Licensed Practice Nurse) to check the date on R8's nebulizer tubing and stated the nebulizer tubing is dated 7/8/24. I (V8) have to check our policy on when to change the nebulizer tubing.</p> <p>On 07/24/2024 at 10:27am, V2 (Director of Nursing) stated the nebulizer set up includes the nebulizer machine, tubing, and mask. The nebulizer tubing and mask should be changed every 7days and as needed to make sure it is sanitary and safe to use to prevent infection control issues.</p> <p>R8's (Active Order As Of: 07/23/2024) Order Summary Report documented, in part Diagnoses: Chronic Pulmonary Embolism. Order Summary: DuoNeb Solution 0.5-2.5 (3) MG/3ML 1 vial inhale orally via nebulizer every 6 hours as needed for SOB (shortness of breath) and wheezing. Order Status: Active. Order Date: 04/02/2024. Start Date: 04/02/2024.</p> <p>R8's (06/19/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 07. Indicating R8's mental status as severely impaired.</p> <p>R8's (Target Date: 09/17/2024) Care plan documented, in part Focus: has potential for shortness of breath due to breathing problem. Goal: Will demonstrate improved breathing post treatment. Interventions: Provide respiratory treatments per physician's order.</p> <p>THE (09/2020) EQUIPMENT CHANGE SCHEDULE documented, in part POLICY: Equipment will be changed following established schedules to prevent cross contamination. 10. INDIVIDUAL RESIDENT EQUIPMENT: 11. Nebulizer setups for bronchodilator therapy changed weekly and PRN (as needed).</p> <p>49572</p> <p>On 7/22/24 at 10:27am, R53 was observed in the dining room, sitting up in a wheelchair, with oxygen at 5L nasal cannula and the oxygen tubing was not labeled.</p> <p>R53 was unable to be interviewed.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R53's diagnosis includes but are not limited to chronic obstructive pulmonary disease, unspecified asthma, chronic diastolic heart failure and senile degeneration of the brain. R53's BIMS (Brief Interview for Mental Status) Summary Score: 03, dated 4/20/24, suggests severe cognitive impairment.</p> <p>R53's Order Summary Report, dated 7/23/24, documents in part, RESPIRATORY: OXYGEN PER NASAL CANNULA @ 2-6 LITERS PER MINUTE FOR SOB (shortness of breath) as needed.</p> <p>R53's Care Plan, date initiated 4/25/2024, documents, in part, (R53) requires oxygen therapy PRN (as needed) to help relieve shortness of breath related to diagnosis of COPD (chronic obstructive pulmonary disease) and asthma.</p> <p>On 7/22/24 at 10:35am, V7 (Registered Nurse/RN) stated, Night shift changes the oxygen tubing. They are supposed to label it with a piece of tape with the date they changed it and wrap it around the tubing. Yeah, there is not date on R53's tubing. I will change it. V7 changed R53's nasal cannula tubing at 10:39am and placed a piece of tape with the date around the tubing.</p> <p>On 7/24/24 at 9:15am, V2 (Director of Nursing/DON) stated, I (V2) would have to check the policy in regard to changing nasal cannulas. The nasal cannula should be labeled with tape and the date of when it was changed. I think its 7 days and PRN (as needed). Nasal cannulas need to be changed per policy or for example if I see it hanging over the concentrator or dresser or something because I couldn't be sure if it hit the floor or not, so it would not introduce organisms into their body.</p> <p>Facility Policy titled, OXYGEN THERAPY DEVICES - NASAL CANNULA, dated 09/2020, documents, in part, A nasal cannula will be changed monthly and prn (as needed).</p> <p>Facility job description titled, Staff Nurse (Registered Nurse/License Practical Nurse), dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times . Assume all Nursing procedures and protocols are followed in accordance with established policies. Make daily rounds to ensure nursing personnel are performing required duties, and to ensure appropriate procedures are being followed .Prepare and administer medications and treatments if appropriate as ordered by the physician . Administer professional services such as: catheterization, tube feedings, suction, applying and changing dressings/bandages, packs, colostomy, and drainage bags, care of the dead/dying, etc., as required.</p> <p>Facility job description titled, Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times . Assure all Nursing procedures and protocols are followed in accordance with established policies . Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed. Make physical rounds on all customers daily . Monitor medication passes and treatment schedules to ensure medications are being administered as ordered and treatments are provided as scheduled.