

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 03/27/2025
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)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>16746</p> <p>Based on observation, interview, and record review, the facility failed to provide privacy during activities of daily living (ADL) care, blood glucose level check, and administration of insulin. In addition, facility also failed to ensure that medical record was protected.</p> <p>This applies to 3 of 18 residents (R48, R50, R60) reviewed for privacy in the sample of 18.</p> <p>The findings include:</p> <p>1. On March 24, 2025, at 4:28 PM, during unit observation on the 2nd floor C/D hallway, a medication cart was parked in the hallway by the nurses' station, and near the seating area outside the dining room. On top of this medication cart was a computer that was left open with R48's information visible. The cart was unattended and people were passing by the cart. A few minutes later, V19 (Nurse) was seen coming out from one of the residents' bedrooms.</p> <p>2. On March 24, 2025, at 4:55 PM, R50 was on his wheelchair by the seating area outside the dining room. V19 (Nurse/LPN) walked towards R50 to check his blood sugar level, leaving the medication cart with the computer wide open and with R50's health information or medical record visible to others who could pass by the medication cart. In addition, V19 checked R50's blood sugar with presence of 5 other residents and 2 visitors (family members of other residents) who were in the same area. The procedure was visible to others. At 4:59 PM, R50 remained where he was at, V19 administered insulin medications to R50 which was visible to the same residents and visitors.</p> <p>On March 26, 2025, at 12:23 PM, V1 (Administrator) stated if the staff is not with their cart, they must close or lock the computer screen prior to walking away. Resident information should be kept private. Whether there are people around or none, they should lock the computer screen. When staff nurse is checking blood sugar and administering medication shot such as insulin, they're supposed to do it in the privacy of the resident's room to provide privacy and dignity.</p> <p>3. R60 had multiple diagnoses including vascular dementia with other behavioral disturbance and need for assistance with personal care, based on the face sheet.</p> <p>(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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R60's quarterly MDS (minimum data set) dated January 9, 2025 showed that the resident was moderately impaired with cognition. The same MDS showed that R60 had functional limitation in range of motion to both sides of his upper and lower extremities and required total assistance from the staff with shower/bathing and lower body dressing, and maximum assistance from the staff with upper body dressing.</p> <p>On March 24, 2025 at 11:45 AM, upon entering the resident room, V12 (Certified Nursing Assistant) was observed putting on a disposable brief and clothing to R60 while the resident was in the shower bed. According to V12, he had just given a shower to R60 and had used the shower bed to transport the resident to the room. While the disposable brief and clothing were being put on R60, the privacy curtain was not drawn, and the resident was visible to R79 (roommate). R60 was alert, with confusion and speaks a foreign language. R79 was alert and oriented to witness the ADL (activities of daily living) care being given to R60.</p> <p>On March 26, 2025 at 9:33 AM, V2 (Director of Nursing) stated that during provision of personal care such as putting on a resident's brief and/or putting on a resident's clothing, privacy should always be afforded because the resident's body is exposed. The curtain should be drawn between the residents to ensure that the resident's rights to privacy during personal care is provided.</p> <p>The facility's policy regarding resident's rights dated November 2017 showed, The facility will respect and uphold resident's rights. The same policy showed in-part under procedure, 1. The resident or their representative will be notified of their rights as a resident living in a long-term care facility upon admission and will be provided a copy of the State issued residents' rights pamphlet indicating such rights. The Residents' Rights for people in long-term care facilities pamphlet given to each resident and/or their respective responsible party showed in-part, You have the right to .Privacy, your medical and personal care are private.</p> <p>29562</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 16746</p> <p>Based on observation, interview, and record review, the facility failed to ensure that indwelling urinary catheter was not touching the floor and was not positioned above resident's bladder.</p> <p>This applies to 2 of 3 residents (R28, R78), reviewed for indwelling urinary catheter in the sample of 18.</p> <p>The findings include:</p> <p>Face sheet shows that R28 is a [AGE] year old who has multiple medical diagnoses including benign prostatic hyperplasia without lower urinary tract symptoms, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, obstructive and reflux uropathy, urinary retention, and malignant neoplasm of prostate. R28 has an indwelling urinary catheter upon observation.