

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 04/01/2025
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review, the facility failed to report and investigate a sexual abuse allegation for one (R14) of four residents reviewed for abuse in a total sample of 30.</p> <p>Findings include:</p> <p>On 03/27/2025, 9:40 AM, V32 (Social Services Director) states I did the discharge for R14. She was discharged on [DATE]th, 2025. It was requested by her guardian to be transferred to a different facility. Her guardian had come the week prior to check on her, and he said everything was fine. She was a bit confused. He just spoke to his team and he wanted her in a different facility. I'm not sure exactly why the request was made. V32 states my boss asked me to transfer her out, since he is the guardian, we follow his wishes. V32 states that R14's case manager was made aware of an allegation that was made regarding R14. V32 states that she informed R14's case manager that it wasn't witnessed by staff, it was witnessed by a family member. According to the family member, the other resident put his hands on R14's leg after R14 asked him for candy and he gave it to her. V32 continues to state, me and R14's case manager went to speak to her. She has dementia; she had no recollection. V32 reports that the male resident was sent to a different facility- we also interviewed him, he was mostly Spanish speaking. He denied any allegations of touching her. V32 states, he also has dementia. V32 continues to state all I know is the family member saw something and we had to keep R14 safe. I will have to ask the administrator for the male resident's name. V32 states it is R30. I asked V1 (Administrator) to give me a refresher of what happened. The family said something happened, they did a BIMS/ Brief Interview for Mental Status score of 15/15, and she (R14) said she was asking for candy. She said he rubbed her leg. V32 states I also interviewed him. He was transferred out on February 19, 2025. V32 states that she did not notice R14 have any changes and she did not receive any notifications from the staff. V32 states I checked on R14 a few times after that. She still had the same behaviors of asking other residents for candy. She didn't stop asking. V32 states that family didn't report it to her, V32 found out by V1 (Administrator). V32 reports that she just spoke to the administrator. They interviewed both residents and they both denied anything happened. But to prevent anything from happening again, we transferred R30 out. V32 states I did my part as social services.</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
---	-------	-----------

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 04/01/2025
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>On 03/27/2025, 10:40 AM, V1 (Administrator) stated he'd have to check for the date and time he was notified. V1 continues to state it was our old director of nursing who reported to me. She called me. V1 continues to state it was very vague information. I think it was R30 was in R14's room, and something might have gone on in there. No information was given to V1 of R30 touching R14's inner thigh or leg. V1 states if something like that would happen, I would have to drove back that evening. We did staff interviews to see what happened, V40 (former Director of Nursing) went to talk to staff there, and she pulled R14 aside. She had a conversation with R14 to see if anything happened to her. R14 repetitively said nothing happened to her. V1 continues to state I heard it over the phone, and I also interviewed R14. I had them give me the phone that night and I asked her the next day, was there any inappropriate stuff going on. R14 responded no. V1 states that R14 told him that she had a little bit of pain, and she (R14) asked him (R30) to rub her knee. V1 states that he then asked her two questions, do you feel safe, and she said yes. The second question was with him (R30) massaging her leg on the kneecap, was she ok with that, and she said yes. I am the one that asked him to do that. V1 states that R30 ended up being transferred out not due to that reason, but because he tended to wander around, so we transferred him to a sister facility with a secured unit just in case, since this facility is not a secured unit. V1 reports that he did speak to R14's guardian later and explained the whole situation and the guardian was ok with it. V1 states I did explain to him we should have contacted him the same day. We will do better next time. This surveyor asked V1 if he was aware that both R14 and R30 had diagnoses of dementia. V1 states I knew R30 did but not R14. There is no reportable done for this situation. When we spoke to everyone, there were no allegations of any type of abuse or anything like that. If there was, we would have submitted an initial and followed up. V1 states the was absolutely not reported or else we would have reported it. I don't think anything happened at all, based on our investigation. Yes she does have memory issues but I've worked with dementia patients all my life. She has periods of confusion and she is able to have a full conversation with you. She repetitively said to me that nothing happened. Every single day, I followed up with her, it was the same story each time. V1 states that he did not consider it an abuse allegation because what I was told by V40 is that R30 wandered into R14's room. V1 states V40 won't take any of our calls. I was not made aware of any hands being placed on R14. V1 reports that he does not know why R14 was transferred to a different nursing home per guardian request. V1 states I don't know who the family member is who reported to director of nursing.</p> <p>On 03/28/2025, 9:10 AM, via telephone V36 (Licensed Practical Nurse) states that he usually works 3:00 PM to 11:00 PM shift. V36 states that he was the nurse assigned to R14 the date when the family member of R25 reported that she saw R30 in R14's room. V36 states I remember someone had come to the nurse's station to report R30 being in R14's room and asked for someone to go and check what is going on. V36 reports that he went to R14's room and saw R30 standing next to R14's bed. R30's walker was in between R30 and R14's bed. V36 states that he did not observe R30 touching R14 in any way and R14 was laying on her bed in no distress. V36 states that he didn't document anything because he didn't find anything wrong except R30 was wandering and he needed to be redirected. V36 states that R30 is a wander. V36 reports that it was V37 (R25's sister) who was the family member who reported it to him. V36 states that he notified the former DON just so she knew. V36 states that the former DON went to speak to R14 and R30. V36 continues to state R14 is not the type of person you lay your hands on. If you want to change her gown or diaper she will give you a fight. V36 states that the family member didn't tell him that R30 touched R14. V36 states that there has not been any report before of R30 demonstrating any inappropriate behaviors towards others. V36 states that he did not witness any type of abuse.</p> <p>(continued on next page)</p>		

