

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/15/2024
NAME OF PROVIDER OR SUPPLIER Alden Town Manor Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 West Ogden Cicero, IL 60804	

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>40085</p> <p>Based on interview and record review the facility failed to ensure a resident was free from resident to resident physical abuse. This applies to 1 of 3 residents (R2) reviewed for abuse on the sample list of 7.</p> <p>The findings include:</p> <p>R2's face sheet shows she has diagnoses including Dementia, and Alzheimer's Disease. R1's 1/17/24 Minimum Data Set (MDS) assessment shows her memory and cognition are impaired.</p> <p>R3's face sheet shows he has diagnoses including Dementia, Encephalopathy and Alzheimer's Disease. R2's 1/16/24 MDS shows his memory and cognition are severely impaired.</p> <p>R3's Care Plan initiated on 12/29/23 shows he exhibits aggression towards staff and peers. Interventions include calmly and firmly redirect R3.</p> <p>On 3/15/24 at 9:56 AM, V1 (Administrator) said there was a physical altercation between R2 and R3 that was witnessed by V8 (Memory Care Director). V1 said V8 is out on leave and unavailable for interview. V1 said she investigated the incident and did substantiate physical aggression because R3 hit R2 in the head with an open hand.</p> <p>On 3/14/24 at 12:01 PM, V17 (Certified Nursing Assistant/ CNA) said R3 does have some episodes of becoming agitated and the staff can usually redirect R3 by engaging him in activities or giving him a snack.</p> <p>The facility's final State Survey Agency incident report completed by V1 shows on 2/21/24 R3 became physically aggressive and made contact with a female peer (R2) hitting her on the head. V8 (Memory Care Director) witness statement was included in the incident report which states, She (V8) was sitting at the nurses station when she heard the two residents shouting at each other. (V8) then turned to see R3 hit R2 on the top of her head. R2's witness statement states, He is rude, I did nothing to him, and he came over yelling and hit me.</p> <p>The facility provided abuse policy dated 9/20 shows that residents have the right to be free from abuse, neglect, and misappropriation of resident property. The policy describes physical abuse as hitting, slapping, kicking, and pinching.</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
---	-------	-----------