

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 12/24/2025
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 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 interviews and record review, the facility failed to ensure that one resident (R3) received scheduled blood thinner medication as ordered by a Physician. This failure has affected one of three residents reviewed for medication. Findings include:R3 is a [AGE] year old with diagnosis including but not limited to: Aftercare following joint replacement surgery, presence of artificial hip joint, polyosteoarthritis, long term use of anticoagulants and abnormalities of gait and mobility.R3 has a BIMS (Brief Interview of Mental Status) score of 15, which indicates cognitively intact.On 12/24/25 at 9:23 am R3 stated the following, I went four days without receiving my blood thinner medication in the facility. I had asked about my blood thinner and one of the nurses told me that they were waiting for the medication to be delivered from the pharmacy. I had to continuously ask about the blood thinner because I was concerned about getting a blood clot and understand the importance of receiving my blood thinner. Apparently it was not important to them because no one made sure that I received my medication. I'm just glad that I'm able to advocate for myself, but what if I was not in the position to advocate for myself? I could have gotten a blood clot.On 12/23/25 at 1:58 pm, V10 (LPN/ Licensed Practical Nurse) stated the following, If a resident is missing a certain medication, we can usually have the medication pulled from the basement. Otherwise, we can request a rush delivery for a medication. A resident should not have to go days without a prescribed medication.On 12/24/25 at 11:55 am, V2 (Director of Nursing) stated the following. All medication should be administered as ordered unless the medication is being held per Doctor's order. Blood thinner medication is important to prevent blood clots especially after a person has had surgery and has decreased mobility.On 12/24/25 at 2:27 pm, V1 (Administrator) stated that the facility has a medication dispensing machine that the nurses normally use to retrieve medication that's not available on the units.R3's Order Summary Report includes the following order effective 11/21/25- 12/27/25: Rivaroxaban 10 MG (milligram) tablet in the morning for DVT (Deep Vein Thrombosis) prophylaxis.R3's MAR (Medication Administration Report) for the period of 11/01/25-11/30/25 documents Rivaroxaban not administered to R3 on the following days: 11/22/25, 11/24/25, 11/25/25 and 11/26/25.R3's Medication Order note dated 11/22/25 documents, waiting for pharmacy delivery.R3's Medication Order note dated 11/24/25 documents, waiting for medication delivery from pharmacy.R3's Medication Order note dated 11/25/25 documents, awaiting medication.Facility Medication Administration policy documents the following, drugs must be administered in accordance with the written orders of the attending physician. Facility's Physician's Order policy documents, orders written by the prescribing practitioner will be in accordance with approved written protocols.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145450	Facility ID: 145450 If continuation sheet Page 1 of 1