</p> <p>50662</p> <p>On 07/22/24 at 10:32 am R333 observed with nasal cannula oxygen tubing not dated and connected to humidity bottle also not dated.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/22/24 at 10:36 am V15(LPN) stated, R333 does not have a date on the oxygen tubing or the humidifier bottle. The bottle is full, so they (staff) probably just put it (humidifier bottle) this morning. The oxygen tubing and humidifier bottle should have a date on it.</p> <p>On 07/22/24 at 10:45 am, R49 observed with portable oxygen tank at bedside with oxygen tubing not dated.</p> <p>On 07/22/24 at 10:48 am, V15 stated, there is not a date on the oxygen tubing because the resident (R49) changes the tubing himself. There should be a date on it (oxygen tubing).</p> <p>R49's diagnosis includes but are not limited to Chronic Obstructive Pulmonary Disease (COPD), Atrial fibrillation, End Stage Renal Disease, Benign Prostatic Hyperplasia, Chronic Respiratory Failure, Dependence on Supplemental Oxygen.</p> <p>R49's active physician order dated 3/27/24 documents in part, Respiratory: Change O2 (Oxygen) tubing monthly and PRN (As Needed).</p> <p>R49's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 indicating R49 is cognitively intact.</p> <p>R49's care plan dated 6/6/24 documents in part, R49 requires oxygen therapy to help relieve shortness of breath related to COPD.</p> <p>R333's diagnosis includes but are not limited to dependence on supplemental oxygen, Presence of other Cardiac Implants, solitary Pulmonary Nodule, Atrial Fibrillation.</p> <p>R333's active physician order dated 7/19/24 documents in part, Respiratory: Oxygen per Nasal Cannula at 1 liter per minute continuous Change O2 tubing monthly and PRN.</p> <p>R333's care plan dated 7/23/24 documents in part, Resident requires oxygen therapy .Administer oxygen per MD (medical doctor) orders.</p> <p>R333's admitted [DATE], MDS in progress, no BIMS score recorded.</p> <p>Facility's policy titled Oxygen Therapy Devices High Humidity dated 09/2020 documents in part, Policy: Oxygen delivered with high humidity or high humidity without O2 (oxygen) will be set up to enhance humidification of mucous membranes .4. High humidity devices and tubing will be changed monthly and PRN (as needed).</p> <p>Facility's policy titled Oxygen Therapy Devices-Nasal Cannula dated 09/2020 documents in part, Policy: Oxygen delivered per nasal cannula, will be used to prevent or reverse hypoxia and improve tissue oxygenation .A nasal cannula will be changed monthly and PRN.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49572</p> <p>Based on observation, interview, and record review, the facility failed to label opened multi dose vials. This failure has the potential to affect one resident (R66) and all 24 residents on the first floor (total of 25 residents) reviewed for medications in the sample of 45 residents.</p> <p>Findings include:</p> <p>Facility document titled, (Facility) Daily Census [DATE] shows a total of 24 residents residing on the first floor.</p> <p>On [DATE] at 10:38am, with V26 (Licensed Practical Nurse/LPN), during observation of medication storage on the 1st floor, the following was observed:</p> <p>1st floor medication refrigerator had an opened house stock vial of Tuberculin Purified Protein Derivative with no label of when it was opened.</p> <p>When this surveyor inquired about the missing open date, V26 (LPN) replied, I think we just go by the expiration date on the medication. I'll have to check with pharmacy. If a medication is expired it is no good, it doesn't work like it's supposed to.</p> <p>On [DATE] at 11:02am, with V17 (Registered Nurse/RN), during observation of medication storage on the 2nd floor, the following was observed:</p> <p>R66's Travoprost eye drops were opened with no label of when it was opened.</p> <p>When this surveyor inquired about the missing open dates, V17 (Registered Nurse/RN) stated, Ugh. Yeah, I don't know why someone didn't label those meds. They have a different expiration date after they are opened. The medications won't be as good.</p> <p>R66's diagnosis includes but are not limited to primary open-angle glaucoma, bilateral, mild stage. R66's BIMS (Brief Interview for Mental Status) Summary Score: 05, dated [DATE], suggests severe cognitive impairment.</p> <p>R66's Order Summary Report, dated [DATE], documents in part, Travoprost Solution 0.004% instill 1 drop in both eyes at bedtime related to PRIMARY-ANGLE GLAUCOMA, BILATERAL, MILD STAGE.