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 04/01/2025
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>On 03/28/2025, 10:11 AM, via telephone V37 (R25's sister) states that she remembers what happened that day although she cannot remember the exact date, but it was sometime last month (February). V37 continues to state I am there almost every day, I'm walking down the hallway and I was looking for some linen for my brother's bed. I noticed R30, who would walk around with his walker. I noticed that he went into R14's room. I passed by and I walked by again. I saw she is on the bed, she had a gown on. She didn't have a diaper on, he was fondling her. I went to the nurse's station. At the time there happened to be several staff there. The nurses were there. V37 continues to state I told them you have to go check out R14's room. R30 is in her room. I don't know what is going on. I told them that I saw him touching her inner thigh inappropriately. V37 continues to state it was during the evening shift, around 4:00 PM. V37 states that no one reached out to ask her further questions of her observation.</p> <p>R14's face sheet documents that R14 is a [AGE] year-old female with diagnoses not limited to: unspecified dementia, moderate, with mood disturbance, adult failure to thrive, generalized anxiety disorder, Bipolar II disorder.</p> <p>R14's MDS/Minimum Data Set, dated dated [DATE] documents that R14 has a BIMS/Brief Interview for Mental Status score of 03/15, indicating that R14 is severely cognitively impaired.</p> <p>R14's care plan documents in part, R14 assessed to be at risk for abuse due to diagnosis bipolar disorder and Dementia. She has history of wandering into other residents' rooms. R14 will remain safe, calm, and free from abuse through next review. Advocate for the resident when needed.</p> <p>R30's face sheet documents that R30 is a [AGE] year-old male with diagnoses not limited to: dementia in other disease classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance mood disturbance, and anxiety, unspecified psychosis not due to a substance or known physiological condition.</p> <p>R30's MDS/Minimum Data Set, dated dated [DATE] documents that R30 has a BIMS/Brief Interview for Mental Status score of 07/15, indicating that R30 is severely cognitively impaired.</p> <p>Facility reported incidents reviewed from January 2025 to March 2025 and does not document a report of sexual abuse allegation for R14.</p> <p>Facility document dated 03/25, titled abuse policy documents in part, this facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment, and involuntary seclusion. The This will be done by filing accurate and timely investigative reports. Sexual abuse is non-consensual sexual contact of any type with a resident. This includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Initial reporting of allegations shall be completed immediately upon notification of the allegation. The written report shall be sent to the state agency.</p>		

