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	01/14/2026

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

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to provide feeding assistance to a resident that required staff assistance to eat for 1 of 32 residents (R1) reviewed for activities of daily living in the sample of 32.The findings include:R1's hospice admission order dated 8/14/25 showed R1 was admitted to hospice due to his diagnoses of dementia and severe protein calorie malnutrition. R1's weight record showed R1 lost 23.8 pounds from 8/21/25 to 1/9/26.R1's resident assessment dated [DATE] showed R1 required partial to moderate staff assistance to eat.R1's current care plan showed R1 was severely cognitively impaired. The plan showed, Set up resident's tray and provide assist or cueing for meals as needed.On 1/12/25 from 9:15 AM-9:40 AM, a continuous observation of R1 was made by this surveyor. From 9:15 AM-9:40 AM, R1 was seated in a high back wheelchair in the dining room. R1's face was thin. R1 appeared gaunt. R1's breakfast tray was in front of him on a table. A serving of pureed eggs and a serving of a pureed brown substance was noted on R1's plate. An opened container of orange yogurt and a bowl of oatmeal, covered with a lid, were noted on R1's tray. R1 did not consume any of the eggs, brown pureed substance, oatmeal, or yogurt. R1 was awake, looking around the room. V4 Certified Nursing Assistant (CNA) fed two other residents seated at R1's table. V4 did not speak to R1. V4 did not attempt to assist R1 with eating. No other staff spoke to R1 or attempted to feed R1. At 9:40 AM, R1's breakfast tray was removed from the dining room by a staff member. R1 consumed no food from his breakfast tray.On 1/12/26 from 1:00 PM-1:15 PM, a continuous observation of R1 was made by this surveyor. During this time, R1 was seated in a high back wheelchair in the dining room. A lunch tray of pureed foods was noted in front of R1. An opened cup of chocolate ice cream was also noted on R1's tray. A spoon was placed in the ice cream, but no ice cream was consumed by R1. R1 consumed none of his pureed foods. No other staff spoke to R1 or attempted to feed R1 during this time. On 1/13/26 at 10:15 AM, V8 (R1's Hospice Nurse) stated R1 required staff assistance and encouragement to eat.On 1/13/26 at 11:20 AM, V9 Dietician stated R1 required staff assistance and encouragement to eat. The facility's Feeding A Resident policy dated 9/2020 showed, Residents who need assistance will be fed a well-balanced meal, by a nurse, CNA or an individual who has completed a state approved feeding course. Encourage the resident to eat all his or her meal. Encourage and engage in resident centered conversation.

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a paraplegic resident that is unable to move her lower extremities received services to prevent a decrease in range of motion for 1 of 12 residents (R13) reviewed for range of motion in the sample of 32.The findings include:R13's Face Sheet shows that she was admitted to the facility on [DATE] with diagnoses of: cord compression, polyneuropathy, edema, necrotizing vasculopathy, radiculopathy and lupus.R13's Physical Therapy Discharge Summary shows that she received physical therapy from 9/13/25 to 10/10/25. Upon discharge, she was able to perform bed mobility with supervision assist. Discharge Status and Recommendations show, To facilitate patient maintaining current level of performance and in order to prevent decline, development of and instruction in the following RNPs (Restorative Nursing Program) has been completed with the IDT (Interdisciplinary Team): bed mobility, ROM (Passive) and transfers.On 1/12/26 at 9:51 AM, R13 was lying in bed. R13 was unable to move her bilateral lower extremities. R13 said that since October, the staff have not done any exercises to her lower extremities, and she is unable to move them herself due to being paralyzed from the waist down. On 1/13/26 at 12:40 PM, V14 (Restorative Aide) said that she has worked at the facility for 17 years. V14 said that if a resident is paraplegic, they typically will do Passive Range of Motion (PROM) to their lower extremities for 15 minutes at least three times a week. V14 said that she has never done PROM to R13's lower extremities. V14 said that she is the restorative aide for R13's unit.On 1/14/26 at 12:28 PM, V17 (Restorative Licensed Practical Nurse) said that she performed R13's Restorative Assessment after she discharged from Physical Therapy. V17 said that R13 was already on a bed mobility and grooming program. V17 said that she kept her on the bed mobility and grooming program and did not add anything else. V17 said that the bed mobility program consists of the Certified Nursing