

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145872	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Long Grove Rehab &hc Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2308 Old Hicks Road Long Grove, IL 60047	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>37232</p> <p>Based on interview and record review the facility failed to schedule a urologist appointment after it was recommended by a Nurse Practitioner for 1 of 3 residents (R1) reviewed for professional standards in the sample of 3.</p> <p>The findings include:</p> <p>On 8/26/24 at 11:40 AM, V6 (Infectious Disease Nurse Practitioner) said she saw R1 on 7/24/24 regarding a recurring urinary tract infection (UTI). V6 said she recommended R1 to see a urologist. V6 said she let a nurse know about the recommendation and put the recommendation in the progress notes. V6 said the nurses are responsible for scheduling appointments.</p> <p>R1's Infectious Disease Progress Note entered on 7/24/24 by V6 showed a recommendation was made for R1 to see urology.</p> <p>On 8/26/24 at 11:05 AM, V1 (Administrator) said the facility started to arrange/schedule a urology appointment for R1 on 8/15/24 (22 days after V6 made the recommendation). V1 said the process of arranging the appointment was started because R1's family made the request for R1 to see urology on 8/15/24.</p> <p>R1's Progress Note dated 8/15/24 showed R1's family requested a urology appointment and the facility started the process for arranging the appointment.</p> <p>On 8/26/24 at 11:05 AM, V2 (Director of Nursing) said the facility's nurses set up appointments. V2 added when a healthcare provider makes the recommendation for a resident to see a specialist, like a urologist, they need to enter an order for the appointment. V2 said the scheduling/arranging of the appointment will start the day the order is received or the next day. V2 said without an order the nurses will not know to set up the appointment. V2 confirmed R1 did not have an order placed for an urologist appointment after V6 saw R1 on 7/24/24.</p> <p>On 8/26/24 at 1:30 PM, V2 said it was common practice for the providers to enter an order for residents to see specialists.</p> <p>The facility's Appointment policy showed physician's orders are received for appointments and resident, family members, responsible party, or physician notifies the facility of residents appointment needs.</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
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