

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2025
NAME OF PROVIDER OR SUPPLIER Alden of Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Randi Drive Aurora, IL 60505	

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to notify local law enforcement after an allegation of physical abuse. This applies to 1 of 3 residents (R1) reviewed for physical abuse in the sample of 3. The findings include:R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including congestive heart failure, chronic kidney disease, and pulmonary hypertension. R1's MDS (Minimum Data Set) dated June 12, 2025, showed R1 was cognitively intact. The facility's final report dated August 30, 2025, completed by V1 (Administrator) showed, . On August 24, 2025, it was reported to the Administrator by the nurse on duty that [R1] believes she was 'smacked in the face' by her CNA. CNA was suspended pending investigation. Body check was completed with no new findings, no bruising, no swelling, no alterations to her face. Physician notified. [R1] and Daughter were informed of investigation process. The [local police department] responded to the facility on August 27, 2025, and conducted interviews. On September 3, 2025, at 11:33 AM, V1 said R1's allegation was reported to her in the morning of August 24, 2025. V1 said she spoke with R1 and her daughter on August 24, 2025, and V1 told them she would be filing a report with the state agency. V1 said on Wednesday, August 27, 2025, the police arrived at the building because the family called to file a report. V1 said she did not call the police after receiving R1's allegation of physical abuse. V1 said the only time she would call the police for an abuse allegation would be if the resident requested the police to be called. On September 3, 2025, at 2:15 PM, V1 said she should have notified the local police department immediately after she was notified of R1's allegation of physical abuse. The facility's policy titled Abuse Policy dated March 2025, showed Policy: 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 will report reasonable suspicion of a crime. The facility therefore prohibits mistreatment, neglect or abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within control to prevent occurrences of mistreatment, neglect or abuse of our residents. This will be done by: .7. Filing accurate and timely investigative reports. Abuse Prevention Program. 7. Reporting. g. If the events that cause the reasonable suspicion result in serious bodily injury, the report must be made immediately after forming the suspicion (but no later than two hours after forming the suspicion). Otherwise, the report must be made not later than 24 hours after forming suspicion. For more information see crime reporting poster at the facility and call local police. On September 3, 2025, at 2:15 PM, V1 presented the facility's crime reporting poster. The poster showed If you have reasonable suspicion that a crime has occurred against a resident or person receiving care at this facility, federal law requires that you report you suspicion directly to both law enforcement and the state survey agency. If you believe the crime involves serious bodily injury including criminal sexual abuse to the resident, you must report it immediately, but no later than two hours after forming the suspicion. Or if the crime does not appear to cause serious bodily injury to the resident you must report it within 24 hours after forming the suspicion.</p>		