

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145403	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Alden Poplar Creek Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 1545 Barrington Road Hoffman Estates, IL 60169	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure no delay in care and treatment to a resident with unwitnessed fall that was later diagnosed with fractured left elbow. The facility also failed to revise resident comprehensive care plan in a timely manner for cast management and ADLs (Activity of daily living) limitation affected by cast on left elbow due to fracture. This deficiency affects one (R1) of three residents reviewed for Fall management. Findings include: On 3/11/26 at 10:05AM, V5, Family member, said R1 reported she fell backward in her room on 2/21/26 sometime between 1:30PM to 8:30PM. R1 complained of left elbow pain with limited mobility and swelling. X-ray of elbow was not done until the following evening, 2/22/26. V5 said V6, RN (Registered Nurse), called him around 9:00PM to inform him the x-ray result indicated a fracture of the left elbow. R1 was sent to the hospital emergency room (ER) for further evaluation as ordered by physician. V6 informed him there will be a 2 hour delay in ambulance pick due to it being a non-emergency. He went to the facility around 10:00PM and he brought R1 to the hospital ER. Cast was applied to R1's left elbow and returned to the facility on 2/23/26 at 1:00AM. R1 had surgery on the left elbow on 3/6/26. V5 is concerned about the delay in x-ray and transport of R1 to the hospital. On 3/11/26 at 9:28AM, R1 was sitting in bed with a left arm cast; arm sling hanging at bedside corner. The wheelchair was in the corner away from her. R1 has difficulty dressing by herself. V2, DON (Director of Nursing), offered to call CNA (Certified Nursing Assistant) to assist R1. R1 was alert and oriented with periods of confusion but she can verbalize her needs to staff. She said she fell and hurt her elbow. On 3/11/26 at 9:39AM, V7, RN, said she was the nurse on duty when R1 returned from out on pass with family on 2/21/26 at around 1:00PM. V5, Family member, brought her to the dining room for lunch and stayed there until end of her shift. V5 did not report a fall incident occurring at home and R1 did not complain of pain. V7 said the following day, it was reported R1 complained of pain to her left elbow on the evening shift and had order for x ray. She medicated R1 for left elbow pain during her shift. X-ray service did not arrive on her shift. V7 said she did not follow up because it usually arrived around 3 PM by the time she leaves. Review of R1's active physician order sheet and comprehensive care plan with V4, Restorative Nurse, showed the hospital discharged instruction on 2/21/26 and 3/6/26 were not carried over on the order sheet and care plan. R1 had a cast after returning to hospital due fractured left elbow from unwitnessed fall on 2/21/26. R1's discharged instructions from the hospital indicated: Keep your arm raised (elevated) to reduce pain and swelling. Ice pack on the injured area. Keep the cast completely dry at all times. May use acetaminophen or ibuprofen to control pain unless another pain medicine was prescribed. Don't put creams or objects under the cast if you have itching. R1 had ORIF (Open Reduction Internal Fixation) on 3/6/26, with discharged orders from the hospital including: Keep the limbs on a pillow when resting. Keep dressing on until seen by MD. Call 911 when you have chest pain and or trouble breathing. Call MD when pain is not relieved with prescribed pain medication, fever of 100.4 and above, drainage from the wound. Ice pack on the operated area 30 minutes on /30 minutes off while awake for 7-10 days. No care plan revision for her cast management and ADLs care plan was made due to limited mobility from left arm cast. V4 said she is only responsible for updating the fall care plan. V4 said the floor nurses should update R1's ADLs and cast (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>management. On 3/11/26 at 10:54AM, V9, Nurse Practitioner, said she received a text message on 2/21/26 from V6, RN, that R1 fell and bumped her left elbow. It was an unwitnessed fall. R1 complained of left elbow pain and confusion. V9 ordered X-ray of left elbow, CBC (complete blood count), CMP (Complete metabolic profile) and UA (urinalysis). On 2/22/26 at 9PM, she received a text message from V6, RN, that R1's X-ray