

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145963	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Alden Estates of Orland Park		STREET ADDRESS, CITY, STATE, ZIP CODE 16450 South 97th Avenue Orland Park, IL 60467	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41384</p> <p>Based on interview and record review the facility failed to schedule a resident's doctor appointments per physician's order for 1 of 3 residents (R1) reviewed for quality of care in a sample of 4.</p> <p>Findings include:</p> <p>R1's electronic health record showed that R1 admitted to the facility on [DATE] with diagnoses including major depressive disorder, chronic pain syndrome, history of traumatic brain injury, and injury to the peripheral nerves of the thorax.</p> <p>R1's 10/18/23 Physician's Order showed, Follow-up with V15 (R1's Pain Specialist Doctor) at Rehabilitation Hospital. R1's 1/10/24 Physician's order showed, Set appointment with V15 at Rehabilitation Hospital.</p> <p>On 12/31/24 at 11:02 AM V8 (Unit Manager) said that the facility did not call and schedule R1's appointments for as ordered by the physician on 10/18/23 and 1/10/24.</p> <p>On 12/31/24 at 3:25 PM V1 (Administrator) said that the facility did not schedule R1's doctors' appointments for the 10/18/23 physician's order and the 1/10/24 physician's order. V1 said that all physician's orders are to be followed.</p> <p>On 12/31/24 at 3:11 PM V14 (R1's Primary Care Physician) said that it is his expectations that the facility schedules any appointments for the residents that he writes an order for.</p> <p>On 12/31/24 at 3:46 pm V13 (R1's Nurse Practitioner for Pain Management) said that he wrote the 1/10/24 physician's order because R1 was seeing V15 when he was in the community, and he wanted to consult with V15 to see if there were other treatments to use for R1's pain.</p> <p>The facility's Appointment policy dated 9/20 showed physicians orders are received for appointments. Assistance will be given to residents in need of arranging and scheduling appointments. Resident schedules appointments by self as able or is assisted by legal representative, family, or facility in the scheduling of appointments. Arrange transportation as appropriate.</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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