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	05/10/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their policy by notifying the State Agency within 24 hours of a fall with serious injury.This applies to 1 of 4 residents (R2) reviewed for falls with injury. Findings include:On 05/08/2026 at 3:43pm, V2 (Director Of Nursing) stated he was the (Director of Nursing) at the time of his (R2) fall. V2 stated he was in his room, and he needed to be changed. She (V14- Certified Nursing Assistant) brought in the briefs and put it down by his chair, then V14 went out to get additional supplies. In the meantime, R2 stood up to put on the brief himself; R2 fell and landed on garbage can. R2 sometimes thinks he can do things by himself. (V13 - Registered Nurse) heard the noise and she came and observed half of R2'S body on the bed and the other half on the floor. He had some pain, and he was sent to the hospital, and he was admitted with a diagnosis of nondisplaced rib fracture. V2 stated any fracture of the bone is a serious injury and he (V2) knew about the fall; she (V13) called him (V2). He knew about the fracture at the end of the day. V2 stated fall with serious injury should be reported to the State within 24 hours.On 05/09/2026 at 2:02pm, informed V2 there was a progress note written by V15 (Registered Nurse) that he was notified of the fracture of the rib on 12/14/2025 at 10:47am, and R2's reportable was sent on 12/16/2025 at 10:25am past the 24 hour timeframe of reporting serious injury. V2 stated he could not confirm if there is an actual fracture and he only saw the report when he returned at the facility on 12/15/2025. Informed V2 that there was a progress note written by V2 on 12/15/2025 at 9:01am that he was aware of the fracture at that time. V2 then stated the initial reportable was submitted past 24 hours.R2's admission Record documented that R2's admission Date was on 10/06/2025; R2's diagnoses include but are not limited to hemiplegia (paralysis) and hemiparesis (muscle weakness) affecting left non dominant side (Onset date: 10/06/2025 - on admission), traumatic subdural hemorrhage with loss of consciousness (onset date: 11/07/2025 while resident at the facility), and multiple fractures of right ribs (onset date: 12/15/2025 while resident at the facility). R2 was born on [DATE].R2's (02/12/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating the resident's mental status as cognitively intact. Section GG - functional abilities. GG0130 Self Care. C. Toileting hygiene: 3 -Partial/moderate assistance. GG0170. Mobility. E. Chair/bed-to-chair transfer: 3 - partial/moderate assistance. Section H. Bladder and Bowel. H0400. Bowel Continence: 2-Frequently incontinent.R2's (12/13/2025) Fall documented, in part writer found resident in bed with upper body on the mattress and bilateral lower extremities on the floor. Resident was observed attempting to remove diaper and clean self at the time of discovery. Resident complained of pain to the right lateral upper abdominal area. Notes: sent to hospital for evaluation and received diagnosis of acute appearing non displace fracture of 9th and 10th rib. People Notified: DON 12/13/2025 at 7:37am.R2's (12/14/2025 at 10:47am) Progress note documented, in part Called Hospital and spoke with floor nurse. Resident was admitted with diagnosis: Rib Fracture. Nursing Supervisor notified on the phone. Left message with (Director of Nursing).R2's (Effective Date: 12/15/2025 at 09:01am) Progress Notes documented, in part Resident returned to facility from Hospital in good spirits. Did complain of pain on right side (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

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	where he had injured rib. Pain medication given with good efficacy. Medication reviewed with physician. Will provide script for pain medication. Authored by: V2 (Director Of Nursing).R2's (12/14/2025) initial reportable was submitted on 12/16/2025 at 10:25AM.R2's (12/15/2025) Initial report documented, in part Date of Incident: 12/13/2025. Was observed halfway in bed with feet on the floor around 7:15 in the morning. He reported he had retrieve an item from a chair and bumped into furniture. Reported pain on right side where he had bumped the furniture. R1 admitted to hospital for evaluation of new appearing rib fracture. The (09/2020) Incident/Accident Reports for State Facilities documented, in part POLICY:The Incident/Accident Report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident to resident altercations. PROCEDURE: An accident refers to any unexpected or unintentional incident, which may result in injury or illness to a resident. This does not include adverse outcomes that are a direct consequence of treatment or care that is provided in accordance with current standards of practice (e.g ., drug side effects or reaction) 1 . All serious accidents or incidents of residents. 12. The Director of Nursing, Assistant Director of Nursing or Nursing Supervisor must notify: a. The Illinois Department of Public Health (IDPH) of any serious incident or accident. Serious means any incident or accident that causes physical harm or injury to a resident. b. The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If the facility is unable to contact the Regional Office, the facility shall notify the Department's toll-free complaint registry hotline. NOTE: Physical harm would include a broken bone.

