STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145872	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Long Grove Rehab &hc Ctr	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a resident (R1) received medications as ordered by a physician. This applies to 1 of 3 residents reviewed for medications in the sample of 5.The findings include:R1's electronic face sheet printed on 7/24/25 showed R1 has diagnoses including but not limited to chronic obstructive pulmonary disease, osteoarthritis, rheumatoid arthritis, ESBL, idiopathic scoliosis, and history of falls.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment.R1's physician's orders for July 2025 showed, Enoxaparin Sodium Injection Solution Prefilled Syringe 40mg (milligram)/0.4ML (milliliter). Inject 0.4ml subcutaneously one time a day for DVT (Deep Vein Thrombosis) prophylaxis.On 7/24/25 at 10:36AM, R1 stated, I have missed doses of my Lovenox (Enoxaparin Sodium) before. It was at the beginning of this month. They said it was delivered to the wrong unit but that's not excuse for me to not receive my medication.R1's medication administration record for July 2025 showed R1 did not receive her dose of Enoxaparin Sodium on 7/2, 7/3, and 7/4.R1's nursing progress notes showed, 7/2/25 Enoxaparin Sodium Injection Solution Prefilled Syringe 40 MG/0.4ML. Inject 0.4 ml subcutaneously one time a day for DVT Prophylaxis INJECT ENTIRE CONTENTS OF SYRINGE. Pharmacy pending delivery. 7/3/25 Enoxaparin Sodium Injection Solution Prefilled Syringe 40 MG/0.4ML. Inject 0.4 ml subcutaneously one time a day for DVT Prophylaxis INJECT ENTIRE CONTENTS OF SYRINGE. Drug is unavailable. 7/4/25 Enoxaparin Sodium Injection Solution Prefilled Syringe 40 MG/0.4ML. Inject 0.4 ml subcutaneously one time a day for DVT Prophylaxis INJECT ENTIRE CONTENTS OF SYRINGE not delivered by pharmacy yet.On 7/24/25 at 1:46PM, V8 (Registered Nurse) stated, If you order a medication at 10am it will arrive here by the same afternoon. The pharmacy usually comes twice a day. If we have a medication that hasn't been delivered, we will call the pharmacy to see what is going on. I'm not sure if Enoxaparin Sodium is a stock medication or not in our (emergency pharmacy stock machine). I don't really use it, so I don't even know where to look and see if we have it.The facility's document titled, (Facility emergency pharmacy stock machine list) showed, Enoxaparin Injection 40mg/0.4ml.2 syringes.On 7/24/25 at 2:45PM, V3 (Director of Nursing) stated, We have a (emergency pharmacy stock machine) that has Enoxaparin in it. There is a list of all the medications in that hangs on the side of the machine so all the nurse's have to do is look at the list, see we have the medication, and then pull it out for the specific resident. There is no reason why (R1) should not have received her medication because we always have 2 syringes of it in our machine. Any time a nurse uses a medication out of the machine, that report goes to the pharmacy, so they know to bring a refill out on their next delivery.The facility's policy titled, Medication Administration dated 09/2020 showed, Medications will be administered in accordance with the established policies and procedures.1. Drugs must be administered in accordance with the written orders of the attending physician. The facility's policy titled, Reordering Medications dated 03/2021 showed, Medications are reordered in advance so as not to have lapse in therapy.

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