

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145379	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/12/2024
NAME OF PROVIDER OR SUPPLIER Alden Valley Ridge Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 275 East Army Trail Road Bloomington, IL 60108	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40054</p> <p>Based on record review and interviews the facility failed to submit an initial resident abuse allegation to the Illinois Department of Public Health (IDPH) for an allegation of sexual abuse. This applies to 1 of 2 residents (R2) reviewed for abuse reporting.</p> <p>The findings include:</p> <p>Review of the facility's Abuse Policy, dated 09/20, stated in part, Initial Reporting of Allegations shall be completed immediately upon notification of the allegation. The written report shall be sent to the Department of Public Health.</p> <p>The EMR (Electronic Medical Record) shows R2 was admitted to the facility on [DATE] with multiple diagnoses, including dementia, cardiac disorders with a pacemaker, venous thrombosis, type 2 dialysis, and chronic kidney disease, R3's MDS (Minimum Data Set) dated 09/11/2024 shows R3 is cognitively severely impaired requires two staff assistance for mobility and transfer.</p> <p>The facility investigation report dated 11/04/2024 showed R3 (R2's family member), who is on the second floor, reported to V4 (Director of Memory Care) that some man came to R2's room with his hot dog hanging in between his leg and showed it to her. V1 (Administrator) and V4 met with R2 and investigated the allegation. The allegation was unfounded.</p> <p>On 12/09/2024 at approximately 11:00 AM, V4 said she reported to V1 when R3 reported the allegation and they investigated the incident. V4 said R2 could not converse in person or over the phone, and there was no contact between R2 and R3 due to the infection control lockdown. V4 said the allegation was not substantiated, so they did not report the allegations to the State Agency.</p> <p>On 12/06/2024 at 3:00 PM, V3 (Director of Nursing) said R2 was in memory care, and R3 was on the second floor. V1 and V3 said R2 is unable to hold any conversation, and R3 is delusional and paranoid with multiple psychiatric problems. V3 said there was no contact between R3 and R2 during the allegation time since R3 was isolated due to COVID-19 and the second floor was on lockdown. V2 said that after a week, R3 reported the allegation to the police and the police investigated with no findings. V1 and V3 said it had slipped from their mind to report to IDPH and acknowledged that they should have reported it.</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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