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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 interview and record review the facility failed to notify the resident's primary care physician and authorized staff of the unavailability of resident's medication and failed to ensure staff document medication administration appropriately in an effort to meet the need of the resident. These failures affected 1 (R1) resident reviewed for quality of care in the total sample of 4 residents. Findings include:R1's admission Record documented that R1's diagnoses include but are not limited to anoxic brain damage, hemiplegia (paralysis) and hemiparesis (muscle weakness) , pulmonary embolism and Crohn's disease (a chronic inflammatory bowel disease (IBD) that causes symptoms like severe diarrhea, abdominal pain, and weight loss). R1's (Active Order as Of: 05/08/2026) Order Summary Report documented, in part Budesonide ER (Extended Release) Capsule 24 hour 3mg. give 3 capsules via G-tube one time a day. Active. 03/20/2026. Start Date: 03/21/2026. R1's (04/2026) Medication Administration Record documented that V17 (Registered Nurse) documented ?9 - see progress notes on 04/13, 04/14, 04/15 on R1's Budesonide. On 05/09/2026 at 11:33am, V17 (Registered Nurse) stated the medication was not available that is why she entered ?9' in the MAR. She usually calls the pharmacy to check why the medication was not being delivered and calls the physician for alternative or to get prior authorization from the administration. V17 stated she did not call the pharmacy about his (R1) missing budesonide medication; she did not inform the physician nor inform the director of nursing that his (R1) budesonide is not available in the medication cart.On 05/08/2026 at 3:20pm, V2 (Director Of Nursing) stated if a medication is not available in the cart, the nurse is expected to call the pharmacy to check if there is an issue with delivering the medication; to get to the bottom of why the medication is not being sent and it should be done during the shift when they noted the medication is not available; to determine why medication is not in the cart and hopefully, to rectify the situation. The purpose is to provide the medication as ordered by the physician. V2 stated if his medication is not given, it can lead to exacerbation of symptoms of his Chron's disease. V2 stated usually, if there is a billing issue, pharmacy would notify him directly through mediprocity, a messaging flatform between the facility pharmacy and the facility administrative staff including the regional nurse consultant, and inform him the medication was not covered by insurance and if he wanted to bill the facility. V2 stated he would usually say yes or ask him for alternative. In this case, the pharmacy sent the message to a different facility. V2 stated it was denied by insurance because the cost is high and insurance was not authorizing the medication. The pharmacy initially supplied 42 capsules which cost $464 and the order is 3 capsules once daily, so it's good for 14 days only. It was denied when staff requested for refill. On 05/08/2026 at 3:37pm, surveyor informed V2 the March 2026 MAR (Medication Administration Record) documented the medication was given for 9 days and the April MAR documented the medication was given for another 9 days before V15 (Registered Nurse) documented 9 - see progress note on date 04/10/2026 and V16 (Licensed Practice Nurse) documented that budesonide was given on 04/11/2026. V2 stated the expectation is not to document that it was given when the medication is not available. V2 explained the nurse could have gotten the medication from another resident or they documented it was given even though the medication was not available; either way they should not do that. V2 stated the nurses did not inform (V18 - R1 Primary Care Physician) or him (V2) that the medication was not available. The expectation is to inform the physician so the doctor could order an alternative medication or could order to monitor the resident for exacerbation of symptoms. Notification of the doctor should be documented in the progress note. V2 stated there was no documentation he or the primary care physician was notified.On 05/09/2026 at 2:11pm, V18 stated he (R1) is on budesonide because he has Crohn's disease and the medication is ordered to minimize the symptom of the disease like abdominal pain and bleeding, possibly. V18 stated the nursing staff did not inform her the medication was not available; and they should have so she could order to wait for the medication to be available and to monitor teh resident while waiting for the medication. V18 stated she talked to the nurses and there was no worsening of symptom. Facility (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(03/21/2026) Packing Slip Proof of Delivery documented that R1 was provided 42 capsules of budesonide; a 14 day supply of budesonide. The (04/07/2026, 04/09/2026, 04/10/2026, and 04/13/2026) Facility Pharmacy provided file titled Items not Delivered documented, in part (R1) Budesonide Cap 3 mg, rejected claim. R1's (03/2026) MAR (Medication Administration Record) documented that R1 was administered budesonide for 9days. R1's (04/2026) MAR documented that R1 was administered budesonide from April 1 to April 9, and V16 (Licensed Practice Nurse) documented that budesonide was administered on 04/11/2026. Of note, V16 was called multiple times during the survey period of 05/08/2026 - 05/10/2026 to no avail.R1 (04/01/2026 - 04/30/2026) Progress notes were reviewed; no notes were documented that the primary care physician or authorized staff were notified that R1's budesonide were not being delivered by pharmacy. The (05/09/2026) email correspondence with V1 (Administrator) documented, in part The facility does not have a formal written policy. However, the facility expectation is for the nurse to contact the pharmacy regarding the status of the medication and notify the physician if the medication is unavailable.The (09/2020) Medication Administration Policy and procedure documented, in part POLICY: Medications will be administered in accordance with the established policies and procedures. PROCEDURE: 1 . Drugs must be administered in accordance with the written orders of the attending physician. The (01/2022) Medication Administration: General Guidelines documented, in part A. POLICY: To ensure that medications are administered safely as prescribed. PREREQUISITES: 1. Physician's orders. POLICY: All medications shall be administered as prescribed by licensed personnel authorized to do so in accordance with standard nursing practice and current regulations. 5. Each dose administered shall be properly recorded on the resident's MAR, TAR, or eMAR, immediately following administration. 6. If the physician's medication order cannot be followed, the physician should be notified. If an eMAR is being utilized, document in the record the reason the medication was not given. 7. Medications prescribed for one resident shall not be administered to another resident.