STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145403	A. Building B. Wing	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Poplar Creek Rehab & Hcc	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47552 Based on interview and record review, the facility failed to ensure a signed Physician Orders for Life-Sustaining Treatment (POLST) form was followed up with and signed by the physician. This applies to 1 of 28 residents (R96) reviewed for Advanced Directives in the sample if 28. The findings include: R96's Facesheet, dated 9/10/24, shows R96 has a current advance directive of Full Code. R96's Facesheet also shows V13 (R96's Family Member) is R96's Healthcare Surrogate. On 9/10/24 at 10:50 AM, R96 said someone from the facility spoke with him and V13 about changing his Advanced Directive information approximately two to three weeks ago. R96 could not recall who they spoke with. R96 said his current wishes are to continue with finalizing his Do Not Resuscitate (DNR) status, stating he has been through enough already. R96's Social Service Quarterly Assessment, dated 8/14/24, completed by V12 (Corporate Social Services) states, Wife (V13) expressed interest in completing a POLST form. Wife requested copy of the form be left at reception desk for her to retrieve during her visit. R96's POLST form, uploaded to the medical records on 8/30/24, shows R96 and V13 signed the form on 8/17/24. On 9/11/24 at 9:55 AM, V10 (Director of Social Services) said obtaining a resident's preferred Advanced Directive status is part of the admission process. V10 will speak with the resident or their representative and inquire what their wishes are, and will get the appropriate paperwork completed based upon their wishes. If the resident has a previously completed POLST form, the facility will retrieve a copy, upload it to the medical record, and update the Advanced Directive in the medical records to match the residents preference. V10 said the POLST form is not valid until the resident's physician signs it, and that process usually takes 24 to 48 hours once the resident and family representative sign it and return it to the facility. V10 was not familiar where in the process R96 was with his POLST form. At 12:40 PM, V10 said a call was placed to V13, but V13 did not answer. On 9/11/24 at 4:01 PM, V1 (Administrator) said R96 went to the hospital on 8/29/24, and returned to the facility on [DATE]. (continued on next page)

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

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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility was unable to provide documentation prior to the exit on 9/11/24 showing the facility followed up with V13 or R96's physician any time between 8/14/24 and 8/29/24, or after R96's readmission on 9/6/24.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 34314 Based on interview and record review, the facility failed to follow its abuse policy by reporting and investigating allegations of sexual abuse. This applies to 2 of 28 residents (R56 & R115) reviewed for abuse in the sample of 28. The findings include: On September 10, 2024 at 1:30 PM, R56 stated R115 touched her inappropriately last summer. She was out on the patio and R115 came out there. She told V14 (Social Worker), who no longer works at the facility. V14 told her she would take care of it. On September 11, 2024 at 9:26 AM, V1 (Administrator) stated R56's allegation of abuse were not reported to her, and she has not done any abuse investigation. The facility's abuse policy, dated September 2020, shows, Policy: This facility affirms the right of our residents to be free form abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. The facility will report reasonable suspicion of a crime. This facility therefore prohibits mistreatment, neglect or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect of abuse of our resident this will be done by: .6. Implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively, and making the necessary changes to prevent future occurrences; 7. Filing accurate and timely investigative reports . Abuse Prevention Program: .4. Identification: Employees are required to immediately report any occurrences of potential mistreatment they observed, hear about, or suspect to a supervisor or the administrator . Supervisors shall immediately inform the administrator or designee of all reports of potential mistreatment. Upon learning of the report, the administrator or designee shall initiate an incident investigation 6. Investigation: a. Appoint an investigator. Once an allegation has been, the administrator or designee will investigate the allegation and obtain a copy of any documentation related to the incident.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 34314 Based on interview and record review, the facility failed to ensure staff reported allegations of sexual abuse to the Administrator immediately. This applies to 2 of 28 residents (R56 & R115) reviewed for abuse in the sample of 28. The findings include: On September 10, 2024 at 1:30 PM, R56 stated R115 touched her inappropriately last summer. She told V14 (Social Worker), who no longer works at the facility. On September 11, 2024 at 9:26 AM, V1 (Administrator) stated V14 (Social Worker) never reported to V1 (Administrator), who is the abuse coordinator. V1 stated allegations of abuse should be reported to her. R115's care plan, dated July 29, 2024, shows, (R115) demonstrates socially inappropriate behaviors as evidenced by attempting to/actually touching females in the facility. R56's and R115's electronic medical records do not show any documentation regarding the incident.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 34314 Based on interview and record review, the facility failed to investigate an allegation of sexual abuse. This applies to 2 of 28 residents (R56 & R115) reviewed for abuse in the sample of 28. The findings include: On September 10, 2024 at 1:30 PM, R56 stated R115 touched her inappropriately last summer. She was out on the patio and R115 came out there. R115 came over to R56 and grabbed her breast. She asked him to stop and then continued to go down her shirt and up her shirt touching her breast again. She told V14 (Social Worker), who no longer works at the facility. V14 told her she would take care of it. On September 11, 2024 at 9:26 AM, V1 (Administrator) stated she spoke with R56 the night before. R56 refreshed her memory and reminded her of the situation on the patio. R56 did inform V14 (Social Worker) that R115 touched her blouse in the breast area. V14 (Social Worker) never reported it to V1 (Administrator), who is the abuse coordinator. V1 (Administrator) stated she did not do any investigation into R56's allegation that R115 touched her breast on the patio last summer. If it was reported to her, she would have done an abuse investigation. R56's SSD (Social Service Department) Brief Interview for Mental Status, dated August 14, 2024, shows she is cognitively intact. R115's SSD Brief Interview for Mental Status, dated July 23, 2024, shows he has a mild cognitive impairment. R115's care plan, dated July 29, 2024, shows, (R115) demonstrates socially inappropriate behaviors as evidenced by attempting to/actually touching females in the facility. R115's and R56's electronic medical records do not show any documentation regarding the incident(s). The facility did not provide any abuse investigation regarding R56's allegation.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 34490 Based on observation, interview, and record revie,w the facility failed to ensure schedule II controlled substances were stored in a separately locked compartment for 2 of 28 residents (R54 and R92) reviewed for medication storage in the sample of 28. The findings include: 1. R54's Physician's Order Sheet, printed on 9/10/24, shows an order for Hydromorphone solution (Schedule II controlled substance) 4 milligrams/milliliter (mg/ml) to be given as needed for pain or shortness of breath. On 9/9/24 at 10:17 AM, there was a bottle of R54's Hydromorphone in the refrigerator that was located in the medication room on the second floor. The refrigerator had a lock located on the side of it, but the lock was not locked. 2. R92's Physician's Order Sheet, printed on 9/10/24, shows an order for Hydromorphone solution (Schedule II controlled substance) 4mg/ml to be given as needed for pain or shortness of breath. On 9/9/24 at 10:17 AM, there was a bottle of R92's Hydromorphone in the refrigerator that was located in the medication room on the second floor. The refrigerator had a lock located on the side of it, but the lock was not locked. On 9/10/24 at 2:20 PM, V2 (Director of Nursing) said Hydromorphone should be stored in a double locked medication cart, or in the refrigerator in the medication room. V2 said the door to the medication room is locked, and the refrigerator should be locked as well. The facility's Storage/Labeling/Packaging of Medications Policy, dated 1/2022, shows,Schedule II controlled medications are stored under a double-lock system accessible only to licensed staff.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 34490 Based on observation, interview, and record review, the facility failed to ensure personal protective equipment (PPE) was worn when providing care to a resident on enhanced barrier precautions (EBP) for 1 of 28 residents (R78) reviewed for infection control in the sample of 28. The findings include: R78's Physician's Order sheet shows an active order, dated 12/28/22, for, EBP for Device Care or Use of Feeding Tube. R78's Care Plan shows she requires tube feeding and stoma site care and has an intervention of: Enhanced Barrier Precautions will be implemented during high contact resident care activities. On 9/9/24 at 10:21 AM, there was a sign on R78's door showing she was on EBP. V4 and V5 (Certified Nursing Assistants) went into R78's room and provided incontinence care to R78 and changed her bedding. V4 and V5 did not have a gown on while providing the care. On 9/10/24 at 2:01 PM, V9 (Infection Preventionist) said residents on tube feeding should be on EBP. V9 said staff should wear PPE (gloves and gown) anytime they are going to be providing care to the resident. The facility's Enhanced Barrier Precautions Policy, dated 12/14/24, shows, EBP (Enhanced Barrier Precautions) involves gown and gloves use during high-contact resident care activities for residents known to be infected or colonized with MDROs when contact precautions do not otherwise apply. As well as residents with a chronic wound and/or indwelling medical device High-Contact Resident Care Activities include the following: Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting Residents that have indwelling medical devices, regardless of MDRO status, will be on EBP. Some examples may include feeding tube .

