

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alden Estates of Northmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5831 North Northwest Highway Chicago, IL 60631	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>Based on observation, interview, and record review the facility failed to conduct a Pre-admission Screening Resident Review (PASRR) for a resident with a newly diagnosis of a serious mental illness. This failure affected 1 of 1 (R101) resident reviewed for PASRR with Diagnosis in a sample size of 58. The findings include: R101 initially had a diagnosis of Parkinson's Disease and Insomnia on admission 1/21/2025. R101 was diagnosed with Dementia in Other Diseases Classified Elsewhere, Alzheimer's Disease, Major Depressive Disorder, and anxiety disorder on 7/8/2025. R101 does not have a Preadmission Screening Resident Review (PASRR) Level II for his (R101's) new diagnosis. R101 has a Minimum Data Set Indicator in iQIES that documents No Preadmission Screening Resident Review with Diagnosis. R101's Face Sheet dated 12/3/2025 documents a diagnosis of but not limited to Parkinson's Disease without Dyskinesia and Insomnia on 1/21/2025 and Dementia in Other Diseases Classified Elsewhere, Alzheimer's Disease, Major Depressive Disorder, and anxiety disorder on 7/8/2025. R101's Care Plan dated 1/21/2025 documents, in part, a focus for receiving anti-depressant medication related to the diagnosis of Depression/Anxiety, Dementia, Elopement Due to Cognitive Impairment, and Insomnia. R101's Minimum Data Set Section C documents BIMS (Brief Interview Mental Status) score of 14 which is an indication of an intact cognition. R101's Preadmission Screening Resident Review (PASRR) Level II dated documents a Determination Date of April 4, 2024: PASRR Determination Level II- Excluded From PASRR- No Diagnosis-No LOCR101's Preadmission Screening Resident Review (PASRR) Level I Review Date: February 5, 2025 PASRR Level I Determination: No Level II Required - Resolved symptoms On 2/03/2025 at 12:30 PM, V25 (Social Services Director) stated all residents must have a PASRR Level I on admission. V25 stated she (V25) reviews Level I Preadmission Screening and Resident Review (PASRR) results during the initial assessment on admission, which includes questions about diagnosis, medications, and behaviors. V25 stated many PASRR Level I's are inaccurate; if discrepancies are found, I (V25) request a Level II or a new Level I. V25 stated R101 has a change in diagnosis, a Level II PASRR is required. Facility Policy titled Preadmission Screening and Resident Review (PASRR) Policy and Procedure (Illinois) dated 12/2022 documents, in part, Prior to admission and upon any changes in status, resident will be screened for a known or suspected diagnosis of severe mental illness, developmental disability, or intellectual disability to ensure resident is appropriate for nursing facility services and to incorporate treatment recommendations into the resident's care plan.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145888	Facility ID: 145888 If continuation sheet Page 1 of 9

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<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>Based on observation, interview, and record review the facility failed to administer medications in accordance with professional standards for one resident (R90). This failure affected one resident (R90) in a sample size of 58. Findings include: R90's medical diagnoses include but is not limited to hypertensive heart and chronic kidney disease with heart failure, chronic diastolic heart failure, asthma, major depressive disorder. R90's physician order dated 09/18/2025 documents in part, Clotrimazole External Solution 1% .Apply to all toenails of both feet topically two times a day for onychomycosis (toe fungus) for 3 months. On 12/02/2025 at 9:13am surveyor observed V20 (Licensed Practical Nurse/LPN) administer oral medications to R90. Surveyor did not observe V20 administer any topical medications to R90. Surveyor observed V20 document medications given to R90. R90's Medication administration audit record dated 12/02/2025 at 9:13am has documentation from V20 (Licensed Practical Nurse/LPN) that Clotrimazole External Solution 1% was administered to R90. On 12/03/2025 at 12:53pm V20 (LPN) stated that he did not administer R90's topical medication during the observed medication pass. V20 stated that he should not have documented that the medication was administered to R90 without administering the medication. V20 stated that medication should not be documented if it's not given because it can cause a medication error. On 12/03/2025 at 2:25pm V2 (Director of Nursing/DON) stated that medication should not be documented if it is not administered. Facility's policy titled Medication Administration dated 09/2020 documents 