

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow the Storage/ Labeling/ Packaging of Medications Policy by failing to remove 1 bottle of expired medication dated 6/2025. This failure has the capacity to affect 15 residents who receive medications from the 3rd floor cart #1. Findings include: On [DATE] at 2:00 PM, surveyor and V6 (Licensed Practical Nurse) observed 1 medication bottle with expiration date of 6/2025 on the 3rd floor cart 1. On [DATE] at 2:00 PM, V6 (Licensed Practical Nurse) said this medication is expired and should be removed based on expiration date (6/2025). On [DATE] at 2:05 PM, V11 (Registered Nurse - Pharmacy Consultant) said best practice would be to remove the medication on [DATE]. V11 said she is not aware of any resident currently using this medication. On [DATE] at 2:04 PM, V12 (Pharmacist) said best practice would be to remove the medication on 6-1-2025. On [DATE] at 8:42 AM, V2 (Director of Nursing) said the significance of the expiration date affects the potency of the medication. V2 said when a medication is expired it should be pulled from the cart. V2 said there are currently no residents using the medication. Storage/ Labeling/ Packaging of Medications Policy dated 12/2023 documents: 10. Medication containers that are damaged, soiled, contaminated, or outdated are immediately removed and either returned or disposed of according to procedure. Reorder from the pharmacy as applicable.		

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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to obtain and maintain a copy of the hospice coordinated care plan for one of two residents (R12) reviewed for hospice care in a sample of 22. Findings include: R12 is a [AGE] year-old female admitted in the facility on 01/01/2025 under hospice care with diagnoses of not limited to thalassemia minor, generalized muscle weakness and dependence on oxygen. On 07/22/2025 at 10:35AM during record review with V5 (Assistant Director of Nursing), R12's coordinated plan of care was not on the hospice binder or the scanned documents of R12's electronic health record. On 07/23/2025 at 10:15AM during record review with V6 (Licensed Practical Nurse), R12's coordinated plan of care was not on the hospice binder or the scanned documents of R12's electronic health record. On 07/23/2025 at 10:24AM during record review with V7 (Social Service Director), R12's coordinated plan of care was not on the hospice binder or the scanned documents of R12's electronic health record. On 07/23/2025 at 10:24AM during interview with V7, V7 stated that the hospice company did not provide the facility with R12's coordinated care plan. On 07/23/2025 at 2:55PM during interview with V2 (Interim Director of Nursing), V2 stated that the facility must be provided with a copy of the coordinated care plan by the hospice company, and the facility must keep the copy of the coordinated care plan accessible to staff. Review of R12's facility care plan initiated 01/01/2025 indicated R12 requires hospice care and interventions included to integrate hospice team interventions into resident's plan of care. Review of facility's policy entitled Hospice Program dated 09/2020 indicated the following: Policy: Our facility contracts for hospice services for residents who wish to participate in such programs. Policy Interpretation and Implementation: 3. When a resident participates in the hospice program, a coordinated plan of care between the facility, hospice agency and resident/family will be developed and shall include directives for managing pain and other uncomfortable symptoms. Review of the facility and hospice agreement with effective date of 08/26/2013 indicated the following: III. Responsibilities of Hospice 3.6 Provision of Information. Hospice shall promote open and frequent communication with Facility and shall provide Facility with sufficient information to ensure that the provision or Facility Services under this Agreement is in accordance with the Hospice Patient's Plan of Care, assessments, treatment planning and care coordination. Hospice shall be responsible for determining, and modifying as necessary, the appropriate hospice plan of care as specified in 42 C.F.R. 418.112(d). Such hospice plan of care shall encompass all issues related to the terminal illness and related conditions. Hospice shall communicate with the Resident, family members, Facility staff, and the attending physician to develop and update the content of the hospice plan of care. At a minimum, Hospice shall provide the following information to Facility for each Hospice Patient residing at Facility: 3.6.1 Plan of Care, Medications and Orders. The current Plan of Care, medication information and physician orders specific to each Hospice Patient residing at Facility;		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure low air loss mattress devices were on the correct weight setting for residents who are assessed to be at risk for developing pressure injuries. This deficient practice affects three (R12, R38 and R43) out of four residents reviewed for pressure injury prevention and treatment in a final sample of 22 residents. Findings Include: R12 is a [AGE] year-old female who was admitted in the facility on 01/01/2025 under hospice care with diagnoses of not limited to thalassemia minor, generalized muscle weakness and dependence on oxygen. On 07/22/2025 at 9:55AM during unit rounds, R12 had flat sheet and disposable pad underneath her while wearing disposable briefs. R12 was lying on low air loss