

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 03/17/2026
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)		
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to notify a resident's guardian of a change in resident status for 1 of 4 residents (R1) reviewed for notification in the sample of 4. The findings include: R1's Face sheet shows R1 was admitted to the facility on [DATE]. This same Face sheet shows V5 is R1's Resident Representative State Guardian. R1's Nurses Note dated [DATE] at 1:54 AM shows, Resident expired, family and Hospice nurse present at bedside. On [DATE] at 3:54 AM the Nurses Notes show Resident's body picked up by funeral home. There is no further documentation in R1's progress notes regarding R1's death or that V5 was notified. On [DATE] at 10:41 AM, V4 (Licensed Practical Nurse) said when a resident expires the nurse notifies the physician, the resident's Power of Attorney and emergency contacts, and a guardian if the resident has one. V4 said if the resident were on hospice, they would need to be called also. V4 said the nurse on duty needs to chart in the progress notes the time of death and who was notified. On [DATE] at 12:15 PM, V2 (Director of Nursing) said upon a resident's death the nurse needs to notify hospice if applicable, emergency contacts/ Power of Attorney or guardian and the physician. V2 said if hospice is present at the time of death, hospice will, in collaboration, with nursing help with notification. V2 said nursing should chart who was notified and the time of death in the progress notes. V2 said hospice does document also. On [DATE] at 12:36 PM, V6 (Director for Hospice) said there was a hospice nurse at the bedside when R1 expired, as well as family. V6 said the hospice nurse was new and did not have access to the electronic medical record and did not think to ask if there were other emergency contacts or a guardian to notify. V6 said R1's guardian was not notified of R1's death. V6 said there is no documentation in the hospice nurses charting that R1's guardian was notified. The facility's Change of Condition (Resident) Policy dated 9/2020 shows To ensure that the resident's physician/physician on call/Nurse Practitioner and responsible party is kept informed regarding the resident's change in condition. Place call to responsible party to notify them of the resident's change in condition.		

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
---	-------	-----------