STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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. 46409 Based on observation, interview, and record review, the facility failed to provide assistance to a resident for ADLs (Activities of Daily Living). This applies to 1 of 1 resident (R11) reviewed for ADLs. The findings include: On 12/21/23 at 08:37 AM, V14 (Family Member) told V16 (LPN/Licensed Practical Nurse) she wanted R11 up and out of bed because it was not good for him to be laying down since he had pneumonia. At 08:41 AM, V14 said the staff do not come check on her husband often enough and he was waiting to get cleaned up. V14 said R11 was not able to move too much because of his weakness, and he also had COVID-19 and pneumonia. On 12/21/23 at 09:07 AM, V11 (CNA/Certified Nurse Assistant) went into R11's room to provide incontinence care. R11 was laying on his back. When V11 removed R11's incontinence brief, there was urine and stool in the brief. R11's skin around his perineal area was excoriated and red. When V11 rolled R11 to the side to provide pericare, R11's buttocks and sacrum were excoriated and between shades of red and purple. When V11 was wiping R11, R11 began wincing and crying in pain. V11 rolled R11 onto a clean incontinence brief and positioned him on his back in bed. On 12/21/23 at 12:28 PM, V16 (LPN) said R11's wife was upset because she did not want him sitting in the bed all day. V16 said the last time she saw him, he was still in the bed. V16 said V11 had not told her about any skin breakdown or concerns about R11. On 12/21/23 at 01:41 PM, V28 (Wound LPN) and V29 (Wound Tech) and surveyor entered R11's room. R11 remained sleeping on his back with his head of bed elevated to 30 degrees. V28 and V29 observed R11's skin with surveyor. R11 had an episode of urine and stool. V28 said R11's skin had moisture associated damage and he had excoriated skin around the shaft of the penis and the sac. V28 turned R11 to observe his buttocks and said he had excoriated and broken skin on the buttocks and sacrum. V28 said all the excoriated areas were a result of prolonged moisture to the skin. R11 also had a lunch tray on his bedside table. R11's lunch tray was untouched, and no food particles were visible on his silverware. V28 said she was not made aware by staff of R11's skin alterations. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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	On 12/21/23 at 03:35 PM, V2 (DON/Director of Nursing) said the staff should check on the residents every two hours and as needed to provide incontinence care. V2 said the excoriated skin can be caused by the skin staying moist. V2 also said when the residents have their meal trays delivered, the staff should return within an hour to see what the resident has consumed. V2 said this is done to know what their intake is, whether they are eating or not, and to notify the nurse. The EMR (Electronic Medical Record) shows R11 was admitted with diagnoses including wedge compression fracture of T11-T12 vertebra, encephalopathy, Parkinson's disease, chronic obstructive pulmonary disease, muscle weakness, difficulty in walking, unsteadiness on feet, and lack of coordination. R11's MDS (Minimum Data Set) dated 12/2/23 showed R11 had severe cognitive impairment. R11 required supervision for eating, oral hygiene, and personal hygiene. R11 required maximal assistance for upper body dressing. R11 was totally dependent on staff for toileting hygiene, shower/bathing, lower body dressing, and putting on/taking off footwear. R11's care plan showed R11 had an ADL performance deficit. R11's care plan showed to turn and reposition R11 every two hours and as needed. The care plan also showed to provide pericare after every incontinent episode and to monitor for excoriation near peri area. Notify nurse for any changes. R11's care plan showed R11 required a mechanically altered diet secondary to swallowing problem, with intervention to check for pocketing food. The facility's Feeding a Resident policy dated 09/2020 showed Residents who need assistance will be fed a well-balanced meal, by a nurse, CNA, or an individual who has completed a state approved feeding course. The facility's Perineal Care policy dated 09/2020 showed Perineal Care is done to maintain skin integrity.