mattress with setting noted at level 7. On 07/22/2025 at 11:15AM during observation with V5 (Assistant Director of Nursing), R12 was again noted with flat sheet and disposable pad underneath her while wearing disposable briefs. R12 was again lying on low air loss mattress with setting noted at level 7. On 07/22/2025 at 11:16AM during interview with V5, V5 stated that R12 should only have flat sheet and either disposable brief or pad underneath her. V5 stated that R12's low air loss mattress is from the hospice company, and they set it up for R12. V5 stated that there is a QR code that can be scanned on top of the master control unit of the low air loss mattress for instructions on how to navigate the low air loss setting. After watching the video instruction, V5 changed R12's low air loss mattress setting to 4 and performed the hand check method as shown in the video instruction. On 07/22/2025 at 11:21AM during interview with V3 (Wound Nurse), V3 stated that she and her assistant checks the settings of the low air loss mattress every morning. V3 stated that the setting of the low air loss mattress is based on the resident' weight, but V3 stated that R12's bed is from hospice and the setting is different from the facility's low air loss mattress, so she just puts pressure on the low air loss mattress to check the firmness of the bed. Review of R12's Order Summary Report dated 07/23/2025 indicated order for low air loss mattress. Review of R12's Monthly Weight Report indicated that R12's weight was 97.5 lbs. Review of R12's Braden Scale for Predicting Pressure Sore Risk dated 07/08/2025 indicated R12 is moderate risk. Review of R12's Wound Physician Notes dated 07/16/2025 indicated R12 was referred for wound consult as requested by the primary care physician for skin ulcers/lesions at the sacrum. It also indicated that the stage 2 sacral pressure wound was resolved on 07/16/2025. Facility's document entitled Rhythm Multi Suggested Weight Guidelines indicated the following: Please note that the chart below is guideline, not a rule. Because of the different body types, shapes and height, we recommend using the hand check method to ensure that the pressure setting is optimal, and that the patient isn't bottoming out. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Suggested weight range: Level P4 &ndash; 113 ~ 150 lbs P7 &ndash; 208 ~ 294 lbs Hand check method: Unzip cover at the foot of the bed as necessary to access the air cells. With patient laying down, slide your hand vertically between the air cells directly underneath the patient's sacral (tailbone) area. If four fingers of clearance exist, no adjustment is needed. If you can feel the patient's body resting on your hand, adjust the pressure control to a higher setting. Wait 10 minutes and repeat the hand check. If the hand check fails, check that the hoses are not kinked or pinched or schedule service. On 7/22/2025 at 10:28 AM, R38 was laying on air mattress with air mattress setting of 400 lbs. On 7/22/2025 at 10:50 AM, V13 (Registered Nurse) said R38's current weight is 143 lbs. V13 (RN) said the air mattress setting is based off the R38's weight. On 7/22/2025 at 12:00 PM, V3 (Wound Care Nurse) said she was informed of the incorrect mattress setting and V3 corrected the setting on R38's mattress. R38's weight dated 7/17/2025 documents weight = 143.2 lbs. R38's Braden Score documents: High Risk for skin breakdown. R43 is a [AGE] year-old with diagnoses but not limited to: Type 2 Diabetes, Morbid Obesity, and Peripheral Vascular Disease. BIMS of 13 (Cognitively Intact) dated 5/28/25. On 7/22/25 at 1030AM, observed R43 in bed, awake and interviewable. Observed on low air loss mattress and the machine was not on. No light indicator on. Bed deflated. R43 reported it has not been working since yesterday evening. That the staff is aware and that R43 is waiting for someone to fix the bed. R43 reported that R43's been with the deflated mattress since yesterday evening. On 7/22/25 at 10:50AM, returned and observed with V4 that the low air loss mattress now on and is set to 660 lbs. (pounds). Confirmed with V4 (LPN) that the mattress is set to 660 lbs. V4 unable to answer for what setting it should be set to, and reported that V4 will check the order. On 7/22/25 at 10:53AM, observed V3 (Wound Nurse) walked in R43's room and touched the setting of the low air loss mattress. On 7/22/25 at 10:55AM, observed R43's low air loss mattress now set at 290 lbs. On 7/22/25 at 11:00AM, confirmed with V4 that R43's weight recorded as 225.5 lbs. with a documented date of 7/9/25. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 7/22/25 at 12:30PM, interviewed V3 (Wound Nurse), confirmed that V3 adjusted the setting to the correct setting. V3 reported that R43 is high risk for skin alteration and that R43 has an active MASD (skin damage caused by prolonged exposure to moisture) on R43's buttocks and is getting zinc oxide cream. V3 reported that R43 is using the special mattress for preventative measures. On 7/24/25 at 10AM, V3 stated that the specialty mattress setting is based on the residents' current weight. R43's weight record reviewed, and on the latest weight entered was on 7/9/25 reads as 225.5 lbs. Record reviewed. R43's Braden Assessment score is 13 Moderate Risk (total score of 13-14) dated 5/23/25. R43's Physician Order Sheet Reviewed and with order for Low Air Loss Mattress with an order date of 11/2/24. Zinc Oxide Ointment, apply to coccyx, perineum to buttock topically every day and evening shift, and as needed. R43's