

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 07/01/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to protect a resident's rights to be free from abuse.</p> <p>This applies to 1 of 1 resident (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1 was admitted to the facility on [DATE] with multiple diagnoses which included encephalopathy, end stage renal disease, acquired absence of kidney, chronic obstructive pulmonary disease, hypertensive heart and chronic kidney disease. R1's MDS (Minimum Data Set) dated 05/21/25 showed R1 was cognitively intact.</p> <p>The facility's 06/11/25 Initial Report to the State Survey Agency showed R1 reported to V1 (Administrator) that V7 (CNA/Certified Nursing Assistant) kicked his bed while providing care to his roommate. The report stated R1 was able to identify the staff member involved. A police report was filed with the local police (report number 2025-00102089). The facility's Final Report dated 06/17/25 to IDPH showed the facility was not able to substantiate the allegation. V7 was allowed to return to work on a different unit.</p> <p>On 07/01/25 at 9:43 AM, R1 was in bed watching TV (Television). R1 had a camera in his room. R1 stated on 06/10/25 at 9:27 PM, V7 (CNA/Certified Nursing Assistant) was taking care of his roommate. The privacy curtain was closed. R1 stated V7 came in between the beds to turn off the call light. R1 stated he asked V7 where was the other CNA, you shouldn't be in my room. He got pissed and shook the side of my bed. R1 stated he informed V7 that he was recoding him. R1 stated he reported the situation to the Assistant Administrator and the ADON (Assistant Director of Nursing). R1 stated no other staff was present in the room when the incident occurred. On 07/01/25 at 2:00 PM, R1 showed a video that was on his laptop to the surveyor. The video had a date and time stamp of 06/10/2025 at 9:28 PM. The video showed R1 sitting upright in his bed with the privacy curtain drawn. The video began and at the 1:21 time mark, an unseen person standing on the other side of the privacy curtain, grabbed the top left side rail, and began to shake the bed continuously for three seconds. R1 pulled the privacy curtain open. The person's face was never visible in the video. The remainder of the video showed R1 arguing with the person. R1 was heard saying You had no business touching my bed like that, like an idiot because you're mad.</p> <p>(continued on next page)</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/01/25 at 2:25 PM, R2 stated he was in the room with R1 when the incident happened. R2 stated he did not see anything happen, but he heard R1 yelling. R2 stated it was only him, R1 and V7 in the room when the incident occurred.</p> <p>On 07/01/25 at 4:00 PM, V1 stated R1 notified her on 06/11/25, that V7 donkey kicked his bed. V1 stated R1 told her he felt the person kick his bed, he swung the curtain open and pointed the camera in V7's face. We are supposed to make sure all residents in the facility are free from abuse. If a resident is abused there could be some mental anguish or emotional feelings.</p> <p>The facility's Abuse Policy dated 03/25 showed, This facility affirms the right of our residents to be free from abuse, neglect, misappropriation of resident property, corporal punishment and involuntary seclusion. The facility's Abuse Prevention Program dated 03/25 showed, Orientation and training of Employees, d. How to recognize and deal with burnout, frustration and stress that may lead to inappropriate responses or abusive reactions to residents.</p>		