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. Facility's document titled Job Description documents in part, Title: Staff Nurse (Registered Nurse/Licensed Practical Nurse). I. Job Summary: Responsible to provide direct nursing care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants. Such supervision must be in accordance with current Federal, State and local standards, guidelines and regulations, facility policies. The objective is to ensure the highest degree of quality care is maintained at all times. IV. Essential Functions: C. Assume all Nursing procedures and protocols are followed in accordance with established policies. X. Prepare and administer medications and treatments if appropriate as ordered by the physician. Y. Review medication record for completeness of information, accuracy in the transcription of the physician's order, and adherence to stop orders policies.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews the facility failed to ensure the nasal cannula was contained when not in use by the resident. This failure has the potential to affect 2 residents (R98 and R11) reviewed for respiratory care out of a total sample of 58 residents.</p> <p>Findings include:</p> <p>R11's admission records and face sheet showed R11 was admitted to the facility on [DATE]. R11's Diagnosis included but not limited to Hypertensive Heart Disease with Heart Failure, Encounter for Palliative Care; Cardiomyopathy, Atrial Fibrillation; Hypothyroidism; Hyperlipidemia; Unspecified Dementia; Anemia; Age-related physical debility; Long term use of anticoagulants; Dependence on supplemental oxygen and Peripheral Vascular Disease.</p> <p>R11's Minimal Data Sheet (MDS) in section C for Cognitive Patterns showed Brief Interview for Mental Status (BIMS) score of 3, which shows severe cognitive impairment.</p> <p>R11' care plan (5/13/2020) documents in part that R11 requires oxygen therapy related to congestive heart failure (CHF), to administer oxygen per doctor orders and for staff to assist R11 with putting oxygen on.</p> <p>R11's physician order summary (12/3/2025) showed active orders as of 9/2/2025 for Oxygen per nasal cannula at 2 liters per minute continuous every shift.</p> <p>On 12/1/2025 at 12:07 PM, observed oxygen nasal cannula, laying on top of R11's bed R11's room. Nasal cannula and tubing were on top of the sheets and not contained in a plastic bag. Enhanced Barrier Precautions (EBP) sign was observed on R11's. R11 was not in the room, R11 was in the dining room eating lunch. Observed in R11's room, oxygen machine turned on and connected to the tubing that was laying on the top of R11's and not contained.</p> <p>On 12/1/2025 at 12:22 PM, observed R11 in the dining room, sitting in the wheelchair with no oxygen on. R11 was dressed well and groomed well, eating lunch. R11 stated, that R11 is doing good and has no concerns for the care.</p> <p>On 12/1/2025 at 12:35 PM, observed R11's room with EBP sign on the door and R11's nasal cannula and tubing still laying on R11's bed and not contained.</p> <p>On 12/1/2025 at 12:35 PM, V16 (Registered Nurse/ RN), stated that the oxygen tubing and nasal cannula should be always contained in the plastic bag and changed weekly. V16 stated that facility provided in-service education on oxygen equipment, hand hygiene and EBP during orientation, and provides various in-service trainings throughout the year.</p> <p>On 12/1/2025 at 12:40 PM, surveyor together with V16 (RN) in R11's room, V16 looked at the bed and confirmed that R11's oxygen tubing and nasal cannula are laying on the bed and are not contained. V16, once again, stated that the tubing and nasal cannula, when resident is not using, should be always contained in the plastic bag.</p> <p>On 12/1/2025 at 12:47 PM, V16 (RN) stated that, V16 made a mistake, was nervous and that V16 should</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>not place the uncontained tubing and cannula on R11.</p> <p>On 12/2/2025 at 10:11 AM, V22 (Unit manager/CNA) stated, that when nasal cannula is not in use, it should be contained and stored in a plastic bag to prevent the spread of infection. V22 said, that the nurses and the CNA's should be checking and making sure that the oxygen equipment is stored safely and in a matter that would prevent the spread of infections.</p> <p>On 2/3/2025 at 10:50 AM, V1 (Administrator) stated the expectation is that when oxygen tubing and nasal cannula is not in use, the equipment should be contained in a plastic bag and labeled and dated. V1 also said, that the residents do remove the nasal cannula, but during rounding, the staff should address it and replace tubing with new one and contain the new nasal cannula and tubing in a plastic bag. The nasal cannula should not be touched with bare hands, in the EBP room, ideally, the staff should wear gowns and gloves.