</p> <p>On March 25, 2025, at 10 :51 AM, V14 (Certified Nursing Assistant/CNA) and V15 (CNA/first floor unit manager), rendered incontinence care to R28 who had a bowel movement. V14 cleaned R28 from front to back and changed his incontinence brief. As V14 and V15 assisted R28 to turn and reposition during incontinence care, they lifted the urinary catheter bag multiple times above his bladder causing the urine in the catheter tube to flow back towards R28's bladder.</p> <p>R28's active care plan shows R28 requires the use of an indwelling catheter related to diagnosis of neuromuscular dysfunction of bladder due to obstructive and reflux uropathy. The same care plan shows interventions including positioning of collection bag below the level of the bladder.</p> <p>The nurse practitioner (NP) notes dated March 21, 2025, shows R28 was seen by infectious disease NP at the facility's request for acute urinary tract infection (UTI). The lab work was positive for >100,000 colonies of enterococcus species.</p> <p>On March 27, 2025, at 11:35 AM, V2 (Director of Nursing/DON) said that urinary bag should be maintained below the bladder so the urine can drain properly to the bag via gravity and prevent backflow of urine to the bladder which can cause infection.</p> <p>2. R78 had multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, retention of urine, chronic kidney disease and history of UTI (urinary tract infection), based on the face sheet.</p> <p>On March 24, 2025 at 11:09 AM, R78 was in bed, with her bed on the lowest position. R78's urinary catheter bag which was inside a privacy bag was not attached/hooked on the bed frame. The privacy bag containing the urinary catheter bag was touching the floor. R78's urinary catheter tubing had dark yellow urine with brown sediments. V10 (Restorative Nurse) was present during this observation.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 25, 2025 at 9:08 AM, R78 was in bed, alert but confused. R78's urinary catheter was draining slightly dark yellow colored urine with sediments. V2 (Director of Nursing) was in the room during this observation. V2 was informed of the privacy bag containing the urinary catheter bag that was observed touching the floor on March 24, 2025. V2 stated that even though the urinary catheter bag was inside a privacy bag, it should not touch the floor to maintain infection control and prevent UTI.</p> <p>29562</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>16746</p> <p>Based on observation, interview and record review the facility failed to ensure accurate and timely accounting of controlled medications.</p> <p>This applies to 7 of 7 residents (R2, R18, R21, R24, R48, R69 and R234) reviewed for controlled medications in the sample of 18.</p> <p>The findings include:</p> <p>1. On March 26, 2025 at 11:25 AM, the first floor AB medication cart was observed with V2 (Director of Nursing). The following observations were made of the medication cart's controlled drug compartment:</p> <ul style="list-style-type: none"> - R69 had a blister pack of Alprazolam 0.5 mg (milligrams) with 47 tablets remaining that were intact and sealed. R69's controlled drug receipt/record/disposition form for the Alprazolam 0.5 mg showed that there should be 48 tablets remaining in the blister pack. R69's medication administration audit report showed that V17 (Licensed Practical Nurse) administered this medication at 9:28 AM on March 26, 2025. - R234 had a blister pack of Modafinil 200 mg with 29 tablets remaining that were intact and sealed. R234's controlled drug receipt/record/disposition form for the Modafinil 200 mg showed that there should be 30 tablets remaining in the blister pack. R234's medication administration audit report showed that V17 administered this medication at 10:37 AM on March 26, 2025. <p>On March 26, 2025 at 11:29 AM, V17 was asked why the actual number of the controlled medications, and the controlled drug receipts does not match. V17 stated that she did not sign out the medication on the controlled drug receipt after taking it out and administering the medications to the residents, because she was busy preparing the medications for other resident who was going out for a medical appointment. V2 who was present during the interview stated the controlled medications should be signed out from the controlled drug receipt after it is pulled out/taken out of the blister pack to ensure proper count.</p> <p>Review of the first floor AB medication cart controlled substance shift count documentation showed that the on duty/in coming Nurse for March 26, 2025 did not sign the form to indicate that she performed the shift count with the off duty/outgoing nurse. On March 26, 2025 at 11:30 AM, V17 stated that she performed the controlled substance shift count with the outgoing nurse prior to the start of her shift but failed to sign the form. V17 added that there were no discrepancies during the controlled substance shift count. V2 who was present during the interview stated that the incoming and outgoing nurses should sign the controlled substance shift count form, after performing the controlled medication count before the start of each shift, to make sure that all the controlled medications are accurate, matching the actual controlled medication at hand and the controlled drug receipt.