Assistants (CNAs) providing cares to R13 and having her help with rolling in bed. V17 said that when she did her assessment, she was thinking that she could work on maximizing her bed mobility and then would work on PROM. V17 said that PROM is done to prevent residents from getting contractures and loosing strength in their arms or legs. V17 said that at the time of her assessment, she did not know of therapy's recommendation for PROM and based on her clinical judgement, she felt that R13 would benefit most from being in the bed mobility and grooming program and not PROM. V17 said that when she became the restorative nurse, she received training from the facility on how to do an assessment and had not had any training in the past regarding restorative assessments. On 1/14/26 at 10:45 AM, V16 (Occupational Therapist) said that R13 has been paraplegic for years and is unable to move her legs. V16 said that when she was previously in therapy, they were doing PROM to her lower extremities to maintain mobility of her joints and prevent contractures. V16 said that it would be important to continue with the PROM to prevent a decline in mobility of her joints and to prevent contractures. V16 said that when a resident discharges from therapy, a recommendation is given and it is important for the facility to follow them to prevent any declines. On 1/14/26 at 11:39 AM, V15 (Therapy Director) said that when R13 came to the facility, she was getting Physical Therapy, Occupational Therapy and Speech Therapy. V15 said that R13 has been unable to move her legs on her own for years due to being paraplegic. V15 said that when she was in therapy, they were doing PROM to her lower extremities to help with tone, increase blood flow and try and prevent contractures. V15 said that her lower body strength was 0 out of 5 upon assessment. V15 said that everyone should have some type of range of motion to prevent a decline. R13's Minimum Data Set assessment dated [DATE] shows that her cognition is intact, has limited range of motion to both lower extremities, is not receiving therapy services and has not had any days of PROM.R13's Current Care Plan does not document that she is on any type of range of motion program for her lower extremities. The facility's Restorative Nursing Program Policy shows, It is the policy of this facility (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	that a resident is given appropriate treatment and services to enable residents to maintain or improve his or her abilities. An individualized program will be developed based on the resident's needs as appropriate.The purpose of a Restorative Nursing Program is to Prevent secondary complications.A Restorative Nursing Program will be established.when the resident is admitted to the facility with restorative needs, but is not a candidate for formalized rehabilitation therapy, or.in conjunction with formalized rehabilitation therapy.An initial screening by the appropriate therapy(s) will be performed if indicated.A physician's order is not required for an RNP.When in doubt, nursing should consult with physician and therapy for limitation and precautions.The restorative nurse will review the functional assessment and care plan with involved nursing staff and therapy to assure specific needs are identified, plan implemented, and resident placed in the appropriate restorative program(s).The facility's Passive or Active Range of Motion Exercises Policy shows, Passive Range of Motion is defined as a program of passive movement exercises to maintain flexibility and useful motion in the joints of the body. The caregiver moves the body par around a fixed point or joint through the resident's available ROM.Routine performance of range of motion exercises will assist to maintain or improve joint mobility to assist resident in maintaining or achieving maximum function by.Preventing or reducing contracture and deformity.For both active and passive range of motion: movement by a resident that is incidental to dressing, bathing, etc., does not count as part of a formal restorative nursing program.Range of motion should be delivered by staff who are trained in the procedures.