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 04/01/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on interview and record review, the facility failed to perform urinary catheter care in a manner that would prevent a urinary tract infection/UTI. This failure affects one (R24) resident out of three residents reviewed for urinary catheter care in a total sample of 30 residents.</p> <p>Findings include:</p> <p>R24's facesheet documents that R24 was admitted to the facility on [DATE]. R24's facesheet documents that R24 has diagnoses not limited to: anoxic brain damage, quadriplegia, chronic respiratory failure, urinary tract infection, infection and inflammatory reaction due to indwelling urethral catheter, dysphagia, and bacteremia.</p> <p>On 03/26/2025, at 2:33 PM, R24 observed lying in bed with a gown on. G-tube (gastronomy tube) and tracheostomy were in place. The head of bed at 45 degrees. R24's urinary catheter observed intact and draining urine via gravity into a drainage bag. R24's drainage bag observed with 1100 milliliters of urine inside. R24 is not alert or oriented and is unable to make his needs known.</p> <p>R24's POS/physician order sheet documents the following orders:</p> <p>Start date 05/31/2024 to 02/18/2025- catheter: change catheter monthly every night shift every 1 month(s) starting on the last day of month.</p> <p>Start date 02/25/2025- catheter: indwelling urinary catheter care daily and prn (as needed) every night shift.</p> <p>Start date 02/28/2025- catheter: change catheter monthly every night shift every 1 month starting on the last day of the month.</p> <p>R24's care plan documents the following: Catheter care per orders. Change Foley according to facility protocol. Provide catheter care. Date Initiated: 11/09/2023.</p> <p>Record review of R24's treatment administration record/TAR dated 12/2024 to 02/2025 does not show that there is any documentation that R24's catheter was changed and R24 was provided with urinary catheter care.</p> <p>R24's hospital records dated 03/03/2025, documents that R24 was admitted to the hospital with diagnoses not limited to: catheter associated urinary tract infection/CAUTI.</p> <p>(continued on next page)</p>

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 04/01/2025
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 03/27/2025, at 1:39 PM, V34 (Registered Nurse) states the urinary catheter drainage bag holds a maximum of 2000 milliliter of urine. V34 states the certified nursing assistants/CNAs are responsible for emptying the urinary catheter drainage bags. V34 states if she performs rounds and notices that the bags need to be emptied, then V34 will empty them. V34 states once a urinary catheter drainage bag is filled with 1000 milliliters of urine, then she would expect the drainage bag to be emptied. V34 states if a urinary catheter drainage bag is not emptied in a timely manner, then it can cause reflux and backflow into the bladder. This could cause a urinary tract infection. V34 states there is a facility protocol to change the urinary foley catheters monthly and as needed/PRN. V34 states if a residents' catheter is not changed timely or if catheter care is not provided, then a resident can be prone to getting a urinary tract infection. V34 states there should be physician orders in the residents' electronic health record/EHR for catheter care. V34 states if catheter care is not documented in the residents' EHR then catheter care was not provided to the resident.</p> <p>On 03/28/2025, at 10:46 AM, V38 (Physician) states V38 states catheter care should be provided to resident according to the physician orders and the facility protocol. V38 states if there are physician orders for catheter care, then the facility should be following the physician orders for catheter care. V38 states keeping the residents' catheter clean is considered a standard of care. V38 states if catheter care is not provided to the residents, then it can cause an infection.</p> <p>On 03/28/2025, at 11:19 AM, V3 (Assistant Director of Nursing/ADON) states the protocol for changing the catheters in the facility is to change the residents' catheter every month and as needed. V3 states if a residents' catheter is noted with sediments, kinks, and improper urine flow, then the catheter would be changed prior to the one-month protocol. V3 states if catheter care is not provided, then infections such as UTIs/urinary tract infections or sepsis can happen.</p> <p>Facility policy dated 09/2020, titled Indwelling Catheter documents in part, 1. Obtain a physician's order for indwelling catheter. 6. Empty drainage bags at least once each shift and as needed. 7. Complete indwelling catheter care by cleansing catheter insertion site daily and as needed. 13. The interval between catheter changes should be determined by the individual resident's needs.</p>		

