

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  03/19/2026
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review, the facility failed to provide a cognitively impaired resident with known exit seeking behaviors, adequate supervision to prevent resident from eloping. This failure affected one (R75) of 14 residents wearing an electronic alert band in the total sample of 71 residents. This failure resulted in R75 walking out the front door of the facility unsupervised and the facility unaware R75 was missing until R75 was returned to the facility by local police who saw R75 walking alone on the street. The facility also failed to follow policy procedures and failed to implement fall prevention interventions for three (R27, R61, R132) of 71 residents in the sample reviewed for falls. This past noncompliance occurred from 09/08/2025 to 09/12/2025 This was identified as an immediate jeopardy which began on 09/08/2025 at 2:30am when R75 was last seen by staff. V1 (Administrator) was informed of the immediate jeopardy, and a template was presented on 03/16/2026 at 2:26pm. The survey team confirmed by observation, interviews, and record reviews that the Immediate jeopardy was removed on 09/12/2025 when the facility initiated corrective actions to remove the immediacy. This is being cited as past non-compliance.</p> <p>Findings include: #1 The (09/08/2025) List of residents on electronic alert band documented there were 14 residents on electronic alert band which include R75.</p> <p>R75's (08/01/2025) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 6. Indicating R75's mental status as severely impaired. Section I - Active Diagnoses. Neurological. Other. I8000. A Dementia. C. Arthritis. D. Long Term use of Aspirin.</p> <p>R75's (05/11/2025) Nurses Note documented, in part electronic alert band applied to rt (right) ankle per MD orders d/t (due to) exit seeking behavior. Resident w/ (with) increased confusion. Verbal consent obtained via telephone for electronic alert band placement. Authored by: V52 (Former Registered Nurse)</p> <p>R75's (Date Initiated: 05/11/2025) care plan documented, in part Focus: is at-risk for elopement related to cognitive impairment, exit-seeking behavior, making comments regarding leaving the facility, physical ability to leave unit/facility, wandering behavior. Goal: Will safely remain on unit or off under supervision. Intervention: Utilize electronic alert band as appropriate.</p> <p>R75's (07/08/2025) Exit Seeking/Wandering/Elopement Risk Assessment documented that R75 is at risk for elopement.</p> <p>R75's (09/08/2025 at 5:01am) progress note documented, in part The police brought resident to the facility at 3:36 am. Writer was told by the police that resident was located outside the facility at 3:00(am) at 97th avenue. Writer notified (V51 -Primary Care Physician/Medical Director) on-call (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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>she is still on therapy.</p> <p>On 03/19/2026 at 9:36am, V25 (Restorative Nurse) stated if she was careplanned to use a total body lift for transfer, the CNA is expected to follow the care plan and use total body lift to transfer the resident for safety.</p> <p>The (11/2017) Comprehensive Care Plans documented, in part POLICY STATEMENTAn individualized, person centered comprehensive care plan, including measurable objectives with timetables to meet Resident's physical, psychosocial and functional needs, is developed and implemented for each Resident. PROCEDURE: 1.) In coordination with the Resident and Resident representative, as applicable, the interdisciplinary team will develop and implement a person centered, comprehensive plan of care. Care plans are comprised of Focus statements, Goals and Interventions. 6.) The comprehensive person centered care plan will: a. Reflect treatment goals, timetables and objectives in measurable outcomes; b. Describe the services that are to be provided to attain or maintain the highest practical physical, mental and psychosocial well-being.</p> <p>R61's diagnoses include hemiplegia and hemiparesis affecting right dominant side.</p> <p>R61's (2/11/26) functional assessment affirms the resident is dependent on staff for chair/bed to chair transfer, walking was not attempted due to medical condition or safety concerns.</p> <p>R61's (2/6/26) fall risk assessment affirms that resident is at risk.</p> <p>R61's (3/17/23) care plan states resident is at risk for falls related to weakness, impaired mobility, use of assistive device and use of psychotropic medication, interventions: ensure that the bed is in the appropriate lowest position for the patient. Mechanical lift for transfers.</p> <p>R61's (2/11/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact).</p> <p>On 3/9/26 at 11:14am, R61 was lying in bed which was noted to be waist high. Surveyor inquired if R61 requires assistance with transfers. R61 stated, Yes and affirmed that a wheelchair is used for locomotion.</p> <p>On 3/9/26 at 11:16am, surveyor inquired if R61 can transfer herself. V5 (LPN/Licensed Practical Nurse) stated, No, she's (R61) a (mechanical lift) transfer. Surveyor inquired about R61's fall prevention interventions. V5 responded, Making sure we (staff) keep her safe in bed and 2-hour checks. If need be, we pull her (R61) up in the bed and bed in the lowest position. Surveyor inquired about the current height of R61's bed. V5 subsequently entered the room and replied, Her (R61) bed is up high, elevated I (V5) would say to the waist. We (staff) have to put your (R61) bed at the lowest position for safety.</p> <p>R27's diagnoses include paraplegia.</p> <p>R27's (12/8/25) functional assessment affirms the resident is dependent on staff for chair/bed to chair transfer.</p> <p>R27's (3/4/26) fall risk assessment affirms that resident is at risk for falls.</p> <p>R27's (6/21/23) care plan states the resident is at risk for falls related to weakness, impaired (continued on next page)</p>		

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