

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  01/26/2026
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on interview and record review the facility failed to ensure a resident was free from physical abuse for 1 of 3 residents (R2) reviewed for abuse in the sample of 3. The findings include: A facility abuse investigation report dated 1/18/26 showed R2 was slapped in the face by R1 after R1 and R2 had a verbal altercation. R2 sustained a minor bloody nose because of the incident. R1 and R2 were separated by staff. R1 was sent to a local hospital for an evaluation. R1 was moved to a different unit, separate from R2, upon R1's return to the facility. The report showed both R1 and R2 had a diagnosis of dementia. R1's current care plan showed R1 was mildly cognitively impaired. R1 had a history of being verbally and physically abusive towards peers and staff. A progress note dated 5/16/25 showed R1 struck another resident with a television remote. A progress note dated 11/23/25 showed R1 pushed a CNA (certified nursing assistant). R2's current care plan showed R2 was severely cognitively impaired. On 1/26/26 at 9:00 AM, R1 stated he remembered the incident on 1/18/26 involving R2. R1 was able to identify R2 by full name. R1 stated, on 1/18/26, he struck R2 in the face because R2 had stabbed his arm. R1 was unable to state what R2 stabbed him with. R1 stated he didn't remember what was said between himself and R2 on 1/18/26 but stated, She (R2) stabbed me, so I hit her back. On 1/26/26 at 9:15 AM, an attempt to interview R2 about the incident on 1/18/26 was unsuccessful due to R2's impaired cognition. R2 had no recollection of the incident. On 1/26/26 at 10:42 AM, V4 CNA stated he witnessed the incident between R1 and R2 on 1/18/26. V4 stated on 1/18/26, R2 was seated at a table by the window in the dining room of the memory care unit. V4 stated R1 walked over to look out the window and stood directly next to R2 as she was seated at the table. R2 tapped R1 on the shoulder and asked R1 to move away from her in which R2 told R1 to mind her business. V4 stated R1 and R2 began to argue. V4 stated R2 then took her hand and put her hand on R1's chest to attempt to push R1 away from her. R1 then slapped R2 in the face. V4 stated R1 and R2 were separated by staff. V4 stated R2 did not stab R1 with anything during the incident. V4 stated R2 suffered a minor nosebleed as a result of the incident. On 1/26/26 at 11:34 AM, V5 Activity Aide stated she witnessed the incident involving R1 and R2 on 1/18/26. V5 stated, on 1/18/26, she was leading an activity on the memory care unit when she heard a commotion in the back of the room. V5 stated R1 was standing next to R2 as they were arguing back and forth. V5 stated R2 tapped R1 on the shoulder. R1 and R2 continued to argue. R1 then slapped R2 in the face. V5 stated R1 and R2 were separated by staff. V5 stated, (R1) kept saying she (R2) hit me first, so I hit her back. V5 stated she never saw R2 hit or stab R1 at any time during the incident. On 1/26/26 at 12:10 PM, V1 Administrator stated she completed the abuse investigation involving R1 and R2 on 1/18/26. V1 stated she substantiated the allegation of R1 physically abusing R2. The facility's abuse policy dated July 2025 showed, This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property, corporal punishment and involuntary seclusion. This facility is committed to protecting our residents from abuse by anyone including, but not limited to, facility staff, other residents,</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 145453	If continuation sheet Page 1 of 2

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>consultants, volunteers, and staff from other agencies. The policy defined physical abuse as hitting, slapping, pinching, kicking and controlling behavior through corporal punishment.</p>		