result indicated fractured left elbow. She ordered R1 to be sent out to the hospital for further evaluation. She was not informed by V6, RN, that there was a delay in transporting R1 to the hospital and she was not notified that V5, Family member, intervened to transport R1 to hospital. V9 said it was expected R1 should immediately be transported to the hospital for evaluation since report of fall and pain over 24 hours to prevent complications. R1's fall incident report was submitted to IDPH (Illinois Department of Public Health) on 2/22/26. Informed V2 there is a discrepancy in the incident report that he completed and submitted to IDPH. He documented R1 reported left elbow pain upon arrival back to the facility on 2/21/26 and stated, I fell at home in the living room and hurt my elbow. R1's progress note, dated 2/21/26 at 1:19PM, documented by V7, RN, indicated, Returned from out on pass. (R1) in the dining room having lunch. V6, RN, documented on 2/21/26 at 8:24PM, (R1) appeared to be confused tonight, observed taking a plastic gown and put it on like a diaper. Assisted with dressing. (R1) claimed that she slipped and bumped into her elbow. (R1) talking nonsense when asked to describe her fall. She said that the girls picked her up off the floor but none of the staff were aware of it. (R1) complained of left elbow pain with limited movement. In addition, it was not indicated V5, family member, was the one who transported R1 to the hospital. V2, DON, said he was not aware at that time R1 was transported to the hospital ER by V5, Family member. He was not aware V5 intervened to transport R1 to hospital using his private car due to delayed in ambulance transportation. V2 said R1's discharge orders from the hospital should be written in physician order and ADLs care including cast management should be updated by V4, Restorative Nurse, in the care plan. On 3/11/26 at 11:59AM, V6, RN, said she works on 3-11 shift on 2/21/26. V13, Certified Nursing Assistant/CNA, reported to her around 8 PM when providing evening care to R1 that she complained of pain in her left elbow when lifting her arms to remove her clothes. She said she appeared to be confused that night. She said she slipped and bumped her left elbow. She is talking nonsense when asked to describe her fall. She said the girls picked her up off the floor but none of the staff were aware of it. She complained of left elbow pain with limited movement and slight swelling. She called V9, NP, and ordered X-ray of left elbow. V6 notified V5, Family member. V6 medicated R1 for pain in her left elbow. She worked with her on the following day, 2/22/26. X-day was done in the evening with abnormal result- fractured of left elbow. She relayed to V9, NP, and ordered to send R1 to hospital ER for evaluation. She called V5 around 9pm to inform him the ambulance transportation will be delayed for 2 hours. V5 said he cannot wait and will provide transportation for R1. V5 came around 10PM and took R1 to hospital ER. V6 said she did not inform V9, NP, of the delay in ambulance transportation and the V5, family, intervened to transport R1 to the hospital. On 3/11/26 at 12:31PM, V13, CNA, said she worked with R1 on 2/21/26. She saw R1 in the dining room when coming to work. She did not complain of pain. Around 8PM, when making rounds for evening care, R1 complained of left elbow when lifting her arms to remove her clothes. She reported to V6, RN. On 3/11/26 at 1:19PM, V3, Care Plan Coordinator, said the care plan should be updated with resident change of condition or treatment/management. V3 said R1's ADLs care plan should be updated by V4, Restorative Nurse. R1 was admitted on [DATE], with diagnoses listed in part but not limited to Nondisplaced fracture of olecranon process without intraarticular extension of left ulna, subsequent encounter for closed fracture with routine healing, Dementia, Type 2 Diabetes Mellitus, Long term use of antithrombotic/antiplatelets. Hyperlipidemia. Active physician order sheet did not indicate hospital discharge instruction post cast application for fractured left elbow following fall on 2/21/26 and post ORIF surgery on left elbow on 3/6/26. Comprehensive care plan was not updated for cast management and ADLs (Activity of daily living) limitation affected by cast on left elbow. Facility's policy on Management of falls 8/2020 indicated: Policy: The facility will assess (continued on next page)</p>		

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