</p> <p>On 12/3/2025 at 2:25 PM, V2 (Director of Nursing/ DON) stated that if equipment or other resident's items fall on the floor it is considered dirty and should not be placed on a resident or back with clean items, because it would cause contamination. V2 also stated that oxygen tubing or nasal cannula should be contained in a plastic bag when not in use. V2 said, that if the oxygen cannula is found uncontained, then it should be replaced with new one and placed in a plastic bag, labeled, and dated.</p> <p>On 12/01/2025 at 10:59am observed R98's nasal cannula sitting on R98's bed, not in use by R98, the nasal cannula was not contained in a bag. Nasal cannula was attached to tubing which was attached to an oxygen concentrator machine.</p> <p>On 12/01/2025 at 11:05am observed R98 sitting in the second-floor dining room, without oxygen tank or nasal cannula in nares.</p> <p>On 12/01/2025 at 11:07am V3 (LPN /Licensed Practical Nurse) accompanied surveyor into R98's room and surveyor pointed out to V3 the nasal cannula on top of R98's bedsheets. V3 stated the nasal cannula should be stored in a plastic bag when not in use by the resident. The nasal cannula is stored in the bag so that the nasal cannula does not get dirty.</p> <p>On 12/03/2025 at 12:16pm V36(ADON/Assistant Director of Nursing) stated for residents utilizing nasal cannulas, the nasal cannula should be stored in a plastic bag. The nasal cannula is stored in a plastic bag when not in use by the resident for infection control reasons.</p> <p>On 12/03/2025 at 2:47pm V2(DON/Director of Nursing) stated the nasal cannula should be placed in a storage bag when not in use by the resident, if the nasal cannula is found not contained when not in use by the resident, the nasal cannula should be replaced for the resident. This is done for cleanliness.</p> <p>R98's diagnosis includes but are not limited to, chronic obstructive pulmonary disease, unspecified, chronic respiratory failure with hypoxia, other emphysema, other nonspecific abnormal finding of lung field, other pulmonary embolism without acute cor pulmonale, and dependence on supplemental oxygen.</p> <p>R98's Physician Order Sheet (POS) with active orders as of 12/03/2025 documents in part, Respiratory: Oxygen per nasal cannula @ (at) 2 liters per minute continuous every shift.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R98's Brief Interview for Mental Status (BIMS) dated 10/17/2025 documents R98 has a BIMS score of 14, which indicates R98's cognition is intact.</p> <p>Facility's policy titled Respiratory Equipment Change Procedure (11/2025) showed in part, that all respiratory equipment will be changed by nursing to prevent nosocomial infections and that nasal cannula and oxygen tubing should be changed every month and as needed.</p> <p>Facility's policy titled Oxygen Therapy Devices-Nasal Cannula (9/2020) showed in part, that oxygen delivered per nasal cannula should be used to prevent or reverse hypoxia and improve tissue oxygenation and that nasal cannula should be placed in resident's nostrils and changed monthly and as needed.</p> <p>Facility's document titled Inservice/Meeting Attendance Record (October 2025) showed in part, on the first page, respiratory equipment topic presented by V2 (DON). Document showed in part that respiratory equipment should be stored in a storage bag when not in use and that the equipment includes nasal cannula, and oxygen masks (nebulizer, BIPAP and CPAP) Document also showed in part that staff should complete hand hygiene before and after handling respiratory equipment. Document showed 66 employees' attendance with signatures, including nurses and nursing assistants.</p> <p>Facility's document titled Inservice/Meeting Attendance Record (12/1/2025-12/2/2025) showed on the first page, nasal cannula topic presented by V2 (DON). Document showed in part that when resident removes nasal cannula and does not place it in the bag, staff should replace the cannula with a new one and date it. Document also showed in part, that the nasal cannula should be placed in the storage bag when not in use and that the staff should perform hand hygiene prior to and after applying nasal cannula on the resident. Document is signed by 52 members of nursing staff including nurses and nursing assistants.</p> <p>Facility's Job Description document titled Staff nurse (Registered Nurse/License Practical Nurse) (1/2015), showed in part, in job summary section, that to ensure the highest degree of quality care is always maintained, the staff nurse is responsible to provide direct nursing care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants. Document also showed in part, that one of essential functions is to assume all nursing procedures and protocols are followed in accordance with established policies.