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 04/01/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45001</p> <p>Based on observation, interview, and record review the facility failed to keep one (R5) of 3 residents free from the risk of communicable disease transmission of 30 reviewed for infection control.</p> <p>Findings include:</p> <p>3/26/25, at 11:40 AM, writer observed R5 cohorted in room with R26.</p> <p>3/26/25, at 1:42 PM, V12 (Licensed Practical Nurse) stated a resident with MDRO (multidrug resistant organism) and C. Auris (Candida auris) would not be in a room with a resident that does not have the same. To my knowledge R26 does not have anything to contaminate R5.</p> <p>3/26/25, at 2:18 PM, V16 (Registered Nurse) stated a resident with MDRO and C. Auris needs to be on contact isolation and have to be roomed with someone with the same strain. If I see where residents cannot be roomed together due to infection, I will notify admissions, the Director of Nursing, and manager. Residents are cohorted according to the same organism. A resident with a microorganism is not roomed with a resident without a microorganism.</p> <p>3/27/25, at 1:10 PM, V2 (Director of Nursing) stated we cohort based on the organism the resident has and the mechanism of transfer. Ideally, we want to cohort residents with the same organism. If we cannot, we reach out to CDPH (Chicago Department of Public Health) for guidance based on the numerous XDROs (extensively drug resistant organism) and MDROs (multidrug resistant organism) we have. Most XDROs are not active infections, they have a history of it and are placed on enhanced barrier precautions (EBP). With any direct care it is required to follow EBP for the protection of the staff and residents. For EBP, wear gloves and gown for direct care of the patient and follow standard precaution which is hand hygiene. EBP requirements includes, tracheostomy, ventilator, ostomy, intravenous, PICC (peripherally inserted central catheter) lines, catheters, wounds, and history of an MDRO. These qualify for EBP. R5 has tube feeding, tracheostomy, indwelling catheter, ventilator, and wounds. That's why R5 requires EBP. R26 has central line, history since 2023 of C. Auris (Candida auris) and CRE (Carbapenem-resistant Enterobacterales) in the groin. It is not active. It's a low risk for transmission of the C. Auris to the other resident. We maintain EBP precaution for both residents. They are both on a ventilator. There was no available room with piped in oxygen for the resident (R5) to go into. The resident (R5) was placed in a room with a resident (R26) with history of C. Auris. I'm going to move/cohort R5 into a room with a resident with no XDRO.</p> <p>According to R5 facesheet, R5 has diagnoses that include but not limited to chronic respiratory failure; encounter for attention to tracheostomy, gastronomy; hemiplegia and hemiparesis; dependence on respiratory ventilator.</p> <p>According to R5 census, R5 resided in room [ROOM NUMBER]-B from 12/2/2024 to 3/27/2025. On 3/27/2025 (during survey) R5 was transferred to a different room.</p> <p>(continued on next page)</p>		

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 04/01/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to R26 facesheet, R26 resides in room [ROOM NUMBER]-A and has diagnoses that include but not limited to candidiasis of skin and nail; klebsiella pneumoniae; other specified bacterial agents as the cause of diseases; resistance to other specified beta lactam antibiotics, multiple antibiotics, antifungal drugs.</p> <p>R26 census indicates R26 has resided in room [ROOM NUMBER]-A since 8/23/2022.</p> <p>R26 is care planned for MDRO: EBP for candida auris in skin, candida in urine and crab in sputum, date initiated 10/11/2023.</p> <p>Facility policy Infection Prevention and Control Program, 9/20/2024, documents in part: The primary mission is to establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Cohorting: the practice of grouping residents infected or colonized with the same infectious agent together to confine their care to one area and prevent contact with susceptible residents (cohorting residents).</p> <p>According to Centers for Disease Control and Prevention, https://www.cdc.gov/candida-auris/prevention/index.html, Both infected and colonized patients can spread C. auris (Candida auris). Preventing the spread in healthcare facilities: Place patient with C. auris in a room separated from those at risk.</p>		