STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146008	A. Building B. Wing	01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden of Waterford	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 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. Based on observation, interview, and record review, the facility failed to provide necessary care and treatment for residents with vascular ulcers. This applies to 2 of 3 residents (R1, R2) reviewed for quality of care in the sample of 3. The findings include: 1. On 1/26/26 at 9:48 AM, V3 (Wound Nurse) provided wound care to R2's vascular wound. R2 was lying in his bed with bilateral protective boots in place. R2's right lower extremity did not have a dressing in place, his right leg was discolored, reddened, with two open areas to the lower leg. V3 cleansed the skin with wound cleanser, applied xeroform, gauze wrap and elastic bandage. R3's left lower leg was reddened and discolored, V3 applied the elastic bandage to his left lower leg. On 1/26/26 at 10:00 AM, R2 said his right leg had a dressing on until recently when he had his shower they removed the dressing. R2 said he had his shower yesterday. On 1/26/26 at 10:30 AM, V3 said she did not know R2's dressing was removed. If a dressing, gets removed it should be re-applied. V3 said maybe the staff removed it when he had his shower yesterday. V3 confirmed R2 received his shower yesterday.R2's Wound Physician Progress note dated 1/23/26 shows right calf venous ulcer measuring 1.5 cm (centimeters) x 0.6 cm x 0.1. Granulation and color: 90% red, 10% pink with light serous drainage. The treatment orders include cleanse with normal saline, apply xeroform, 4x4 gauze, absorbent pad and gauze kerlix dressing and secure with elastic bandage. R2's Physician Order Sheets dated January 2026 shows orders including ace wraps to bilateral lower extremities may remove for ADL care, every shift on in the morning and remove at night. 2. On 1/26/26 at 9:45 AM, R1 was sitting in his wheelchair with his feet resting on the ground. R1's bilateral leg dressings were visible at the end of his pant legs. R1 was wearing shoes without shoelaces and moderate edema to his lower legs, ankles and feet. R1 said he was going out to his outpatient appointment for his legs. R1 said he has burning sensations and pain in his lower legs. At 1:50 PM, R1 was in the activity room, he was sitting in his wheelchair wearing shorts. Gauze wraps and elastic bandages were in place to his lower legs with visible swelling to his lower legs.R1 said he removes the shoelaces so his feet can fit in the shoes. R1 said he does not have a chair to recline in to elevate his legs. R1 said when he is in the wheelchair he rests his feet on the bed in the lowest position. R1 said he would like a reclining wheelchair so he can elevate his legs. On 1/26/26 at 10:21 AM, V4 (RN) said R1 is alert and oriented, he has more swelling and pain in his lower legs. We lower his bed to the lowest position and have his legs on the bed for his swelling. On 1/26/26 at 12:01 PM, V3 (Wound Nurse) said R1 has a chronic history of pain and swelling to his lower legs and has multiple co-morbidities that can affect his edema, including CHF, and kidney disease. His legs get better for a while then get worse. He is at his worst. R1's left leg is more swollen with increased discoloration; he scratches sometimes causing lacerations to his legs. We have educated him on lowering his bed to lowest position and place his feet up. On 1/26/26 at 2:03 PM, V2 (DON) said R1 has vascular wound with increased swelling to his legs. We want him to elevate his legs. R1 said it's difficult for him to elevate his leg when he is in bed. When his feet are resting on the bed in the (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146008	A. Building B. Wing	01/26/2026

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	lowest position his legs are still in a dependent position, not elevated. Increased swelling in the legs could cause weeping, blisters and shortness of breath. V2 said R1 does not have interventions in place to elevate his legs. R1's Wound Physician Progress notes dated 1/23/26 shows (R1) complains of pain to both legs, associated with swelling and redness, both feet mid edema and warm. R1's left leg venous ulcer measuring 4 cm x 4 cm x 0.1 cm. Granulation and color: 90% red, peri wound: warm, erythema, light serosanguineous drainage, infection: cellulitis. Right leg venous ulcers measuring 4 cm x 2 cm x 0.1 cm, 100% red, warm, erythema, and light serosanguineous drainage, infection: cellulitis. 2nd right leg venous ulcer measuring 2 cm x 4.8 cm x 0.1 cm, 30 % red, 10% yellow slough, warm, erythema, and light serosanguineous drainage. Plan of care: leg elevation discussed with patient. R1's current care plan shows he has skin ulcerations related to cellulitis of the lower limbs and venous ulcers with interventions including inspect skin daily with cares, monitor wound related to pain, compression therapy, leg elevation, lubricate dry skin and ambulate as tolerated. The facility's Prevention and Treatment of Pressure Injury and other Skin Alterations states, non-pressure skin alterations i.e.: skin tears, diabetic ulcers, surgical wounds, MASD, lesions and rashes will be documented weekly on a skin progress note.develop a plan of care for either actual or potential alteration in skin integrity.implement preventative measures and appropriate treatment modalities for pressure injuries and/or skin alterations through individualized resident care plan.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident received restorative walking services. This applies to 1 of 3 (R1) residents reviewed for restorative services in the sample of 3. The findings include: R1's face sheet shows he has diagnoses including COPD, hypertensive heart disease, type 2 diabetes, chronic venous ulcers to bilateral lower extremities, PVD, history of falling, and heart disease. On 1/26/26 at 9:45 AM, R1 was sitting in his wheelchair he said he is going out for an outpatient appointment this morning. A rolling walker was in his room against the wall. At 1:50 PM, R1 was in his wheelchair in the activity room. R1 said his therapy was discontinued due to his insurance coverage. R1 said he has a walker in his room, and he walks sometimes by himself because staff don't offer to walk with him. On 1/26/26 at 10:21 AM, V4 (RN) said R1 is alert and oriented, compliant with care, has a walker, but she has not seen him walk often. V4 said she does not see restorative staff daily and she does not know when or how often they work with residents.On 1/26/26 at 11:40 AM, V5 (Restorative Nurse) said residents are assessed on admission and quarterly for restorative services. When a resident is discharged from therapy, we receive the recommendations and continue the goals into their restorative program. We do not have designated restorative aides, and the unit managers should be assisting with restorative services, and the floor CNAs are usually the ones who will walk with the residents. R1 should be on a walk to dine program. She was not aware of R1 not receiving those services and said there are a lot of refusals documented. Staff should report a pattern of refusals, and she was not aware of R1 refusing this service. On 1/26/26 at 12:36 PM, V3 (Wound Nurse) said R1 is alert and oriented x3, he goes to the dining room for meals, he self-propels himself in his wheelchair. On 1/26/26 at 1:45 PM, V7 (Certified Nursing Assistant-CNA) said he is not sure who does restorative services for residents. The floor CNA's don't do it. R1 does not walk because of his legs. R1's Restorative Nursing assessment dated [DATE] shows R1 is on a restorative walking program. R1 should walk to and from the dining room for meals with rolling walker and wheelchair to follow. R1's Nursing Rehab Walking report dated 1/13/26 to 1/26/26 shows 11 of 14 days he did not receive restorative walking services. R1's care plan shows he requires assistance with ambulation. Intervention includes place in walk to dine program, assist resident with ambulation. The care plan does not include R1 has refusals prior to 1/26/26.The facility's Restorative Nursing Program states, It is the policy of this facility that a resident is given the appropriate treatment and services to maintain or improve his or her abilities.All residents will be assessed on admission, as change of condition warrants and quarterly thereafter for participation in the Restorative Nursing Program. An individualized program will be developed based on the residents needs as appropriate. The programs will be reflected on the interdisciplinary care plan and consistently carried out by staff.