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on interview and record review, the facility failed to reorder medications for residents to prevent missing doses of scheduled medications. The facility also failed to have two licensed professionals sign off the shift-to-shift controlled substance sheet and have two licensed professionals sign off on wasted controlled substances. This applies to 4 of 4 residents (R2, R3, R16, R17) reviewed for pharmacy services. The findings include: 1. On 12/20/23 at 02:26 PM, V20 (Family Member) said R3 missed three doses of the medication because they had run out of the Vimpat. R3's face sheet showed R3 was admitted to the facility with diagnoses including epilepsy, cognitive social or emotional deficit following cerebral infarction, muscle weakness, need for assistance with personal care, and peripheral vascular disease. R3's MDS (Minimum Data Set) dated 12/7/23 showed R3 was moderately impaired. R3 required set up assistance with eating, supervision for oral hygiene, moderate assistance for toileting hygiene, upper body dressing and personal hygiene, and maximal assistance for shower/bathing, lower body dressing, and putting on/taking off footwear. R3's POS (Physician Order Sheet) showed an order for Vimpat 50 mg (Milligram) two times a day for conversion disorder with seizures or convulsions. R3's care plan showed R3 has potential for injury related to seizure disorder with interventions including Administer seizure medications per MD (Medical Doctor) order. R3's December MAR (Medication Administration Review) showed R3 did not receive her Vimpat on 12/6/23 at 9 AM and 5 PM, and 12/7/23 at 9 AM. The facility's progress notes document the following: On 12/5/23 at 10:34 PM, the EMR showed a progress note for Vimpat 50 mg- pending delivery. On 12/6/23 at 11:22 AM, the EMR showed a progress note for Vimpat 50 mg- out of stock. On 12/6/23 at 04:54 PM, the EMR showed a progress note for Vimpat 50 mg- out of stock. On 12/7/23 at 11:12 AM, the EMR showed a progress note for Vimpat 50 mg- Medication is out of stock. Writer reordered. 2. On 12/20/23 at 10:39 AM, R2 said she did not receive her morphine on 12/19/23. R2 said she was told they were unable to find the morphine. R2 said she normally received morphine 60 mg twice a day because she had chronic pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/20/23 at 12:05 PM, V26 (LPN/Licensed Practical Nurse) said R2's morphine script ended and V2 (DON/Director of Nursing) was calling the doctor to get the script. V26 said R2 told her she had been taking the morphine for a long time. V26 said if there were five pills or less, she would have requested the medication to be refilled. V26 said she was uncertain why the medication was not here and she had requested the morphine this morning. On 12/21/23 at 12:58 PM, V27 (LPN) said if she ran out of the medication, she would call pharmacy to get a stat delivery and she would let the DON know. V27 also said if she was unable to get the medication, she would document accordingly and pass it along to the oncoming nurse. On 12/21/23 at 03:35 PM, V2 (DON) said ideally the staff should be notifying the pharmacy two days before the medication ends. The EMR (Electronic Medical Record) shows R2 was admitted to the facility with diagnoses including displaced fracture of scapula, osteoarthritis, acute kidney failure, chronic kidney disease, muscle weakness, chronic pain syndrome, lack of coordination, anxiety disorder, limitations of activities due to disability, hypothyroidism, and neuromuscular dysfunction of bladder. R2's MDS (Minimum Data Set) dated 12/12/23 showed R2 was cognitively intact. R2 required set up assistance for eating, supervision for oral hygiene, maximal assistance for personal hygiene, upper body dressing, and shower/bathing, and was dependent on staff for toileting hygiene, lower body dressing, putting on/taking off footwear. R2's care plan showed to Monitor wound related pain and administer pain medications as appropriate and Administer medications per MD [Medical Doctor] order. R2's December MAR (Medication Administration Record) showed R2 did not receive her scheduled morphine 60 mg on 12/19/23 at 9 PM and 12/20/23 at 9 AM. R2's EMR showed the following progress note: Lorazepam oral tablet 1 mg. Resident requested medication for anxiety due to she did not receive Morphine today. 