</p> <p>On [DATE] at 9:15am, V2 (Director of Nursing/DON) stated, multi-dose medications should be dated upon being opened. Stickers go on the vials with the date you open it. Once you pop the top off it has a different expiration date.</p> <p>The manufacturing manual inside the box of Tuberculin Purified Protein Derivative, revised date .d+[DATE], documents, in part, vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency.</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility policy titled, Multi-Dose Vials, Use Of, dated ,d+[DATE], documents, in part, multi-dose vials (MDVs) contain a preservative, so that they may be used multiple times. The opened and beyond-use (expiration) dates will be noted and initialed at the time the vial cap is removed. In general, MDVs may be used for 28 days after the initial opening of the vial . If this is a new vial, remove the cap from the vial. Using an ink pen, write the opened and expiration dates, as well as the nurse's initials, on the vial's label .</p> <p>Facility job description titled, Staff Nurse (Registered Nurse/License Practical Nurse), dated ,d+[DATE], documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times . Assume all Nursing procedures and protocols are followed in accordance with established policies. Make daily rounds to ensure nursing personnel are performing required duties, and to ensure appropriate procedures are being followed .Prepare and administer medications and treatments if appropriate as ordered by the physician.</p> <p>Facility job description titled, Director of Nursing, dated ,d+[DATE], documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times . Assure all Nursing procedures and protocols are followed in accordance with established policies . Make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed. Make physical rounds on all customers daily . Monitor medication passes and treatment schedules to ensure medications are being administered as ordered and treatments are provided as scheduled.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662</b></p> <p>Based on observation, interview, and record review the facility failed to perform hand hygiene in between assisting one resident (R49) during dining service and failed to don Personal Protective Equipment (PPE) when performing care on one resident (R50) on Enhanced Barrier Precautions (EBP) isolation in an effort to prevent the spread of infectious microorganisms. These failures affected two residents (R49 and R50) in the sample of forty-five residents reviewed and have the potential to affect all thirty residents residing on the third floor.</p> <p>Findings include:</p> <p>On 07/22/24 at 12:30 PM V12 Certified Nursing Assistant (CNA) observed in 3rd floor dining area wiping spilled liquid from table. V12 then observed grabbing 2 sandwiches while still holding wet paper towels from spill and proceeded down the hall.</p> <p>On 07/22/24 at 12:34 PM V12 stated Those sandwiches were for R49. I shouldn't have been holding the sandwiches for another resident while finishing cleaning up another resident's spill.</p> <p>On 07/24/24 at 12:33 PM V2 Director of Nursing (DON) stated Hand hygiene should be performed before entering a resident's room, before medication pass, and before and after passing trays. Bacteria can be spread from resident to resident when hand hygiene is not performed.</p> <p>R49's diagnosis includes but are not limited to Chronic Obstructive Pulmonary Disease (COPD), Atrial fibrillation, End Stage Renal Disease, Benign Prostatic Hyperplasia, Chronic Respiratory Failure, Dependence on Supplemental Oxygen.</p> <p>R49's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 indicating R49 is cognitively intact.</p> <p>R49's active physician order dated 5/16/2024 documents in part, EBP for device care or use of urinary catheter.</p> <p>Facility's policy titled Hand Washing and Hand Hygiene dated 6/4/2020, documents in part, Purpose: Appropriate hand hygiene is essential in preventing the spread of infectious organisms in healthcare settings . Guidelines: 1. Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items. Specific examples include but are not limited to: c) Before touching medication or food to be given to a resident .i) Between contacts with different residents .2. Alcohol-based hand rub (ABHR) is the preferred method for hand hygiene.</p> <p>Facility's policy titled Job Description Certified Nursing Assistant dated 03/2023 documents in part, IV. A. Ensure that all nursing procedures and protocols are followed in accordance with established policies.