STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145450	A. Building B. Wing	05/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Lakeland Rehab & Hcc	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interviews, and record review, the facility failed to accurately document the weight and failed to follow facility policy for weights for one resident (R1) out of three residents reviewed for weight loss. This failure resulted in R1 not having any interventions in place to treat R1's significant weight loss of 23 % in one month due to not accurately documenting R1 weight and due to staff not notifying the supervisor/RD (Registered Dietitian) with a significant change in R1's weight.Findings include:R1's admission record includes but is not limited to anoxic brain damage, hypertension, cerebrovascular disease, bipolar, convulsions, anxiety, depression, encephalopathy, cognitive communication deficit, cardiomegaly, and aphasia.R1's (4/15/26) Minimal data Set (MDS) Section C. Brief Interview for Mental Status (BIMS) score is 15. R1 is cognitively intact. Section GG. A. Eating is coded 1. Dependent. (Helper does all the effort, Resident does none of the effort to complete the activity).On 5/29/26 at 11:35 am, R1 observed in room lying in bed. R1 stated, The staff here does not weigh me. I was weighed yesterday but before that it had been months of not getting weighed. They say that they weigh me, but they don't. They say my weight is in the 170's (pounds) but I have not been 170 (pounds) in a while.On 5/29/26 at 11:42 am, R1 was weighed by V15 Certified Nursing Assistant (CNA) and V16 CNA with a mechanical lift scale with R1 only wearing an incontinent brief. V15 zeroed the scale before R1 was weighed. R1's weight registered on the machine at 134.4 pounds. V15 stated, Restorative does the weights. (R1) asked me to weigh him yesterday (5/28/26) after I gave him a shower and (R1's) weight was 132.5. Surveyor inquired to V15 why was R1's weight from 5/28/26 documented as 172.6 pounds? V15 stated that the nurses put in weights in the residents' electronic health record (EHR). V15 stated, I told the nurse (V19 License Practical Nurse) what R1's weight was. (R1) was not 172.6 pounds.On 5/29/26 at 11:57 am, R1 was weighed by V15 and V16 on a different mechanical lift scale with only an incontinent brief on. V15 zeroed the scale before R1 was weighed. R1's weight registered at 99.2 pounds.On 5/29/26 at 12:14 pm, R1 was weighed on the restorative mechanical lift scale by V16 and V3 DON (Director of Nursing) with only an incontinent brief on. V3 zeroed the scale before R1 was weighed. R1's weight registered at 132.2 pounds. There was a 33-pound difference between the two scales.R1's weight summary report documents R1's weight as follows: On 5/28/26 weigh 172.6 pounds. On 5/5/26 weigh 175.0 pounds. On 4/5/26 weigh 174.6 pounds. On 3/5/26 weigh 173.7 pounds. On 2/5/26 weigh 173.4 pounds. On 1/5/26 weigh173.4 pounds.The Medication Administration Record (MAR) for February 2026 and May 2026 did not show R1 was on any diuretics that would affect R1's weight. R1's active orders as of 5/30/26 show an intervention of fortified pudding for a nutritional supplement to be given two times a day at lunch and dinner. Med Pass three times a day for a nutritional supplement. These interventions were not ordered until 5/29/26.R1's nutrition progress notes dated 5/29/26 documents, in part, Follow up with weight changes. (R1) weighed today (5/29/26) 132.8. Previous weights 5/26 172.6, 4/26 174.6, 2/26 174.4, 11/25 171.2. (R1) have 39.8 (23%) loss in 1 day. Significant weight loss. Resident was reweighed multiple times with multiple scales. Weight loss was confirmed.R1's Nutrition Quarterly assessment dated [DATE] documents in part, 3. (a) Most recent weight (4/5/26) 174.6. Scale: Mechanical Lift. (c) Weight History: 4/26 (174.6), 3/26 (173.7), 2/26 (174.4), 1/26 (173.4). (d) UBW (Usual Body (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Weight): no significant weight changes for time frame. 4. (a) Significant weight change in past 1 month? No. (b) Significant weight change in past 3 months? No. (c) Significant weight change in past 6 months? No.On 5/29/26 at 1:06 pm, V6 Restorative Aide stated, The last weight I (V6) did on R1 was on the weekend and he weighed in the 130's (pounds). I gave the weight to (V7 Restorative Aide). I put a sticky note on her desk. I can't remember the exact number but R1 was not in the 170's (pounds), he was 130 something (pounds).On 5/29/26 at 1:18 pm, V7 Restorative Aide stated, (R1) is weighed monthly with the restorative mechanical lift scale. (R1's) weight was taken last weekend (5/24/26) by my co-worker (V6). I (V7) put the weight in the computer. (V6) said (R1's) weight was 135.4. (R1's) weight on 5/28/26 is not correct, it was a typo. I had brain