Skin/Wound Progress Note dated 7/17/25, reads in part: Sacral (Skin Split) MASD. Slight redness, skin still intact treatment is in place. R43's Care Plan with initiated date of 6/11/25, reads in part: R43 has actual for alteration in skin integrity due to history of sacral pressure injury and needs assistance with ADLs due to obesity, DM2 (Diabetes Type 2), CKD (Chronic Kidney Disease) stage 4, difficulty walking, gout and COPD (Chronic Obstructive Pulmonary Disease). Incontinent of Bowel and Bladder. Occasionally refuses shower/bath. 6/11/25-Coccyx-MASD. Braden Scale for Predicting Pressure Injury Risk policy dated 4/2020, reads in part: To be completed for all residents to assess level of risk for developing pressure. Complete Braden Scale on admission and weekly for the first 4 weeks after admission, quarterly and with significant change in status. Skin should be inspected with each risk assessment. Regardless of the resident's total risk score, each risk factor and potential cause(s) should be reviewed individually. Implement intervention according to the resident's Braden Score and/or individual risk factors identified. Special Mattress Operational Manual reads in part: Pressure set up, users can adjust the pressure level of the air mattress to a desired firmness by themselves or according to suggestion from a health care professional. It is recommended to press Auto Firm on the panel when the mattress is first inflated. Users can then easily adjust the air mattress to a desired firmness according to the patient's weight and comfort. Prevention and Treatment of Pressure Injury and other Skin Alteration policy dated 3/2/2021, reads in part: Identify residents at risk for developing pressure injuries. Identify the presence of pressure injuries and/or other skin alterations. Implement preventative measure and appropriate treatment modalities for pressure injuries and/or other skin alterations through individualized resident care plan. Identify residents at risk for developing pressure injuries utilizing the Braden Scale.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its mechanical lift transfer policy by not having two people assist to a resident transfer. This applies to 1 of 1 resident (R31) reviewed for accidents and supervision in a sample of 22. The findings include: R31 is a [AGE] year-old female having moderate cognitive impairment as per the Minimum Data Set, dated [DATE]. The MDS also documents that R31 is dependent on transferring from a bed to a chair (or wheelchair) and vice versa. On 07/22/2025 at 1:56 PM, V9 (Certified Nursing Assistant/CNA) was transferring R31 from chair to bed by herself. On 7/22/25 at 1:58 PM, V9 stated, The other CNA stepped out to get something. I am sorry, I shouldn't have transferred the resident by myself. 07/23/2025 2:59 PM, V2 (Director of Nursing/DON) stated, The mechanical lift transfer requires two people for safe transfer. V9 should have another staff member to assist with the resident transfer. A review of the mechanical transfer care plan document: Provide 2 staff members for transferring. The facility presented a policy on the Total Mechanical Lift transfer dated 01/14/2021 document Equipment:4, Two caregivers are required to operate the mechanical lift.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to follow its intravenous (IV) care guidelines by not changing the IV dressing as needed. This applies to 1 of 1 resident reviewed (R225) for IV catheter care in a sample of 22. The Findings include: R1 is a [AGE] year-old female with mild cognitive impairment as per the Minimum Data Set (MDS) dated [DATE]. On 07/22/2025 at 11:33 AM, R1 was observed with a left upper arm peripheral IV line with a dirty dressing with dry blood around the insertion site, and the tape was peeling off from the bottom. On 07/22/2025 at 11:33 AM, V10 (Licensed Practical Nurse/LPN) stated, R1 is getting daily IV antibiotic for the surgical site infection in her back. The dressing should have been changed as the dressing was coming off, and the insertion site was dry with blood. On 07/23/2025 2:59 PM, V2 (Director of Nursing/DON) stated, The nurses are supposed to change the IV dressing when the dressing is peeling off or having an insertion site with dry blood. A review of the Physician Order Sheet (POS) document that R1 was getting Ceftriaxone 2 gram IV in the morning for surgical wound infection aftercare for 48 days. A review of the facility presented IV Care Reference Guidelines dated 11/21/21 document: Check all IV sites every 8 hours and PRN (as needed) Transparent dressing change for peripheral IV every 96 hours (Q 96H) with site change and PRN		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to follow their ongoing infection surveillance for one of five residents (R4) reviewed for infection control in a sample of 22. Findings include:R4 is a [AGE] year-old male admitted in the facility on 05/23/2025 with diagnoses of not limited to benign prostatic hyperplasia without lower urinary tract symptoms, incontinence without sensory awareness, and Extended-Spectrum Beta-Lactamase resistance. During record review, R4 had Infection Screening Evaluation dated 07/21/2025 which indicated that R4 presented with urinary frequency and urinary urgency, and Infection Analysis of Suspected UTI (urinary tract infection) without indwelling catheter. R4's Order Summary Report dated 07/23/2025 indicated R4 is on contact precautions for ESBL (Extended-Spectrum Beta-Lactamase) urine with order date of 07/21/2025. On 07/23/2025 at 11:50AM