</p> <p>Facility's Job Description document titled Director of Nursing (1/2015), showed in part, in job summary section, that the director of nursing (DON) is responsible to plan, organize, develop, direct and delegate the overall operation of the Nursing Department in accordance with current federal, state, and local standards, guidelines and regulations, and facility policies to ensure the highest degree of quality care is always maintained. The document showed in part, in the essential functions section C, that Director of Nursing should assure all nursing procedures and protocols are followed in accordance with established policies. The document also showed in the essential functions section P, that DON should make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility failed to ensure that urinary catheter bag was not on the ground touching the floor; failed to wear Personal Protective Equipment (PPE) during high-contact care of a resident on Enhanced Barrier Protection (EBP); failed to perform hand hygiene prior to entering, and after exiting resident room on EBP after providing direct care and between residents during meal service while passing trays; and failed to perform sanitation of medication cart during medication pass in a manner that prevents the spread of infection. These failures affected four residents (R5, R11, R31, and R120) reviewed for infection control and have the potential to affect all residents residing in the facility. Findings include:</p> <p>R11's admission records and face sheet showed R11 was admitted to the facility on [DATE]. R11's Diagnosis included but not limited to Hypertensive Heart Disease with Heart Failure, Encounter for Palliative Care; Cardiomyopathy, Atrial Fibrillation; Hypothyroidism; Hyperlipidemia; Unspecified Dementia; Anemia; Age-related physical debility; Long term use of anticoagulants; Dependence on supplemental oxygen and Peripheral Vascular Disease.</p> <p>R11's Minimal Data Sheet (MDS) in section C for Cognitive Patterns showed Brief Interview for Mental Status (BIMS) score of 3, which shows severe cognitive impairment.</p> <p>R11 care plan ([DATE]) documents in part that R11 experiences bowel and bladder incontinence due to the Inability to sense urge to void consistently and that R11 should be clean and dry and to monitor R11 for signs and symptoms of infections and provide assistance with toileting and continue to perform routine checks.</p> <p>R11's active orders ([DATE]) showed in part, that R11 should be monitored for signs and symptoms of adverse reactions and adverse consequences.</p> <p>On [DATE] at 12:40 PM, observed V16 (Registered Nurse/RN) providing high-direct care to R11, resident on Enhanced Barrier Precautions (EBP), without personal protective equipment (PPE) and without performing hand hygiene prior entering R11's room, during direct care and after exiting R11's room.</p> <p>On [DATE] at 12:07 PM, Observed EBP sign on R11's door. Observed a PPE cart with gloves and gown in the hallway by R11's room. R11 was not in the room. Observed an oxygen nasal cannula with tubing, laying on R11's bed not contained.</p> <p>On [DATE] at 12:22 PM, observed R11 in the dining room, sitting in the wheelchair, dressed and groomed well, eating lunch. Observed urinary catheter in the privacy bag hanging on R11's wheelchair. R11 stated, that R11 is doing good and has no concerns for the care. Observed R11 to be alert and orientated and very pleasant.</p> <p>On [DATE] at 12:40 PM, with V16 (RN) in R11's room, EBP sign on the door, observed V16 going into the R11's, EBP room without performing hand hygiene or donning gloves or gown. R11 was in the bathroom, opened the door and wanted to go to bed. V16 started assisting R11 to get back to bed. V16 did not perform hand hygiene or don gown or gloves. R11 was in the wheelchair and had a urinary catheter in place. Observed V16 touching R11's hands, arms, and urinary catheter, while helping R11 to transfer from wheelchair to bed. V16, after transferring the resident from wheelchair to the bed, then touched the tubing and nasal cannula, dropped it on the floor and then placed it back on the resident.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>V16 did not perform hand hygiene or don gloves and gown at any point during the high contact care. V16 continued to provide care and help positioned R11 in a bed, brought R11's bedside table next to the bed and tidied up R11's belongings without using PPE, or performing hand hygiene. Prior to exiting room, V16 touched and scratched V16's face, and exited R11's room with no hand hygiene performed.</p> <p>On [DATE] at 12:47 PM, V16 (RN) stated, that any resident that has urinary catheter or a wound, is placed on EBP precautions and should have EBP sign on the door and staff should wear PPE and perform hand hygiene during high contact care and prior and after exiting resident's room. V16 said, that V16 was nervous and V16 affirmed that, V16 did not perform hand hygiene, nor wore gown and gloves during R11's direct care and that V16 made a mistake and will be more careful. V16 stated, that EBP, and hand hygiene is important to prevent contamination and infection spreading.