fog, and I should have notified the nurse because that is a really big weight loss and that is a concern. The weight on 5/5/26 (175.0 pounds) was not a typo. I just realized the weight on 5/28/26 was a typo when I was called today (5/29/26) about (R1's) weight.On 5/29/26 at 3:30 pm, V17 Restorative Consultant stated, I (V17) am overseeing the restorative department. Restorative Aides are responsible for weights in the facility. They should document the current weight of the residents in the (facility's EHR system). It is expected of the Restorative Aide to document the correct weights. If the Restorative Aide doesn't document the correct weight of the resident, there can be discrepancies with the care the resident receives. There should have been an intervention for (R1's) significant weight loss. They first need to see if the scale is properly calibrated. That's a huge questionable difference for (R1's) weight. This should have been alerted to the managers if it was the machine and notified the doctor to prevent no further decline in (R1's) condition.On 5/29/26 at 3:55 pm, V18 Dietitian stated, I (V18) am familiar with (R1). I did a quarterly assessment in April this year. I looked at his weight and saw he is maintaining his weight. I was notified of the weight loss today (5/29/26) by staff. If I had known (R1) was in the 130's there would have been some intervention put in place. When I am aware of a weight loss with a resident, I would make recommendations as soon as the information is brought to my attention. I am recommending that (R1) be weighed twice a week for 3 weeks. I added fortified pudding for lunch and dinner. Med Pass 120 ml (milliliter) TID (Three Times a Week). It is a high calorie supplement. My recommendations are based on what I see in (facility's EHR system). I expect the documentation to be correct in (facility's EHR system). It is helpful to have accurate information, to see if the intervention put in place will make a difference.On 5/30/26 at 10:28 am, V19 License Practical Nurse (LPN) stated, (V15 CNA) did tell me the weight of (R1) when she (V15) gave him a shower. It was Thursday the 28th (May 2026). She said it was within 132 or 134. I don't remember the exact number, but it was in the 130's. I did not document the weight in the computer; restorative normally document weights in the computer. I am not aware of restorative weighting (R1) that day.On 5/30/26 at 10:48 am, V20 (Nurse Practitioner) stated, I see (R1) once a month. I review (R1's) weights. I have been seeing his (R1) weights stay 170's and being consistent so it was not alarming to me. He was maintaining his weight. I received a call from the nurse yesterday and she said his weight was in the 130's. I ordered some labs to see his protein level and a calorie count. If I had been aware of this sooner the order would have been sooner. Where is this 170-weight coming from? This is alarming, I am out of words right now, I don't know what to say. With this sudden weight loss, it's a concern that a certain condition could be going on, and he possibly should have been referred to see a specialist. I do rely on staff to document correct information that helps me make the decision for giving care to the residents. I base my care decisions on what is in the chart, and I expect it to be correct. They are supposed to follow standards of care which include accurate documentation.Facility's document titled, Weights dated 9/2020, Policy: Residents will be weighed to establish baseline weights and identify trends of weight loss or weight gain. Procedure: 1. A baseline weight will be established upon admission. The resident will be weighed weekly for 4 weeks after admission and monthly thereafter. 3. Report to nursing supervisor, physician/ NP, dietary supervisor, RD (Registered Dietitian) consultant and family/ responsible party of any weight loss or gain greater than 5% within one month, 7.5% within three months or 10% within six months.Facility's job description (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	titled, Restorative Aide documents in part, I. Job Summary: Responsible for carrying out and documenting the activities of the Restorative Program in accordance with current federal, state and local standards, guidelines and regulations, facility policies. The objective is to ensure the highest degree of quality care is maintained at all times.Facility's job description titled, Certified Nursing Assistant dated 3/2023 documents in part, Essential Duties: A. Ensure that all nursing procedures and protocols are followed in accordance with established policies.Q. Obtain .weights as needed. S. Observe customer's physical condition, attitude, reaction, appetite and report any changes and or unusual findings to the nurse. W. Report changes in residents eating habits to the staff nurse.