

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145582	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2024
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Naperville		STREET ADDRESS, CITY, STATE, ZIP CODE  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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>47552</p> <p>Based on interview and record review the facility failed to ensure nebulizer treatments were completed and signed off on the medication administration record. This applies to 2 of 3 residents (R1, R10) reviewed for nebulizer treatments in the sample of 12.</p> <p>The findings include:</p> <p>1. On 4/8/24 at 10:00 AM, V21 (R1's family) said on 3/28/24 at 6:00 PM, R1's breathing treatment mask was on the floor and the nebulizer machine was not on.</p> <p>R1's Facesheet dated 4/8/24 shows R1 is diagnosed with chronic obstructive pulmonary disease (COPD) and acute and chronic respiratory failure .</p> <p>R1's Medication Administration Record (MAR) for March 2024 shows that R1 was to receive a treatment of Ipratropium-Albuterol via nebulizer on 3/28/24 at 6:00 AM related to chronic respiratory failure. There are no recorded nurse initials to indicate the medication was provided.</p> <p>2. On 4/9/24 at 2:53 PM, R10 said that he is supposed to receive nebulizer treatments twice per day. R10 said that staff do not always make sure that he receives two treatments per day.</p> <p>R10's Facesheet dated 4/9/24 shows R10 has COPD.</p> <p>R10's MAR for March 2024 shows that R10 was to receive a treatment of Ipratropium-Albuterol via nebulizer on 3/28/24 at 6:00 AM related to COPD. There are no recorded nurse initials to indicate the medication was provided.</p> <p>On 4/9/24 at 4:00 PM, V2 (Director of Nursing) said that R10 and R1 should have received their nebulizer breathing treatment as ordered and initialed on the MAR that the treatment was provided.</p> <p>Facility Medication Administration: General Guidelines policy dated 03/21 states, . C. All medication shall be administered as prescribed by personnel authorized to do so in accordance with standard practice and current regulations. 5. Each dose administered shall be properly recorded on the resident's MAR, TAR (Treatment Administration Record), or eMAR (electronic Medication Administration Record), immediately following administration.</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
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