</p> <p>On [DATE] at 12:47P PM, V13 (Medical equipment supplier) stated that isolation carts in the facility should have gowns and gloves in them for nursing staff to use while performing care for EBP or other isolation residents to prevent infection spread and contamination.</p> <p>On [DATE] at 10:11 AM, V22 (Unit manager/CNA) stated that Enhanced Barrier Precautions (EBP) precautions should be utilized for residents with catheters, and nurses and CNAs should be wearing gowns and gloves and perform hand hygiene, when providing direct resident care. V22 stated that, there are signs posted on the doors for each resident on EBP or other isolation and that the facility provides in service education for infection prevention and hand hygiene, daily and training quarterly.</p> <p>On [DATE] at 10:50 AM, V1 (Administrator) stated that expectation is when nursing is performing high contact care with resident on EBP or isolation, gown and gloves should be used. V1 also said, that hand hygiene should be performed before and after care and that PPE should be brought to the room and could be put on in the room when performing high contact care. V1 stated, that using gloves and gowns and performing proper hand hygiene is very important for infection prevention and infection control and the staff should be aware of that.</p> <p>On [DATE] at 1:08 PM, V41 (Ombudsman), stated that one of the concerns for the facility was infection prevention and control.</p> <p>On [DATE] at 2:25 PM, V2 (Director of Nursing/ DON) stated, that hand hygiene should be performed before and after resident's care and if something falls on the floor it is considered dirty and it should not be placed back with clean items because it would contaminate the items. V2 stated, that EBP are used for residents with drains, catheters and wounds.V2 said, that if staff is providing direct care to a resident, gowns and gloves should be worn to prevent contamination and infection to themselves or other residents. V2 said, that hand hygiene and washing hands frequently should be performed regularly and for residents on EBP, gowns and gloves should be worn when directly touching resident, when helping resident to the bathroom or helping residents with transfers.</p> <p>On [DATE] at 12:19pm V18 (Certified Nursing Assistant/CNA) observed removing a used cup from in from of R31, throwing the cup in the garbage. V18 then observed getting a bowl of soup and placing it in front of R120. V18 did not perform hand hygiene between R31 and R120.</p> <p>On [DATE] at 12:20pm V18 (CNA) stated that R31 put soup in the juice cup and that's why she discarded the cup. V18 stated that she did not sanitize her hands between R31 and R120, but she should have. V18 stated that hand hygiene is part of being sanitary.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 8:44am V20 (Licensed Practical Nurse/LPN) observed placing white foam tray on R43's dresser then removing white foam tray and placing tray on top of medication cart without cleaning tray.</p> <p>On [DATE] at 8:47am V20 LPN stated that the white foam tray is disposable but is used throughout the entire shift and disposed of at the end of the shift. V20 stated that as long as the tray is not brought into an isolation room, that it is okay to continue to use the tray. V20 stated that he should have wiped the tray off before bringing it out of a resident's room.</p> <p>On [DATE] at 2:25pm V2 (Director of Nursing/DON) stated that the facility's white foam trays can be reused if sanitized between uses. V2 stated that V20 should have sanitized the white foam tray before placing the tray on the medication cart. V2 stated that the medication cart would then be considered contaminated.</p> <p>R31's medical diagnoses include but are not limited to essential hypertension, depression, Parkinson's disease, senile degeneration of brain, generalized anxiety disorder.</p> <p>R31's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 0, indicating R31's cognition is severely impaired.</p> <p>R120's medical diagnoses include but are not limited to hypertensive chronic kidney disease, major depressive disorder, vascular dementia.</p> <p>R120's MDS dated [DATE] has a BIMS score of 3, indicating R120's cognition is severely impaired.</p> <p>On [DATE] at 11:08 AM, R5 was observed in bed with bed in low position. Mats on both sides of the bed. R5's urinary catheter bed was observed on the floor with 400 ml of yellow urine in the drainage bag. R5's urinary catheter was not in a privacy bag.