

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 01/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46066</p> <p>Based on observations, interviews, and record review, the facility failed to implement fall prevention interventions for a resident with a history of and at risk for falls. This failure affects one of three (R2) residents reviewed for falls.</p> <p>Findings include:</p> <p>R2 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Diffuse Large B-Cell Carcinoma, Lymph Nodes of Head, Face, and Neck; Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Dominant Side; Aphasia following Cerebral Infarction; Muscle Weakness; Difficulty in Walking; Type 2 Diabetes Mellitus with Hyperglycemia; Unspecified Dementia; Psychotic Disorder with Delusions due to known Physiological Condition; and Hallucinations.</p> <p>According to R2's MDS (Minimum Data Set) assessment dated [DATE] (post fall) documents the following:</p> <p>Section C, R2 has BIMS (Brief Minimum Data Set) score of 2 indicating severely impaired cognition. In additional, R2 displays inattention and disorganized thinking.</p> <p>Section E, R2 displays behaviors such as hallucinations.</p> <p>Section GG, R2 shows limitations to lower extremities and using mobility device. Additionally, R2's Mobility requires partial, maximal or fully dependent assistance.</p> <p>R2's Fall care plan initiated 07/30/2024 reads in part, (R2) is at risk for falls related to DIFFUSE LARGE B-CELL LYMPHOMA, LYMPH NODES OF HEAD, FACE, AND NECK, HEMIPLEGIA AND HEMIPARESIS (Left), DIVERTICULOSIS, COLON NEOPLASM (Benign), DMII, ANEMIA, GOUT, COLON ANGIODYSPLASIA, and HLD as evidenced by {AEB} weakness, unsteady gait, confusion, Fatigue, fever, painless lump in neck/face/head, unintentional weight loss, SOB, Bloating, Constipation, Cramping, joint pain, swelling, tenderness, dizziness. (R2) uses an assistive device for locomotion. Interventions/Tasks: Encourage and offer rest periods when walking long distances; Encourage participation in activities that promote maintenance of gross motor skills; Encourage resident to Call, don't fall; Monitor for changes in ability to navigate the environment; Promote placement of call light within reach; Provide proper, well maintained footwear; Use proper fitting, non-skid footwear.</p> <p>(continued on next page)</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
---	-------	-----------

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 01/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Incident/Accident Notification - Final Report dated 12/04/2024 reads in part, After thorough investigation, including review of medical records and interviews with the resident, family members and nursing staff, it was noted that (R2) sustained an intertrochanteric fracture. On 11/30/2024 at 6:17 PM (R2) left the facility on pass with her family for an overnight visit. Per interview with (family member) and while walking down the stairs, (R2) became stiff. The resident returned to the facility on [DATE] at 7:20 PM. (R2) did not have complaints of pain per nursing staff assessments until the early morning of 12/03/2024 when (R2) stated to the nurse on duty that she was experiencing pain in bilateral hips.</p> <p>On 01/10/2025 at 11:15 AM Surveyor observed R2 sitting in the wheelchair, in the main dining room. R2 not wearing proper non-skid footwear. R2 was not interviewable.</p> <p>On 01/11/2025 at 9:56 AM Surveyor observed R2 during group exercise session. R2 noticed to be unable to follow simple directions.</p> <p>On 01/11/2025 at 9:40 AM V13 (CNA) said, I mostly work on the second and third floor unit. I'm familiar with R2. R2 is anxious and likes to move around. Now (post fall), R2 is in the wheelchair, so she doesn't walk anymore. R2 tends to be impulsive and still tries to get up unassisted. Especially now, that R2 cannot walk around independently. R2 was able to walk with steady gait before the incident, we were more so concerned with her wandering. Last night (01/10/2025), I worked night shift and I noticed R2 was trying to get out of bed, so she put to sleep last. R2 does not follow directions. When R2 needs something, she tries to get up and do it herself. I try to anticipate R2's needs, I was not told to do so, I figured though, it will be best for R2 to prevent her from falling. I have about 15 residents per assignment, I round on my residents about three times within the shift (8 hours).</p> <p>On 01/11/2025 at 12:08 PM V6 (Memory Care Director) said upon re-interview, I came into the facility at 7:30 AM on 12/03/2024. CNAs were getting residents up and I was approached by V17 (Certified Nurse Assistant) to translate because R2 did not want to get out of bed. I went to check on R2, and that's when R2 told me that she was in pain. I notified V12 (LPN) and she took over. I tried to ask R2 what happened, but she was confused and, in addition to being new to our unit, R2 was not able to tell us what had happened last night. R2's BIMS (Brief Interview of Mental Status) recently went down and that's one of the reasons R2 was transferred to the Memory Care Unit. R2 is not able to use a call light or be redirected with the score BIMS of 2. If staff tells her to do something, she is not able to follow directions.</p> <p>On 01/11/2025 at 1:02 PM V4 (Director of Nursing) said, On the morning of 12/03/2024, V12 (LPN) alerted me that R2 is complaining of pain, self-reports fall but doesn't know when or how it happened. Initially, R2 had steady gait with a walker, now (after the incident) R2 is propelled via wheelchair. Some of the appropriate fall prevention interventions for R2 would be non-skid socks or shoes, proper footwear, environment free of hazard, and frequent rounding, at least every two hours. The call light would not be an appropriate intervention for R2. We don't use chair or bed alarms in the facility.</p> <p>(continued on next page)</p>		

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 01/12/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's hospital record dated 12/04/2024 reads in part, [AGE] year old female with multiple medical comorbidities, including significant dementia, diabetes, who presents from her nursing facility after an unwitnessed fall on 12/02/2024. (R2) was apparently complaining of pain and inability to put weight on the right lower extremity. Radiographs were obtained which show a displaced right intertrochanteric femur fracture.</p> <p>Facility Fall Management Program policy dated 08/2020 reads in part, The facility is committed to minimizing resident falls and/or injury so as to maximize each resident's physical, mental, and psychosocial wellbeing. While preventing all resident falls is not possible, it is facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventative strategies, and facilitate safe environment.</p>