3. On 12/19/23 at 01:22 PM, V5's medication cart was reviewed for controlled substances. R16's Controlled Drug Receipt/Record/Disposition Form for Hydrocodone 5-325 mg showed on 12/10/23, one pill was wasted. Only one signature was present on the form. The EMR showed R16 was admitted to the facility with diagnoses including osteoarthritis, gout, chronic pain, restless leg syndrome, and hypothyroidism. R16's MDS dated [DATE] showed R16 was cognitively intact and required set up assistance for eating, oral hygiene, and supervision for toileting hygiene, showers/baths, upper and lower body dressing, putting on/taking off footwear, and personal hygiene. 4. On 12/19/23 at 01:22 PM, V5's medication cart was reviewed for controlled substances. R17's Controlled Drug Receipt/Record/Disposition Form for Hydrocodone 5-325 mg showed on 12/1/23, one pill was wasted. Only one signature was present on the form. The EMR showed R17 was admitted to the facility with diagnoses including atrial fibrillation, hypertension, peripheral vascular disease, pain in right shoulder, gastrostomy status, and dysphagia. R17's MDS dated [DATE] showed R17 had moderate cognitive impairment and was independent with toileting hygiene, required set up assistance for oral hygiene, eating, lower body dressing, putting on/taking off footwear, and personal hygiene. R17 required moderate assistance for showers/baths. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5. The facility's December Controlled Substance Shift Count Documentation (2 Shifts) for the medication carts named Windsor, Ambassador, and Heritage showed multiple days where two nurses were not verifying and signing off on the controlled substances. On 12/19/23 at 02:11 PM, V6 (Consultant Pharmacist) said there needs to be two licensed staff to look at the wasted controlled medication. V6 said this is done to prevent drug diversion and safe disposal. On 12/21/23 at 03:35 PM, V2 (DON) said two signatures are required to sign a wasted controlled substance. V2 said the shift-to-shift handoff for the controlled substances should be signed off by two nurses. V2 also said it is done for verification of receiving and handing off narcotics. The facility's Reordering Medications policy dated 01/2022 showed Medications are reordered in advance so as not to have lapses in therapy. Regularly scheduled oral, solid, and chronic medications will be automatically refilled and delivered with each cycle. The nursing staff is responsible for reordering non-cycled medications. The facility's Controlled Drug Documentation dated 06/2022 showed If a dose is wasted, it should be so written on the proof-of-use form and must be signed by two nurses. Controlled substances must be counted and verified every shift, usually at shift change, by two (2) licensed nurses. Balances are documented on the Shift Count form and must be signed by both nurses performing the count.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0760 Level of Harm - Actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on interview and record review, the facility failed to reorder R3's Vimpat (seizure medication), which led to R3 missing three doses, causing R3 to have a grand mal seizure and hospitalized . This applies to 1 of 4 residents (R3) reviewed for significant medication error. The findings include: On [DATE] at 11:18 AM, V19 (LPN/Licensed Practical Nurse) said R3 was hospitalized due to a seizure from missing her medication. V19 said she believed someone forgot to reorder her Vimpat. On [DATE] at 02:26 PM, V20 (Family Member) said R3 almost died and was in the hospital after having a grand mal seizure at the facility. V20 said R3 was intubated and was in the neuro ICU (Intensive Care Unit) after the seizure. V20 said V2 (DON/Director of Nursing) disclosed to the ICU nurse that R3 had not received her Vimpat. V20 said R3 missed three doses of the medication because they had run out of the Vimpat. On [DATE] at 10:32 AM, V23 (RN/Registered Nurse) said she took care of R3 and from what she remembered, the Vimpat was not available to administer to R3. V23 said the nurse before her did not notify her that the Vimpat was unavailable. On [DATE] at 10:49 AM, V24 (LPN) said she took care of R3, and she documented saying the Vimpat was not available. V24 said the nurse from the shift prior did not notify her the Vimpat was unavailable. On [DATE] at 09:45 AM, V21 (R3's Neurology Specialist) said she was the one who prescribed Vimpat to R3. V21 said R3 had been