</p> <p>On [DATE] at 11:08 am, V4 (Licensed Practical Nurse) verified R5's urinary catheter bag was affixed to the non-movable part of the bed frame touching the floor with the bed in its lowest position. V4 stated R5 is a fall risk and the bed is in its lowest position but the urinary catheter bag should not be touching the floor. V4 stated R5's urinary catheter bag should be in a privacy bag for dignity purposes. Surveyor noted R5's urinary catheter bag is not visible to anyone who walks pass the room because of how R5's bed is situated in the room. V4 stated R5's urinary catheter bag should be draining to gravity and should not be sitting on the floor to prevent backflow of urine which can cause infection to the urinary tract.</p> <p>On [DATE] at 11:09 am, V16 (Registered Nurse) stated a residents urinary catheter bag should be hung on the non-movable part of the bed and it should not be hanging above the floor and it is stored in the safety or privacy bag to protect a resident's privacy.</p> <p>On [DATE] at 2:25 pm, V2 (Director of Nursing) stated a residents urinary catheter bag should be placed in a privacy bag hanging below the bladder. V2 stated the purpose of a resident's catheter bag being placed in a privacy bag is to protect a resident's dignity.</p> <p>On [DATE] Facility's policy titled Hand Hygiene (10/2024) showed in part, that it is the policy of the facility to perform hand hygiene (hand washing and/or Alcohol-based hand rub (ABHR) to reduce the potential spread of pathogen. Document also showed in part, that hand hygiene with ABHR should be</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145888	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2025
NAME OF PROVIDER OR SUPPLIER Alden Estates of Northmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5831 North Northwest Highway Chicago, IL 60631	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>performed immediately prior to touching a resident; when caring for a resident; when moving from a soiled body site to a clean body site of the same resident; after touching a resident or the resident's immediate environment; immediately upon removal of gloves and PPE. Document also showed in part that hand hygiene with soap and water should be performed after any contact with body fluids or contaminated surfaces.</p> <p>Facility's document titled Enhanced Barrier Precautions (Undated), showed in part that everyone must clean hands, including before entering and when leaving the room. Document also showed in part, that staff must wear gloves and a gown for transferring, assisting with toileting, and for care or use of urinary catheter care.</p> <p>Facility's policy titled Enhanced Barrier Precautions (8/2025), showed in part that Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDRO) in nursing homes. Guidelines of the policy showed in part, that EBP involves gown and gloves use during high-contact resident care activities for residents with indwelling medical device. Procedure part of the policy showed in part that high-contact resident care activities include but not limited to dressing and transferring, providing hygiene, or assisting with toileting and device care and that residents that have indwelling medical devices would be on EBP. In the 4a section of the procedure, document showed in part, that gown and gloves use prior to the high-contact care activity and change PPE before caring for another resident. Part 8 of procedure showed in part that when not providing high-contact resident care, hand hygiene should be performed prior to entering and exiting the room.</p> <p>Facility's Job Description document titled Staff nurse (Registered Nurse/License Practical Nurse) (1/2015), showed in part, in job summary section, that to ensure the highest degree of quality care is always maintained, the staff nurse is responsible to provide direct nursing care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants. Document also showed in part, that one of essential functions is to assume all nursing procedures and protocols are followed in accordance with established policies.</p> <p>Facility's Job Description document titled Director of Nursing (1/2015), showed in part, in job summary section, hat the director of nursing (DON) is responsible to plan, organize, develop, direct and delegate the overall operation of the Nursing Department in accordance with current federal, state, and local standards, guidelines and regulations, and facility policies to ensure the highest degree of quality care is always maintained. The document showed in part, in the essential functions section C, that Director of Nursing should assure all nursing procedures and protocols are followed in accordance with established policies. The document also showed in the essential functions section P, that DON should make daily rounds to ensure nursing personnel are performing required duties and to ensure that appropriate procedures are being followed.</p>		