

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Alden Lakeland Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 820 West Lawrence Chicago, IL 60640	

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>43351</p> <p>Based on interview and record review, the facility failed to follow their own policy of reporting injury of unknown origin within the timeframe. This failure affected 1 (R3) resident reviewed for incident and accident in the total sample of 5 residents.</p> <p>Findings include:</p> <p>On 10/23/2024 at 10:48am, V13 (Wound Care Coordinator) stated R3's scar is about 2cm x 0.5cm, (centimeter) vertically above the left side of the upper lip.</p> <p>On 10/22/2024 at 2:59pm, V4 (Licensed Practice Nurse) stated it was in the afternoon on second shift when it happened. I (V4) walked my CNA (V8 -Agency CNA) to do the rounds He (R3) was fine. I (V4) gave him (R3) his med at 4pm and he was ok. Then V9 (Nurse Practitioner) walked into the room and went back out, and said do you know (R3) was bleeding.</p> <p>On 10/22/2024 at 3:18pm, V4 stated I notified the doctor, family, V2 (Director of Nursing) and V3(Assistant Director of Nursing). I (V4) told V2 that R3 has an open area on his left upper lip. I (V4) called R3's family and I (V4) told them I could not explain how it happened and that (V2) would get back to them.</p> <p>On 10/22/2024 at 12:06pm, V3 (Assistant Director of Nursing) stated I (V3) submitted the initial reportable for R3. It happened on 09/26/24 and the initial reportable was sent on 09/27/24. It was hard to determine how he could have gotten a laceration on his lip. We interviewed everybody, the nurses who worked prior to that shift and during the shift.</p> <p>On 10/22/2024 at 12:34pm, V3 stated my understanding is initial reportable should be submitted to the State within 24 hours. The time frame starts from the time the facility was made aware of the injury.</p> <p>On 10/23/2024 at 1:45pm, V2 (Director of Nursing) stated the nurse called me while I was driving. I (V2) asked when he (R3) was last seen, she (V4) stated she made her rounds with the CNA (V8 -Agency CNA) and nothing was going on with him. There was really nothing going on with R3 prior to the injury. The cause of injury was unknown. We continued questioning the staff to get to the timeline of when the injury happened.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/23/2024 at 1:52pm, V2 stated it was a serious injury that is why he went to the emergency room , and it was reported to the State.</p> <p>R3's Admission Record documented, in part Diagnoses: (include but not limited to) epilepsy and parkinson's disease.</p> <p>R3's (07/31/2024) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: no entry. Section C0700. Short-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem. C0800. Long-Term memory Ok: 1 memory problem. C0800. Long-Term Memory Ok: 1. Memory Problem.</p> <p>R3's (09/26/2024 6:13pm) note documented, in part Nurse noticed a laceration to upper lip with bleeding. The laceration is deep and approximately 5-6cm in length. Authored by V4 (Licensed Practice Nurse)</p> <p>R3's (09/27/2024 5:53pm) initial reportable documented, in part (R3) was noted to have a laceration to his left upper lip during rounds. Report completed by: V3. Of note, reportable was submitted more than 2 hours after R3 was noted with 5-6cm laceration.</p> <p>R3's (discharged : 9/27/24) Hospital Record documented, in part History of present illness. Presenting with laceration to lip. Nursing home staff states they are unsure how the patient (R3) got laceration.</p> <p>The (09/2020) Incident/Accident Reports documented, in part The Incident/Accident Report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident to resident altercations. Procedure: An accident refers to any unexpected or incident, which may result in injury or illness to a resident. 12. The Director Of Nursing, Assistant Director Of Nursing or Supervisor must notify: a. The State Department of Public Health any serious incident or accident. Serious means any incident or accident that causes physical harm or injury to a resident. b. Any injuries of unknown source are reported immediately (no later than two hours) to the State Survey Agency.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>43351</p> <p>Based on observations, interviews, and record review, the facility failed to ensure the low air loss mattresses were set on the recommended settings. This failure affected 2 (R3 and R5) residents reviewed for the treatment of pressure injury in the total sample of 5 residents.</p> <p>Findings include:</p> <p>On 10/22/2024 at 11:16am V10 (Certified Nursing Assistant) went inside R5's room. R5 was lying on low air loss mattress. Setting was at 340lbs. (pounds), alternating every 10 minutes. This surveyor requested V10 to check R5's low air loss mattress setting, and stated setting is at 340lbs, alternating every 10 minutes. R5 stated I weigh 247lbs.</p> <p>On 10/22/2024 at 11:37am, R3 was lying on a low air loss mattress, setting at 280lbs alternating every 10 minutes seat inflate. This surveyor requested V4 (Licensed Practice Nurse) to check R3's low air loss mattress setting and stated his (R3) low air loss mattress is set at 280lbs, alternating every 10 minutes. This surveyor inquired how much R3 weighs. V4 stated I need to check his record.</p> <p>On 10/22/2024 at 11:40am, V4 stated he weighed 197.4lbs on 10/7/24.</p> <p>On 10/23/2024 at 10:59am, V13 (Wound Care Coordinator) stated the purpose of the low air loss mattress is to prevent pressure wound and to prevent worsening of the pressure wound. Setting of the low air loss mattress is based on the resident's weight. The setting could be a little above of the resident's weight. If the resident weighs 190lbs and the low air loss mattress has no setting for that weight, then I would set it to the closest setting or nearest weight setting. We don't want the setting of the low air loss mattress to be hard or too firm for the resident because it can cause or worsen pressure ulcer. The low air loss mattress will not be able to do what it is supposed to do, to prevent pressure wound and prevent worsening of pressure wound.</p> <p>On 10/23/2024 at 11:03am inside R5's room, V10 was performing toilet/hygiene care to R5. The setting of R5's low air loss mattress at this time was at 280lbs. This surveyor pointed out to V13 R5's setting of low air loss mattress and inquired if a resident weighed 247lbs, what should be the weight setting of the low air loss mattress. V13 stated it should be at 280lbs because that is the closest weight setting for him. This surveyor informed V13 that on 10/22/2024, R5's low air loss mattress setting was at 340lbs. V10 affirmed and stated the surveyor was here yesterday and asked me about the weight setting. V13 stated (R5) has a wound and the setting of (R5)'s low air loss mattress should be based on the resident's weight to prevent worsening of the wound.</p> <p>R3's Admission Record documented, in part Diagnoses: (include but not limited to) pressure ulcer of sacral region, stage 4.</p> <p>R3's Weight summary documented that R3 weighed 197.4lbs on 10/07/2024.</p> <p>R3's (Active Order as Of: 10/23/2024) Order summary Report documented, in part low air loss mattress. Order date: 11/22/2023.</p> <p>(continued on next page)</p>		

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