on Vimpat since ,d+[DATE]. V21 said missing the Vimpat could have caused the seizure. V21 said Vimpat had a shorter half-life, so missing three doses could have led to R3 having a seizure. On [DATE] at 03:35 PM, V2 (DON) said it was not clear whether R3 missing doses of Vimpat caused seizures. R3's face sheet showed R3 was admitted to the facility with diagnoses including epilepsy, cognitive social or emotional deficit following cerebral infarction, muscle weakness, need for assistance with personal care, and peripheral vascular disease. R3's MDS (Minimum Data Set) dated [DATE] showed R3 was moderately impaired. R3 required set up assistance with eating, supervision for oral hygiene, moderate assistance for toileting hygiene, upper body dressing and personal hygiene, and maximal assistance for shower/bathing, lower body dressing, and putting on/taking off footwear. R3's POS (Physician Order Sheet) showed an order for Vimpat 50 mg (Milligram) two times a day for conversion disorder with seizures or convulsions. R3's care plan showed R3 has potential for injury related to seizure disorder with interventions including Administer seizure medications per MD (Medical Doctor) order. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0760 Level of Harm - Actual harm Residents Affected - Few	The ED (Emergency Department) records dated [DATE] at 10:10 PM documented the following: Patient's daughter who is power of attorney and is giving history at the bedside, patient reportedly was fine yesterday, was awake alert and talking yesterday. Today she had 3 seizures in rapid succession within about , d+[DATE] hour. The patient reportedly had generalized tonic-clonic movements while at [facility] where she is a resident. Had second episode lasting about 90 seconds at [facility] and a third seizure again with generalized tonic-clonic movements lasting for about 2 minutes for which the patient received Versed while in the back of the ambulance. The patient has had no history of any fever. The patient has had no history of any fall or trauma. The patient reportedly takes Vimpat and Keppra for her seizures, but we are uncertain about the compliance of the patient with medication at this time. The hospital's consult dated [DATE] at 08:40 AM documented the following: Seizures- possibly due to inadvertent noncompliance with meds while at SNF (Skilled Nursing Facility). R3's December MAR (Medication Administration Review) showed R3 did not receive her Vimpat on [DATE] at 9 AM and 5 PM, and [DATE] at 9 AM. The facility's progress notes document the following: On [DATE] at 10:34 PM, the EMR showed a progress note for Vimpat 50 mg- pending delivery. On [DATE] at 11:22 AM, the EMR showed a progress note for Vimpat 50 mg- out of stock. On [DATE] at 04:54 PM, the EMR showed a progress note for Vimpat 50 mg- out of stock. On [DATE] at 11:12 AM, the EMR showed a progress note for Vimpat 50 mg- Medication is out of stock. Writer reordered. On [DATE] at 07:25 PM, a progress note documented the following: This writer was called to room by CNA, resident was not responding, pulse palpable, breathing, started O2 (Oxygen) at 3l (Liters) per nasal cannula, patient tries to respond by opening her mouth but remains limp, not opening her eyes. 7:35 PM- 911 called, meantime, patient had another seizure episode. Seizure precautions observed. EMT here, picked up resident and took to [hospital], POA (Power of Attorney) daughter, DR (doctor) and DON made aware. On [DATE] at 10:48 AM, a progress note documented the following: Writer called family and hospital to clarify medications yesterday. Writer notified hospital and family that she missed 3 doses of Vimpat. The facility's Medication Administration: General Guidelines policy dated ,d+[DATE] showed Ensure that medications are administered safely as prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409 Based on observation, interview, and record review, the facility failed to follow infection control measures for a resident during incontinence care, and residents under COVID-19 isolation. This applies to 5 of 7 residents (R11, R12, R15, R13, R14) reviewed for infection control. The findings include: 1. On 12/21/23 at 09:07 AM, V11 (CNA) provided incontinence care for R11. V11 removed R11's dirty brief and wiped R11's urine and stool. V11 did not change gloves or perform hand hygiene. V11 then grabbed R11's clean incontinence brief