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22499 Based on interview and record review, the facility failed to ensure a resident received an influenza vaccine following admission to the facility. The facility also failed to ensure a resident was offered a second pneumonia vaccine. This applies to 2 of 5 residents (R116, R90) reviewed for immunizations in the sample of 28. The findings include: 1. R116's Face Sheet current Face Sheet shows she was last admitted to the facility on [DATE]. R116's Informed Consent Influenza Immunization Vaccine 2023-2024 shows the box marked for Unless medically contraindicated, I give the facility permission to administer the influenza immunization vaccine. The back of this same form shows: Legal Representative Signature: (Typed R116's son's name), and dated 10/25/23. On 9/11/24 at 12:44 PM, V9 (Infection Preventionist) stated, I followed up with the son and he refused the vaccine- the nurse did the consent, but then the son refused. V9 was asked where this was documented, and V9 stated she just put refused on the immunization page in R116 EMR (electronic medical record), but didn't document anything more about it. R116's EMR shows she did not receive the influenza vaccine in 2023. The facility Influenza Vaccination Policy, dated 12/14/23, states, All new admissions will be offered the influenza vaccine during October 1st through March 31st unless ordered otherwise or has already received the influenza vaccine. If consented or declined, it will be documented in the residents' medical records. Historical information will be entered if available. 2. R90's current Face Sheet shows R90 was last admitted to the facility on [DATE]. R90's Informed Consent for Pneumococcal Immunization Vaccine, dated 9/6/23, shows the box checked stating: I have already received Pneumococcal Vaccine PCV13. On 9/11/24 at 12:44 PM, V9 (Infection Preventionist) stated, We will go back to the family and get a consent for the other vaccine. He got the (PCV) 13, so he can't get the other one for 5 years. R90's (IDPH- State Health Department) Shot History Details Report (reviewed by the facility on 9/11/24) shows R90 received the PCV13 Vaccine on 1/1/2009, the PPSV23 on 1/1/2010, and the PCV13 again on 10/24/2020. The facility policy entitled Pneumococcal Vaccination, dated 12/11/23, states, It is it the policy of this facility that residents will be offered immunization against pneumococcal disease in accordance with the Advisory Committee on Immunization Practices (ACIP) recommendations and Previously received only PCV13: 1 dose PCV20 or 1 dose PPSV23. If PCV20 selected, administer at least 1 year after the last PCV13 dose. If PPSV23 is selected, administer at least 1 year after the last PCV13 dose .