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a fall intervention of wheelchair anti-tip bars were facing downward for 1 of 32 residents (R47) reviewed for safety in the sample of 32.The findings include:R47's Fall assessment dated [DATE] showed R47 was at risk for falls.On 01/13/2026 at 9:52 AM, R47 was sitting in her wheelchair attempting to self-propel. R47 had anti-tip bars on her wheelchair. The anti-tip bars were angled upward.On 01/13/2026 at 10:19 AM, V11 (Restorative Nurse) said anti-tip bars are a fall prevention intervention and should be pointed downward to help prevent the wheelchair from tipping backward. V11 confirmed R47's wheelchair anti-tip bars were facing upward. V11 said V12 (Maintenance Director) was responsible for installing and making sure the anti-tip bars were in the correct position. On 01/13/2026 at 12:01 PM, V12 said maintenance does not install anti-tip bars on wheelchairs and it was the responsibility of the nursing staff to ensure the bars are positioned correctly.R47's wheelchair manufacture's brochure, provided by V3 (Director of Nursing), contained a picture of R47's wheelchair. In the picture the anti-tip bars were facing downward. The description next to the wheelchair picture indicated the anti-tip bars came standard with the wheelchair. R47's Fall Care Plan with an initiated date of 1/28/19 listed under interventions was to encourage the appropriate use of the wheelchair. R47's Fall Incident report dated 10/18/25 showed R47 had fallen from her wheelchair.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident received their dietary supplements for 1 of 7 residents (R67) reviewed for dietary supplements in the sample of 32. The findings include:R67's Order Summary Report printed on 1/14/26 showed R67 was to receive fortified pudding with breakfast, lunch, and dinner and a (high calorie and protein supplement) cup with lunch and dinner.A facility assessment with an effective date of 10/1/25 showed R67 was mentally intact. On 01/12/2026 at 9:28 AM, R67 was in bed eating his breakfast. There was a meal ticket on his tray that indicated he was to receive fortified pudding. There was no pudding on his tray. R67 confirmed he did not receive pudding. On 01/12/2026 at 1:01 PM, R67 was in the dining room eating lunch R67 was not served a (high calorie and protein supplement) cup. R67's meal ticket, that was on the table, indicated R67 was to receive a (high calorie and protein supplement) cup.On 01/12/2026 at 1:18 PM, R67 had finished his meal and started to exit the dining room. R67 said he was not served a (high calorie and protein supplement) cup. On 01/13/2026 at 11:22 AM, V9 (Dietitian) said R67 was on several supplements including fortified pudding and (high calorie and protein supplement) cup. V9 said it was the expectation that R67 received his supplements as ordered. R67 Nutrition assessment dated [DATE] showed he was to receive fortified pudding with meals and a (high calorie and protein supplement) cup with lunch and dinner.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to ensure medication were stored in a safe manner for 1 of 32 residents (R44) reviewed for medication storage in the sample of 32.The findings include:On 1/12/2026 at 10:29 AM, R44 had nasacort nasal spray, systane eye drops and a bottle of ammonium lactate 12% lotion sitting on a shelf in her room. R44 said that she uses the cream on her legs and the eye drops two to three times a week. R44 said that she uses the nasal spray as she feels she needs it but was not sure how often. R44's Physician's Order Sheet (POS) shows an order for ammonium lactate to be applied to her bilateral legs every 12 hours as needed. No orders were found for Systane eye drops or Nasacort nasal spray. R44's POS does not show an order for self-administration of medications. A Nursing Note dated 11/14/25 shows, Writer spoke with resident and advised her she cannot buy OTC medications and/or keep them in her room and self-administer.R44's Care Plan does not document that she is able to self-administer medications safely.On 1/13/26 at 1:55 PM, V3 (Director of Nursing) said that self-administration of medications is not allowed for any resident that currently resides at the facility. V3 said that R44 should not have any medications including nasal spray, eye drops or medicated lotions in her room. The facility's Self Administration of Medications Policy shows, Residents will not be permitted to administer or retain medications in their rooms unless so ordered by the attending physician, assessed for their cognitive, physical, and visual ability to self-medicate, and approved by the care planning team.Storage of legend drugs at the bedside will meet the conditions of the above, and will additionally be specifically ordered by the prescriber of the drugs; and be limited to sublingual or inhalation forms of emergency drugs.