STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145963	A. Building B. Wing	04/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates of Orland Park	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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on interviews and record reviews, the facility failed to provide adequate supervision and fall prevention measures for one resident (R11) with advanced dementia, resulting in a preventable accident. This affected one of three residents (R11) reviewed for supervision, monitoring and avoidable accidents. This failure resulted in R11 propelling to an emergency door exit door opening the door and falling down a flight of stairs sustaining a right femur fracture and left humerus fracture.Findings include: On 4/3/26 at 10:48 AM, V11 (nurse) stated that V12 CNA (certified nurse aide) got R11 up at 5:00 AM on 3/23/26. V11 stated that V12 brought R11 to the nurses' station. V11 stated that he was rounding on residents at that time. V11 stated that R11 self-propelled wheelchair down the middle hallway and exited the unit by the emergency exit. V11 stated that he heard the door alarm sound, and he went searching for where alarm coming from. V11 stated that R11 was found at the bottom of stairs with wheelchair. V11 stated that R11 needs constant re-direction when in wheelchair. V11 stated that there weren't any fall precautions in place for R11. V11 stated that the residents of this nursing unit have dementia and Alzheimer's disease.On 4/3/26 at 11:43 AM, V12 CNA stated that R11 was trying to get out of bed without assistance on 3/23. V12 stated that R11 is a fall risk so she got R11 dressed, transferred to wheelchair, and brought R11 to the nurses' station. V12 stated that everybody was rounding so no one was at nurses' station monitoring residents. V12 stated that when she heard the alarm, she checked the stairwell and found R11 at bottom of stairs with wheelchair.R11's hospital record, dated 3/23/26, notes R11 presented to the emergency room after unwitnessed fall down flight of stairs. R11 unable to tolerate left arm being moved. R11 with diffuse bruising. X-ray of right femur shows comminuted fracture of the distal femur extending to the joint space. X-ray of left humerus shows comminuted humeral head and neck fracture with mild displacement of the distal fragment anteriorly. R11 underwent surgical repair of right femur fracture.R11's falls report, dated 3/23/26, notes R11 was observed in supine position with wheelchair over lower extremities in the emergency stairwell. Upon assessment, R11 noted to be grimacing and guarding extremities. R11's orientation is x 1 with memory impairment, consistent with baseline cognition. R11 has predisposing factors including but not limited to impaired memory, poor safety awareness, and weakness.R11's falls care plan, dated 3/10/26, notes R11 is at risk for falls, history of fall, weakness, impaired cognition, use of assistive device, use of narcotic medication, and use of psychotropic medication.R11's cognitive care plans note R11 with impaired cognitive functioning related to advanced vascular dementia and history of stroke resulting in significant cognitive decline. R11 exhibits unpredictable behaviors and actions. R11 has deficits in short term/long term memory and ability to make decisions. R11 has difficulties in effectively communicating her needs and at times does not reflect signs of comprehension or understanding during simple communications.

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