

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 04/02/2026
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)		
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on record review and interviews, the facility failed to follow policy procedures, failed to follow physician orders, failed to schedule an appointment, and failed to replace a CVAD (Central Venous Access Device) - as ordered for one of three residents (R2) reviewed for hemodialysis. Findings include: On 3/3/26, IDPH (Illinois Department of Public Health) received allegations that the doctor told R2 that chest catheter needs to be changed and it has not been done. It will be 3 years in August since R2 got it, and it has not been changed. The doctor put the order in and still nothing has been done. R2's diagnoses include end stage renal disease and dependence on renal dialysis. R2's (2/24/26) Physician Orders state exchange dialysis catheter, due to broken clamp. On 3/31/26 at 11:52am, surveyor inquired if R2 reported concerns regarding dialysis catheter/CVAD V2 (DON/Director of Nursing) stated One time she (R2) ripped the port off the dialysis catheter, but they (dialysis personnel) were able to fix it. Then, she kept pulling at it until they couldn't use it anymore, so she had to go out for a port replacement about a month ago. R2's (2/10/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 3/31/26 at 11:14am, surveyor inquired about R2's dialysis catheter R2 stated Somebody from (hospital name) said after 2 years the chest catheter that I (R2) have would need changed. Surveyor inquired if R2's dialysis catheter was recently changed R2 responded No. R2's progress notes state (2/24/26) Writer (V6 LPN/Licensed Practical Nurse) called radiology to schedule appointment to get dialysis catheter changed. Radiology will call back tomorrow to schedule appointment. (2/25/26) Writer called radiology to get an update on residents' appointment; no answer or call back. Writer left a voicemail [documentation of R2's scheduled appointment and dialysis catheter replacement are excluded]. On 4/1/26, surveyor requested additional documentation to determine if R2's dialysis catheter was changed (on or about 2/24/26 - as ordered) however no additional documentation was provided. At 11:50am, V2 (DON) stated I (V2) don't think they (radiology) ever replaced her (R2) subclavian. We (staff) attempted to make the appointment and left a message, I don't know what happened with that. On 4/1/26 at 12:32pm, surveyor inquired about R2's dialysis catheter appointment V6 (LPN) stated Radiology was supposed to get back to me (V6) and they (radiology) never did. They wanted me to fax over her (R2) face sheet and get a doctor order saying that it was okay to change the port out. They said because she had it for 2 or 3 years, they needed to change it out and because the clamp was broken it needed to be changed. I (V6) faxed the face sheet and the order right away. She (radiology) did tell me (V6) that it would take 2-3 days for the appointment, I was off for a couple days after that. Surveyor inquired if R2's dialysis catheter appointment was scheduled V6 responded No. Surveyor inquired, who's responsible for scheduling appointments V6 replied If we (facility) have like a follow-up appointment we have someone from guest relations that schedules the appointments but if she's (V7/Customer Relations Liaison) not here, the Nurses do it. The emergency care for the dialysis resident policy (revised 3/6/15) includes special considerations for (CVAD): there is always a potential for infection. The (09/20) appointments policy states Physician's orders are received for appointments. Assistance will be given to residents in need of arranging and scheduling appointments. Resident schedules appointments by self as able or is assisted by legal representative, family or facility in the scheduling of appointments. [Responsible staff are excluded].		

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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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Keep all essential equipment working safely.</p> <p>Based on observation, interviews, and record review the facility failed to follow policy procedures, failed to ensure that staff document reported maintenance concerns, failed to address maintenance problems/concerns/needs, and failed to repair essential equipment for two of five residents (R4, R5) in the sample. The facility also failed to employ a building manager - responsible for facility maintenance. These failures have the potential to affect 187 residents. Findings include: The 3/31/26 facility census includes 187 residents. R5's (2/9/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 3/31/26 at 12:50pm, R5 was sitting in a wheelchair, the vinyl covering both armrests was notably damaged/cracked, the (left) armrest was also torn and the cushion was exposed. Surveyor inquired about concerns with R5's wheelchair R5 stated It needs a little tightening with the handles and right here (pointing to the left arm rest) is torn. R5 then shook both arm rests which were affirmed to be loose. Surveyor inquired if facility staff were made aware that R5's wheelchair needed repair R5 responded I made them (staff) aware, so they know about it. [R2 resides on the 2nd floor]. On 3/31/26 at 1:18pm, surveyor requested to speak with facility maintenance staff V2 (Director of Nursing) affirmed that V5 (Assistant Administrator) is currently responsible for maintenance repairs because the facility doesn't currently have maintenance staff. On 3/31/26 at 1:22pm, surveyor inquired who's responsible for repairing facility wheelchairs V5 stated That would be the building manager. We (facility) don't have one right now, it's been about 3 weeks since we've had one. V5 then affirmed that the facility has someone that comes to the facility (twice a week) to address repair requests. Surveyor inquired where maintenance requests are documented V5 responded There's a binder on each floor, it gets filled out by any staff member and we (building manager, V5) review it. Surveyor inquired if V5 was made aware that R5's wheelchair needs repair V5 replied No, I (V5) was not aware of it. On 3/31/26 at 1:34pm, V5 presented the (2nd floor) maintenance and housekeeping request log - which includes actions taken however from 2/11/26-3/24/26 most of the actions taken were blank (only 2 of 15 were documented) and R5's wheelchair issues were excluded. The log affirms the following concerns (excluded) actions taken (2/11/26) Team 3 linen cart, wheel missing. 230A TV not working. (2/16/26) Mechanical lift is not working #2. 208-1 TV (Television) fell off wall (since about 2/13). (2/23/26) 205A Needs new TV remote. (2/25/26) 223 Water will not turn off. (3/2/26) 237A Needs bed rails. (3/9/26) 231A Right side wheelchair lock not working. (3/14/26) 217C Lamp not working. (3/15/26) 238B Left side fell off the bed. (3/17/26) 235A Bed does not lay flat. (3/19/26) 220 Call light is not working. (3/24/26) Lamp not working (in R4's room). Surveyor inquired if any of the requested repairs (with blank actions taken) were done V5 stated They were fixed but they're not completed (documented on the log). V5 subsequently entered R4's room (as requested) to determine if R4's lamp was repaired - as stated. V5 attempted to turn on R4's lamp (multiple times), however it did not turn on. Surveyor inquired if the lamp was working R4 responded No. Surveyor inquired again if R4's lamp was working V5 replied No. On 3/31/26 at 3:03pm, V1 (Administrator) stated We have AMS (Facility Management Service) they (AMS) come in and assist with all the maintenance needs, I would say as needed. The assistant admin (V5) oversees the maintenance department and assists with that department until we (facility) have someone. The facility maintenance requests policy (revised 3/14) states staff will put non-emergency requests for Maintenance Services in writing on the Maintenance and Housekeeping Log. The Log sheets will be completed by the Building Manager. All staff will record all observed needs and requests that are reported to them by visitors and residents for maintenance Services. The Building Manager will be contacted by phone or in person for all emergency and time sensitive issues. All non-emergency issues will be recorded on the Maintenance and Housekeeping Log in the specified binder at each Nursing Station. Building Manager will check binder(s) and update form(s) periodically during the workday. Building Manager will prioritize and schedule work in a timely manner. Building Manager will keep the Administrator apprised of all delays due to other priorities, lack of supplies, or referral to ABC.</p>		