STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145453	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Terrace of McHenry Rehab	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident was transferred in a safe manner for 1 of 3 residents (R1) reviewed for transfers in the sample of 3.The findings include:R1's facility assessment dated [DATE] show R1 has a BIMS of 15-no cognitive impairment.The same assessment show R1 has no behavior of making false statements.R1's care plan (undated) documents R1 is at risk for falls due to diagnoses of multiple sclerosis (MS) with left sided weakness.R1 requires the use of mechanical lift for transfers, with intervention of: provide 2 staff assistance for transferring. On 12/18/25 at 9AM, R1 said the agency Certified Nursing Assistant -CNA came to the room last night and said it was time for your shower. R1 said he reminded V7 (CNA) that he needed another staff to help. V7 insisted he can do it himself. V7 said when he was strapped in the mechanical lift, and V7 was placing him in the shower chair, the shower chair moved, the shower chair tipped over with R1, both ending on the floor.On 12/18/25 at 11:30 AM when this surveyor asked V5 (Registered Nurse) if there were any falls she was following up. V5 said V6 (CNA) reported to her that R1 told him, he fell last night. V5 said she spoke to R1, and asked what happened, R1 said the same thing he told the V6 CNA (and this surveyor). R1 said he was being transferred by one staff last night using the mechanical lift when he fell with the shower chair. V5 said R1 is a mechanical lift transfer needing 2 staff for transfer for safety.R1's progress notes dated 12/18/25 documents, Residents stated he was in the mechanical lift transfer being transferred to the shower chair then states the shower chair tipped over backwards and he fell backwards with it, he reports that the (mechanical lift) sling broke his fall so he didn't get hurt.On 12/18/25 at 1:31 pm V6 CNA said R1 told him this morning that the agency CNA (V7) dropped him (R1) when the CNA V7 by himself put R1 in the shower chair and R1 ended on the floor.On 12/18/25 at 2PM, V3 (Asst Administrator) said V7 was an agency CNA with a DNR (do not return) status at this time. R1 had been consistent with his statements. V3 said the investigation was ongoing with R1's fall.

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