</p> <p>2. On March 26, 2025 at 11:55 AM, the second floor CD medication cart was observed with V2. The following observations were made of the medication cart's controlled drug compartment:</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- R24 had a blister pack of Alprazolam 0.5 mg with 13 tablets remaining that were intact and sealed. R24's controlled drug receipt/record/disposition form for the Alprazolam 0.5 mg showed that there should be 14 tablets remaining in the blister pack. R24's medication administration audit report showed that V18 (Registered Nurse) administered this medication at 12:00 PM on March 26, 2025.</p> <p>- R21 had a blister pack of Morphine Sulfate 30 mg ER (extended release) with 35 tablets remaining that were intact and sealed. R21's controlled drug receipt/record/disposition form for the Morphine Sulfate 30 mg showed that there should be 36 tablets remaining in the blister pack. R21's medication administration audit report showed that V18 administered this medication at 11:07 AM on March 26, 2025.</p> <p>- R18 had a blister pack of Clonazepam 1 mg with 59 tablets remaining that were intact and sealed. R18's controlled drug receipt/record/disposition form for the Clonazepam 1 mg showed that there should be 60 tablets remaining in the blister pack. R18's medication administration audit report showed that V18 (Registered Nurse) administered this medication at 10:27 AM on March 26, 2025.</p> <p>- R48 had a blister pack of Hydrocodone/Apap (acetaminophen)10-325 mg with 28 tablets remaining that were intact and sealed. R48's controlled drug receipt/record/disposition form for the Hydrocodone/Apap 10-325 mg showed that there should be 29 tablets remaining in the blister pack. R48's medication administration audit report showed that V18 administered this medication at 11:23 AM on March 26, 2025.</p> <p>- R2 had a blister pack of Phenobarbital 1 gr (grain) with 50 tablets remaining that were intact and sealed. R2's controlled drug receipt/record/disposition form for the Phenobarbital 1 gr showed that there should be 51 tablets remaining in the blister pack. R2's medication administration audit report showed that V18 administered this medication at 8:45 AM on March 26, 2025.</p> <p>On March 26, 2025 at 12:01 PM, V18 was asked why the actual number of the controlled medications, and the controlled drug receipts does not match. V18 stated that she did not have the opportunity to sign the controlled drug receipt. According to V18 she gave the above mentioned controlled medications during the morning medication pass, except for R24 which she claimed she just gave. V2 who was present during V18's interview stated that the controlled medications should be signed out from the drug receipt immediately after pulling/taking it out from the blister pack to ensure proper accounting of the medication.</p> <p>The facility's policy regarding controlled drug documentation dated June 2022 showed under purpose, To maintain control and prevent loss and/or diversion of controlled substances. The same policy under the procedure showed in-part, 1. c. Proof of-use forms should be used to document each time a dose of the medication is administered.2. Controlled substances must be counted and verified every shift by authorized professionals, usually at shift change. Balances are documented on the Shift Count form and must be signed by both the incoming and outgoing staff. Any discrepancy between the number of controlled drugs on hand and the sheet's balance must be brought to the attention of the Resident Care/Nursing Director (or equivalent) immediately, following the facility's policy.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed to administer medications as ordered by the physician. There were 29 opportunities with 2 errors, resulting in a 6.9% medication error rate.</p> <p>This applies to 1 of 5 residents (R34) reviewed for medication pass in the sample of 18.</p> <p>The findings include:</p> <p>On March 24, 2025, at 4:49 PM, V19 checked R34's blood sugar level, which showed result of 207 mg/dl. V19 administered medications to R34 including Insulin Novolog (Aspart Kwik Pen) 4 units subcutaneously and a Sucralfate 1 gram tablet orally. At 5:01 PM, V19 stated that R34 is supposed to receive 17 units of Novolog according from the sliding scale order, but she felt uncomfortable to give this dose for fear that R34's blood sugar might bottom out. As a nursing judgement she decided to give 4 units. When surveyor asked V19 if she notified the physician about it, V19 did not say anything. After V19 administered the medications, she confirmed that what she gave to R34 were all the medications scheduled at 5PM. Then V19 went to the computer and signed it all in as given.</p> <p>R34's Medication Administration Record (MAR) dated March 2025, shows an order to inject Insulin Aspart according to the sliding scale which means the R34's blood sugar level and its corresponding dose of insulin. The sliding scale shows that if the blood sugar level is between 201 to 225, R34 should receive 17 units of Novolog. The same MAR shows that R34 has a scheduled Nystatin-Triamcinolone External Ointment to apply to R34's back topically twice a day at 9:00 AM and 5:00 PM. V19 did not administer this Nystatin-Triamcinolone ointment, however, V19 signed it along with the 2 medications (Novolog and Sucralfate) as given.