and incontinence pad and placed it under R11. V11 applied barrier cream using the same gloves. V11 secured the incontinence brief and placed the clean incontinence pad under the resident. The EMR (Electronic Medical Record) shows R11 was admitted with diagnoses including wedge compression fracture of T11-T12 vertebra, encephalopathy, Parkinson's disease, chronic obstructive pulmonary disease, muscle weakness, difficulty in walking, unsteadiness on feet, and lack of coordination. R11's MDS (Minimum Data Set) dated 12/2/23 showed R11 had severe cognitive impairment. R11 required supervision for eating, oral hygiene, and personal hygiene. R11 required maximal assistance for upper body dressing. R11 was totally dependent on staff for toileting hygiene, shower/bathing, lower body dressing, and putting on/taking off footwear. 2. On 12/20/23 at 03:41 PM, V9 (CNA/Certified Nurse Assistant) went into R12's room. R12 was under COVID-19 isolation because R12 had tested positive for COVID-19. V9 entered R12's room with just a surgical mask on. At 03:51 PM, V9 said R12 was on isolation for COVID-19. V9 said she should have worn a gown, N-95 mask, and gloves. The EMR shows R12 was admitted with diagnoses including hemiplegia and hemiparesis, metabolic encephalopathy, pressure ulcers, dysarthria, dysphagia, gastrostomy, need for assistance with personal care, hypertension, and hyperlipidemia. R12's MDS dated [DATE] showed R12 was severely impaired. R12 was dependent on staff for all activities of daily living. 3. On 12/21/23 at 12:54 PM, V22 (LPN/Licensed Practical Nurse) was observed entering R15's room. R15 was under COVID-19 isolation. At 12:56 PM, V22 said R15 was on contact and droplet isolation for COVID-19. V22 said she should have worn a gown, glasses, and an N-95. V22 said she was rushing in to get R15's vitals. The EMR showed R15 was admitted to the facility with diagnoses including hemiplegia and hemiparesis, type 2 diabetes mellitus, hypertension, mild cognitive impairment, and gastro-esophageal reflux disease. R15's MDS dated [DATE] showed R15 was cognitively intact. R15 required set up assistance for eating, supervision for oral hygiene and personal hygiene, moderate assistance for toileting hygiene, upper/lower body dressing, and putting on/taking off footwear. 4. On 12/19/23 at 12:35 PM, V4 (Social Work Intern) went into R13 and R14's room. R13 and R14 were under COVID-19 isolation because R13 and R14 tested positive for COVID-19. V4 entered the room without wearing an N-95 mask and eye protection. At 12:40 PM, V4 said she should have worn an N-95 mask. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145582	A. Building B. Wing	12/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Naperville	1525 South Oxford Lane Naperville, IL 60565

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The EMR shows R13 was admitted to the facility with diagnoses including monoplegia of lower limb, hypertensive heart disease with heart failure, congestive heart failure, atrial fibrillation, cardiomyopathy, dementia, hyperlipidemia, adult failure to thrive, and presence of a cardiac pacemaker. R13's MDS dated [DATE] showed R13 had severe cognitive impairment. R13 required set up help for eating, supervision for upper body dressing, moderate assistance for oral hygiene, toileting hygiene, lower body dressing, putting on/taking off footwear, and personal hygiene. R13 requires maximal assistance for showers/baths. The EMR shows R14 was admitted with diagnoses including atrial fibrillation, chronic kidney disease, congestive heart failure, anemia, gout, and Ogilvie syndrome. R14's MDS dated [DATE] showed R14 was cognitively intact. R14 required supervision for all activities of daily living. On 12/21/23 at 03:35 PM, V2 (DON/Director of Nursing) said the staff should be wearing a gown, gloves, N-95 mask, and face shields before entering rooms under COVID-19 isolation precautions. V2 was unable to give an answer regarding when gloves should be changed, and hand hygiene be performed during incontinence care. The facility's Universal PPE For Staff policy dated 07/2023 showed If a resident is suspected or confirmed to have COVID-19, staff will wear an N95 respirator, eye protection, gown, and gloves. The facility's Perineal Care policy dated 09/2020 showed Remove gloves and wash hands and/or use hand hygiene. Apply gloves before putting on a clean brief.