STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. Building B. Wing	03/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Town Manor Rehab & Hcc	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40066 Based on interviews and record reviews the facility failed to implement their policy to ensure reporting of an allegation of resident-to-resident inappropriate touching, and an allegation of being physically restrained by a family member. This affected three of three residents. (R1-R3) reviewed for abuse policy and procedure. Findings include: a.R1's diagnosis include but are not limited to Dementia, Bilateral Cataracts, and Hearing Loss. R1 is identified in his care plan to have mild cognitive deficits and impaired decision making. R1 was transferred to another facility on 1/16/25. R2's diagnosis include but are not limited to Depression, Multiple Sclerosis, Dysphagia, Cerebrovascular Disease, Colostomy, and Bilateral above the knee amputation. R2's cognitive assessment dated [DATE] identifies R2 is rarely/never understood, cognition is severely impaired. According to R2's assessment she is dependent on staff for all cares and Activities of Daily Living. On 3/12/25 between 2:15PM-2:30PM R2 sitting in a wheelchair across from the nurses' station. R1 alert, awake, looking around. Surveyor greeted R2, no verbal acknowledgment or appropriate response to greeting. R2 remained alert and watching around her during this time. On 3/11/25 at 11:09AM V9, Registered Nurse, said one of the housekeepers reported it to me. V9 said I was in the hallway, I didn't see it. V9 said two housekeeping staff persons approached her and reported. V9 said they said R1 was over whistling at R2 and groping her breast. V9 said it was early at the start of the shift, in the morning. V9 said no one else said they saw anything. V9 said I reported to the Director of Nursing and Administrator, I called them. V9 said she was not sure of the housekeeping staffs' names. On 3/11/25 at 11:54AM V3, Social Services Director, said residents at risk for abuse include those that are total dependent on staff, unable to make needs known, have a history of abuse, have abused someone, or have diagnosis of mental illness or dementia. V3 said the administrator receives all abuse allegations, even on weekends we call her. At 12:51 on follow up interview V3 said I didn't know anything about R1 touching R2's breast. V3 said R1 was on my assignment floor, I should have been told. (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: 145736	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2025
NAME OF PROVIDER OR SUPPLIER: Alden Town Manor Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE: 6120 West Ogden Cicero, IL 60804	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/11/25 at 12:59PM V5, Administrator, said I will be sending a reportable on R1 and R2. V5 said I didn't know anything until today after I spoke with V3. V5 answered the abuse protocol includes report immediately to IDPH, we investigate, we update care plan and place interventions. On 3/12/25 at 2:00PM V5 said the physicians were not notified of R1 and R2 alleged incident until 3/11/25. V5 said the nurse should have called the physician and the family on 1/5/25. V5 said when I spoke with the family, they had no knowledge of this happening. There was no intervention implemented on 1/5/25 for R1 or R2. Progress Note written by V9 dated 1/5/25 in part states R1 was reported for rubbing on a female patient breast. When asked why he touched the patient in an inappropriate manner R1 stated that It's a pleasure for him and the family told him to do it. I immediately reported the incident to my DON and Administrator. I have educated the patient on why he cannot touch anyone in that manner. He refused the teaching and departed to his room. Review of R1's care plan has no intervention for this behavior on or after 1/5/25. R1's care plan includes history of refusing meals and cares. Progress Note written by V9 dated 1/5/25 in part states R2 was touched on the breast by another patient. I have reported this incident to my DON and Administrator. An initial report to IDPH was sent on 3/11/25 for R1 and R2. A final report dated 3/12/25 was submitted. b. R3's diagnosis include, but are not limited to Metabolic Encephalopathy, Diabetes, Cataracts, Glaucoma, and Legal Blindness. On 3/11/25 at 11:54AM V3, Social Services Director, said R3 told her that they, the family, were tying her up at home. V3 said I didn't ask R3 more about when this happened. I reported to the administrator. On 3/11/25 at 12:59PM V5, Administrator, said I spoke to R3 that day and she said she wanted me to stop brining things up from the past. V5 said R3 is not long term, she is planning to discharge. V5 said I did not report it to IDPH, because the resident said to not bring it up again. V5 said when V3 told me she didn't specify what exactly R3 told her. V5 said today V3 told me R3 said she was being tied up. The surveyor attempted to interview R3 on 3/11/25 at 2:25PM; 3/12/25 at 10:44AM; and 3/13/25 at 9:20AM. The surveyor spoke to R3 in English and Spanish and received no verbal response. The surveyor was unable to obtain a date, time, or location of the alleged incident. Progress notes for R3 dated 3/7/25 states R3 has stated abuse allegations from family. Adult protective services were called. Admin was informed. Cognitive assessment dated [DATE] indicates a score of 14, intact, for R3. