

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145453	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2025
NAME OF PROVIDER OR SUPPLIER Alden Terrace of McHenry Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 803 Royal Drive McHenry, IL 60050	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Based on interview and record review the facility failed to ensure a resident's representative was notified of a resident's change in condition to 1 of 3 residents (R1) reviewed for notification in the sample of 7. The findings include: R1's electronic face sheet under contacts documents V9 (R1's daughter) was: Resident Representative, emergency contact #1, care conference person, customer care representative V9's information included V9's address and phone number. On 9/26/25 at 10:10 AM, R1 was in bed with oxygen on at 2L via nasal cannula alert and able to verbalize her needs. R1 said she wanted her daughter to be informed of whatever was going on with her. R1 said she was hoping she will be able to speak to her soon, my daughter is the love of my life. R1's physician order sheet dated 8/17/25 documents Azithromycin Tablet 250 MG, give 2 tablets by mouth one time only for pneumonia, then Give 1 tablet by mouth in the afternoon for pneumonia for 4 Days. R1's medical record as confirmed with V2 (Director of Nursing) did not show that V9 R1's daughter and representative was informed of R1 with pneumonia and R1 being treated with antibiotics due to pneumonia. V2 said R1's daughter should have been informed of R1 having pneumonia and being treated with antibiotics. V2 said R1's updated her phone number prior to R1 having pneumonia. R1's electronic EMR has V9's updated phone also confirmed with V2 (DON), V2 said Families need to be informed so they know what was going on with their loved ones. On 9/26/25 at 1:45 PM V10 (Registered Nurse) said R1's daughter (V9) was R1's representative and emergency contact. V10 (RN) said V9 was the one to be called for any change in R1's condition including new orders of meds and antibiotics and then document in the resident's medical record. The facility policy on Change of Condition (Resident) dated 9/20 show: to ensure that the resident's physician and responsible party is kept informed regarding the resident's change in condition- 5. place call to responsible party to notify them of the residents change in condition.</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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