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	05/11/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure incontinence care was provided in a timely manner for one of three residents (R3) reviewed for incontinence care in the sample of six.The findings include:R3's Face Sheet dated May 11, 2026, shows R3 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease, dementia, lymphedema, history of falling, major depressive disorder, and overactive bladder.R3's Minimum Data Set, dated [DATE], shows R3 is not cognitively intact. R3 is dependent on staff for toileting hygiene and is always incontinent of bowel and bladder. R3's Care Plan shows R3 has an activity of daily living (ADL) functional performance deficit due to Alzheimer's, asthma, obesity, and anxiety disorder. Assist with ADL tasks as needed. Peri care after incontinent episodes.On May 11, 2026, R3 was observed in the units dining room in the same wheeled recliner multiple times from 9:22 AM-1:05 PM. At 1:05 PM, R3 said she had been in the chair for a long time and the right side of her buttocks hurt. V5 and V8 Certified Nursing Assistants transferred R3 into her bed. V8 provided incontinence care to R3. R3's incontinence brief was saturated with urine. The was a urine smell. R3 had creases to her buttocks area from sitting. V8 said she got up R3 out of bed at 7:00 AM. On May 11, 2026, at 10:49 AM, V6 Registered Nurse and V5 Certified Nursing Assistant said incontinence care should be provided at least every two hours, if not more so that resident don't get pressure injuries. At 1:42 PM V2 Director of Nursing said staff should be checking residents and changing their briefs at least every two hours and as needed to prevent any skin breakdown.

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