</p> <p>45196</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/22/24 at 10:30 am, Surveyor observed R50's room with a sign that read Stop: Enhanced Barrier Precautions (EBP): Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following High Contact Resident Care Activities: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing and an isolation bin with PPE supplies (gown, gloves, mask) outside of R50's room. Upon entering R50's room, surveyor observed V12 (Certified Nursing Assistant, CNA) performing ADL (Activities of Daily Living) care with R50 (changing R50's incontinence brief) without wearing a gown.</p> <p>On 07/22/24 at 11:09 am, Surveyor questioned V12 regarding the EBP sign on R50's room and V12 stated that the EBP sign on R50's room is so that staff knows what the necessary PPE (gown, gloves, and mask) is required to wear so that staff can protect themselves from residents who are sick that staff may come in contact with. When surveyor asked V12 regarding not wearing PPE while providing ADL care to R50, V12 stated there was no PPE in the isolation bin outside of R50's room. Surveyor and V12 then observed the PPE bin outside of R50's door with PPE supplies (gown, gloves, and mask). V12 then stated, Oh well, I should have checked with the nurse first. There have been times they (referring to the residents) did not require us (referring to staff) to wear a gown.</p> <p>On 07/24/24 at 9:02 am, V2 (Director of Nursing, DON) stated that V2 is the facility's Infection Preventionist at the facility. V2 stated, EBP precautions are to give the residents an extra layer of precautions, for the residents who are prone or subjected to infections. V2 explained that residents with EBP are residents with G-Tubes, wounds, and indwelling catheters. V2 then explained that staff are expected to wear gloves and gown during high contact care such as dressing, grooming, toileting, bathing, administering medications during IV access, inserting indwelling catheters and flushing G-tubes. When V2 was asked regarding the importance of EBP V2 stated, It is to make sure we are not introducing the resident to any infections.</p> <p>R50's face sheet shows that R50 has a diagnosis which includes but not limited to : non pressure chronic ulcer of other part of left lower leg, quadriplegia, radiculopathy cervical region, unspecified injury at unspecified with bleeding, peripheral vascular disease, and chronic obstructive pulmonary disease.</p> <p>R50's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 14 which indicates that R50 is cognitively intact.</p> <p>Facility's document dated 07/22/24 order description: EBP shows that R50 requires EBP for chronic wound.</p> <p>The facility's document dated 12/14/23 and titled Enhanced Barrier Precautions documented, in part: Enhanced Barrier Precautions (EBP) are infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) in nursing homes. As well as to prevent multi-drug resistant organism acquisition of those with an increased risk of acquiring MDRO's including resident with a chronic wound or an indwelling medical device. Guidelines: 1. EBP involves gown and gloves use during high-contact resident care activities for residents known to be infected or colonized with MDROs when a contact precaution do not otherwise apply. As well as residents with a chronic wound and/or indwelling medical device. Procedure 1. High-Contact Resident Care Activities include the following: . b. Bathing/Showering . e. Providing hygiene. f. Changing briefs or assisting with toileting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145126	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/25/2024
NAME OF PROVIDER OR SUPPLIER  Alden Lincoln Rehab & H C Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  504 West Wellington Avenue 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.

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R50's care plan shows that R50 is receiving antibiotic therapy indicated for wound infection of the non-pressure chronic ulcer of RLL (right lower leg), LLL (left lower leg) with necrosis of muscle . Interventions: Enhanced Barrier Precautions will be implemented during high contact resident care activities.</p> <p>R50's Physician Order Sheet (POS) dated 05/15/2 shows order for EBP for Chronic Wound.</p> <p>The facility's undated document titled, Enhanced Barrier Precautions documents, in part: Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following High Contact Resident Care Activities: Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, changing briefs or assisting with toileting, Device care or use: central line, urinary catheter, feeding tube, tracheostomy, Wound Care: any skin opening requiring a dressing.</p>