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's care plan dated 3/8/25 states at risk for abuse related to: history of or allegation of abuse towards the resident from someone, total dependence on staff/others for care, allegation was reported to Adult Protective Services. R3's care plan dated 3/7/25 identifies R2 is at risk for abuse and history of abuse and allegation reported to Adult Protective Services. The facility Abuse Policy dated 9/20 states in part implementing systems to investigate all reports and allegations of mistreatment promptly and aggressively and making the necessary changes to prevent future occurrences. Filing accurate and timely investigation reports. The final investigation report will be completed within five working days of the reported incident. Initial reporting of allegations shall be completed immediately upon notification of the allegation. The written report shall be sent to the Department of Public Health. The administrator or designee will inform the resident's representative of the report of an occurrence of potential mistreatment and that an investigation is being conducted. The administrator or designee will inform the resident or residence representative of the conclusion of the investigation.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40066 Based on interviews and records reviewed the facility failed to provide evidence that all alleged abuse violations are thoroughly investigated. This failure affected three of three residents (R1-R3) reviewed for abuse policy and procedue. The findings include: a.R1's diagnosis include but are not limited to Dementia, Bilateral Cataracts, and Hearing Loss. R1 is identified in his care plan to have mild cognitive deficits and impaired decision making. R1 was transferred to another facility on 1/16/25. R2's diagnosis include but are not limited to Depression, Multiple Sclerosis, Dysphagia, Cerebrovascular Disease, Colostomy, and Bilateral above the knee amputation. R2's cognitive assessment dated [DATE] identifies R2 is rarely/never understood, cognition is severely impaired. According to R2's assessment she is dependent on staff for all cares and Activities of Daily Living. On 3/12/25 between 2:15PM-2:30PM R2 sitting in a wheelchair across from the nurses' station. R1 alert, awake, looking around. Surveyor greeted R2, no verbal acknowledgment or appropriate response to greeting. R2 remained alert and watching around her during this time. On 3/11/25 at 11:09AM V9, Registered Nurse, said two housekeeping staff persons approached her and reported. V9 said they said R1 was over whistling at R2 and groping her breast. V9 said it was early at the start of the shift, in the morning. V9 said no one else said they saw anything. V9 said I reported to the Director of Nursing and Administrator, I called them. V9 said she was not sure of the housekeeping staffs' names. On 3/11/25 at 11:54AM V3, Social Services Director, said the administrator receives all abuse allegations, even on weekends we call her. At 12:51 on follow up interview V3 said I didn't know anything about R1 touching R2's breast. V3 said R1 was on my assignment floor, I should have been told. On 3/11/25 at 12:59PM V5, Administrator, said I will be sending a reportable on R1 and R2. V5 said I didn't know anything until today after I spoke with V3. V5 answered the abuse protocol includes report immediately to IDPH, we investigate, we update care plan and place interventions. Progress Note written by V9 dated 1/5/25 in part states R1 was reported for rubbing on a female patient breast. When asked why he touched the patient in an inappropriate manner R1 stated that It's a pleasure for him and the family told him to do it. I immediately reported the incident to my DON and Administrator. Progress Note written by V9 dated 1/5/25 in part states R2 was touched on the breast by another patient. I have reported this incident to my DON and Administrator. An initial report to IDPH was sent on 3/11/25 for R1 and R2. A final report dated 3/12/25 was submitted. The incident was documented in the residents' record on 1/5/25. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. R3's diagnosis include, but are not limited to Metabolic Encephalopathy, Diabetes, Cataracts, Glaucoma, and Legal Blindness. On 3/11/25 at 11:54AM V3, Social Services Director, said R3 told her that they, the family, were tying her up at home. V3 said I didn't ask R3 more about when this happened. I reported to the administrator. On 3/11/25 at 12:59PM V5, Administrator, said I spoke to R3 that day and she said she wanted me to stop brining things up from the past. V5 said R3 is not long term, she is planning to discharge. V5 said I did not report it to IDPH, because the resident said to not bring it up again. V5 said when V3 told me she didn't specify what exactly R3 told her. V5 said today V3 told me R3 said she was being tied up. Progress notes for R3 dated 3/7/25 states R3 has stated abuse allegations from family. Adult protective services were called. Admin was informed. Cognitive assessment dated [DATE] indicates a score of 14, intact, for R3. R3's care plan dated 3/8/25 states at risk for abuse related to: history of or allegation of abuse towards the resident from someone, total dependence on staff/others for care, allegation was reported to Adult Protective Services. R3's care plan dated 3/7/25 identifies R2 is at risk for abuse and history of abuse and allegation reported to Adult Protective Services. On 3/13/25 V5 presented IDPH reportable stating in part R3 reported concern of abuse. An investigation was initiated.