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, interview and record review the facility failed to provide a resident's requested food preferences for 1 of 32 residents (R1) reviewed for food preferences/choices in the sample of 32.The findings include:R1's hospice admission order dated 8/14/25 showed R1 was admitted to hospice due to his diagnoses of dementia and severe protein calorie malnutrition. R1's weight record showed R1 lost 23.8 pounds from 8/21/25 to 1/9/26.R1's current care plan showed R1 was severely cognitively impaired. The plan showed R1 requires nutritional support. No pork, no beef, no pasta. On pleasure feeding. Per family request, grilled cheese, no crust with meals. Honor food preferences. On 1/12/26 from 9:15 AM to 9:40 AM, a tray of pureed breakfast foods, including a cup of yogurt, was noted in front of R1. No fruit or banana were noted on R1's tray. R1's meal ticket on R1's tray showed Standing orders > 1 banana. Dislikes bacon, ham, pork, sausage.On 1/13/26 at 8:51 AM, R1's breakfast tray was placed in front of R1. R1's breakfast tray consisted of pureed eggs, a pureed pink substance and oatmeal. No banana or fruit was noted on R1's tray. V6 Memory Care Director began feeding R1. When V6 was asked what the pureed pink substance on R1's tray was, V6 stated, It's pureed ham. On 1/12/26 at 12:43 PM, V7 Family of R1 stated R1 had lost a lot of weight. V7 stated (R1) won't eat meat or even likes meat or most of the food they provide for him there (facility). He will eat fruit, vegetables, and grilled cheese sandwiches. He needs to get fruit or a vegetable with every meal. Other than the smoothies I bring in for him to drink, fruits and vegetables are all he will eat. On 1/13/26 at 11:20 AM, V9 Dietician stated, I do remember (R1) did not eat any meat. I do remember (V7 Family of R1) requested that (R1) get fruits, vegetables and smoothies to eat. (R1) should be getting fruits and/or vegetables with every meal.The facility's Food Preferences policy dated 11/2025 showed, Upon admission or within 24 to 72 hours the resident will be interviewed by the Food & Nutrition Services Manager or designee for food preferences and menu selection. A record will be maintained of the resident's food preferences and food allergies.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to ensure a resident on contact and droplet isolation remained in her room with her door closed. The facility failed to educate and redirect a resident to maintain contact and droplet isolation. These failures apply to 1 of 32 residents (R32) reviewed for infection control in the sample of 32.The findings include:A facility isolation list dated 1/12/26 showed by 1/7/26, two residents (R143, R183) in the facility had tested positive for COVID-19. R32's progress note dated 1/9/26 showed R32 developed a cough. R32 was placed on isolation precautions due to her cough. R32's physician order dated 1/9/26 showed, Isolation: Contact and Droplet and N-95 Precautions - Due to suspected Acute Respiratory Illness every shift for 10 days.On 1/12/26 at 9:22 AM, R32 was seated in a wheelchair, in the doorway of her room, actively coughing with no mask on. The door to her room was wide open. A N95 Plus Eye Protection and Contact Precautions sign was noted on the doorframe of R32's room with a cart containing PPE (personal protective equipment) noted in hallway by R32's door. R32 asked V5 Activity Aide to remove her breakfast tray from her room. V5 stated, Just a minute. V5 kept walking down the hall. At 9:24 AM, R32 remained at the doorway of her room. R32 slightly propelled her wheelchair out into the hallway as she continued to cough. R32 wore no mask. R32 again asked V5 to pick up her breakfast tray. V5 stated he would come back to get the tray and walked away into the dining room on the unit. At 9:26 AM, R32 remained in her wheelchair, just outside of her room in the hallway. R32 wore no mask. R32 continued to cough. R32 again asked V5 Activity Aide to pick up her breakfast tray. V5 stated, I will tell your CNA (certified nursing assistant). I am not allowed to come in your room. V5 slowly propelled herself back into her room. At no time during this observation did V5 Activity Aide or any other staff member educate or redirect R32 to remain in her room with her door shut due to her cough. On 1/13/26 at 8:37 AM, V10 Registered Nurse (RN) stated R32 is on droplet and contact isolation because R32 developed an acute cough and respiratory symptoms. V10 stated R32 should remain in her room with the door closed in an attempt to prevent the spread of R32's respiratory illness. V10 stated if R32 comes out of her room for any reason she is to wear a mask. V10 stated R32 is confused at times so if she attempts to leave her room, staff are to remind her to stay in her room due to her cough. The facility's Droplet Precautions policy August 2025 showed, Use Droplet Precautions as recommended in CDC's (Centers for Disease Control) Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings for residents known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a resident who is coughing, sneezing, or talking.The facility's N95 Plus Eye Protection and Contact Precautions isolation signage dated 1/2025 showed, Door to room must remain closed.