during record review with V2 (Interim Director of Nursing/DON), and V5 (Assistant DON), with V8 (previous DON) on the phone for infection control program, R4's Progress Notes dated 07/15/2025 indicated that a urinalysis result was relayed to Nurse Practitioner (NP) with recommendation to wait for the C/S (culture and sensitivity) result. R4's Progress Notes from 07/01/2025 to 07/15/2025 did not indicate any indication for urine testing. R4's electronic health record did not indicate any assessment or physician notes to indicate the need for urine testing. On 07/23/2025 at 11:50AM during phone interview with V8, V8 stated that the Infection Screening Evaluation is completed when the resident presents with signs and symptoms of a possible infection. V8 stated that the Infection Screening Evaluation then appears in their electronic Infection Control Dashboard for the Infection Control team to monitor the suspected infection. V8 stated that they collect data from staff on any change of condition or suspected infection through but not limited to morning meetings, Infection Screening Evaluation form, physician orders, and progress notes. On 07/23/2025 at 11:50AM during interview with V2, V2 stated that V8 works remotely, and V2 and V5 follow up on the infection control program in-person. V2 stated that the nurses are expected to document the signs and symptoms R4 was presenting, and the need for the urine testing somewhere in R4's electronic health record, either on the progress notes or the assessments, at the time of the observation, the complaint that was made by R4, and/or the urine testing order that was made. Review of R4's Order Summary Report dated 07/24/2025 indicated R4 has order to collect urine for UA (urinalysis) and C/S in the morning with order date of 07/14/2025. Review of facility's policy entitled Infection Prevention and Control Program revised 09/20/2024 indicated the following:Policy: It is the policy that this facility's Infection Prevention and Control Program (IPCP) is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. Intent of the Infection Prevention and Control ProgramThe intent of this regulation is to ensure that the facility:- Establishes facility-wide systems for the prevention, identification, investigation and control of infections of residents, staff and visitors. It must include an ongoing system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility and procedures for reporting possible incidents of communicable diseases or infections; (NOTE: staff includes employees, consultants, contractors, volunteers, caregivers who provide care and services to residents on behalf of the facility, and students in the facilities nurse aid training programs or from affiliated academic institutions) Elements of the Program include:4. Surveillance, including process and outcome surveillance, will include monitoring, data analysis, documentation and communicable diseases reporting (as required by state and federal law and regulation). Surveillance activities will be conducted to identify practice, infection trends and early identification of new infections and potential outbreak situations. Definitions: Surveillance refers to the ongoing, systematic collection, analysis, interpretation, and dissemination of data to identify infections and infection risks, to try to reduce morbidity and mortality and to improve resident health status. Review of facilities policy entitled (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145998	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/25/2025
NAME OF PROVIDER OR SUPPLIER Alden Des Plaines Rehab & Hc		STREET ADDRESS, CITY, STATE, ZIP CODE 1221 East Golf Road Des Plaines, IL 60016	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveillance copyrighted 2020 indicated the following:Infection Surveillance - OverviewPurpose: Infection prevention begins with routine and ongoing surveillance to identify possible communicable diseases or infections before they can spread to other persons in the facility or have the potential to cause, an outbreak. The facility closely monitors all residents who exhibit signs/symptoms of infection through ongoing surveillance and has a systematic method for collecting, consolidating, analyzing, and interpretation of data concerning the frequency and cause of a given disease or event, followed by dissemination of that information to those who can improve the outcomes. The intent of surveillance is to identify possible communicable diseases or infections before they can spread to other persons in the facility. In addition, surveillance is crucial in the identification of possible clusters, changes in prevalent organisms, or increases in the rate of infection promptly. Data Collection1. The unit charge nurses will identify residents with symptoms or identified infections and complete the Criteria for Infection Report Forms for the respective type of infection:a. Urinary Tract Infection Identification and Follow-Up of InfectionsThe nurse or nursing supervisor will notify the IP of suspected infections and record the information on the Infection Report Form. If this is an unusual suspected infection, or if the resident's condition is considered critical, the IP will be notified immediately, as well as the Director of Nursing. The physician and family (or responsible part) will be informed of any change in residence condition. Procedure:When a resident exhibits signs/symptoms of suspected infection, the unit nurse or charge nurse will:1. Complete the Infection Report Form.		