</p> <p>R34's progress notes dated March 24, 2025, at 5:40 PM showed that V19 notified the nurse practitioner (NP) about the partial dose of Novolog that she administered to R34.</p> <p>Facility's Policy and Procedure for Medication Administration dated September 2020 shows:</p> <p>Policy: Medications will be administered in accordance with the established policies and procedures.</p> <p>Procedure: Drugs must be administered in accordance with the written orders of the attending physician.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to follow the menu extension sheet to serve portion sizes as shown for pureed and mechanical soft diets to meet the dietary requirements of the meal.</p> <p>This applies to 6 of 6 residents (R3, R27, R33, R59, R69, and R235) reviewed for dining in the sample of 18.</p> <p>The findings include:</p> <p>Facility menu for Spring Summer 2025 for Monday included Country Fried Steak with cream sauce, Mashed Potatoes, [NAME] Beans as the main meal items. The menu extension sheet for March 24, 2024 showed to use #6 scoop for ground country fried steak. The same extension sheet showed to use #6 scoop for pureed country fried steak and #8 scoop for the pureed beans.</p> <p>Facility portion control chart posted at the tray line service area showed that #6=5 1/3 oz/ounce, #8= 4 oz, and #10=3 oz.</p> <p>On March 24, 2024 at 12:00 PM, V6 (Chef) and V7 (Dietary Aide) were plating the food during the lunch meal tray line service on the 1st floor. V6 used a #8 scoop to serve ground country fried steak along with 2 oz gravy to R3, R27, R59, R69 and R235 who were on mechanical soft diets. V6 used a #8 scoop to serve pureed country fried steak and used a #10 scoop to serve pureed green beans to R33 who was on pureed diet. V5 (Dietary Manager) who was present at tray line was notified of the wrong scoop sizes used for the lunch meal.</p> <p>On March 25, 2025 at 12:19 PM, V9 (Dietitian) stated that the dietary staff should use the scoop sizes as shown on the menu spreadsheets to meet the adequate amount of protein, carbohydrates and calories for the planned meal.</p> <p>Facility Diet Type Report printed on March 24, 2025 showed that R3, R27, R59, R69 and R235 were on mechanical soft diets and that R33 was on pureed diet.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to provide pureed consistency mashed potatoes and failed to avoid skin on potatoes for mechanical soft diets.</p> <p>This applies to 4 of 4 residents (R27, R33, R63 and R69) reviewed for mechanically altered diets in the sample of 18.</p> <p>The findings include:</p> <p>1. Facility menu for Spring Summer 2025 for Monday, March 24, 2024 lunch meal included Country Fried Steak with cream sauce, Mashed Potatoes, [NAME] Beans, Dinner Roll.</p> <p>On March 24, 2024 at 12:04 PM, R33 received a pureed consistency meal of country fried steak, mashed potatoes, green beans and pureed bread. The mashed potatoes appeared granular. When asked how her meal was, R33 stated They are not pureeing the foods as much as they should. R33 stated that most of the items don't feel smooth as it usually does. On taste testing the pureed items, the mashed potatoes had granules that did not soften when manipulated on roof of mouth with the tongue and remained whole and needed to be chewed. This was relayed to V6 (Chef) who was on the tray line, and V6 also taste tested the same and agreed that there are granules in the mashed potatoes. V6 stated that the mashed potatoes are made from a powder and that more water should have been used to get a smooth product and then blended in a mixer. V6 added that V8 (Cook) who was new, prepared the mashed potatoes.</p> <p>Facility policy and procedure titled Puree (dated July, 2023) included as follows:</p> <p>Purpose: The puree diet consists of pureed homogenous, and cohesive foods in pudding-like consistency. Any foods that require bolus formation, controlled manipulation, or mastication are excluded.</p> <p>2. Facility Spring Summer menus for Tuesday, March 25, 2025 lunch meal included Chicken Vesuvio with gravy, [NAME] Peas and Vesuvio Potato Wedges.</p> <p>On March 25, 2025 starting at 11:53 AM, R27, R63 and R69 who were on mechanical soft diets received Vesuvio potato wedges with skin on it along with the rest of the meal. When V5 (Dietary Manager), who was in the area, was asked if residents on mechanical soft were allowed potatoes with skin, V5 responded that the diet extension for the meal showed that they could have it. Review of the same showed an unsigned extension sheet by Dietitian that mechanical soft diets can have Vesuvio potato wedges.</p> <p>Facility policy and procedure titled Regular Ground/Mechanical Soft (dated July, 2023) included as follows:</p> <p>Purpose: The regular mechanical soft diet is for adults who have difficulty chewing. This diet is similar to the regular diet with some modifications to hard to chew foods</p> <p>Menu Guidelines for bread and starches included: Avoid potato skins</p> <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>48308</p> <p>Based on interview and record review, the facility failed to submit accurate licensed nurses working hours, for the PBJ (Payroll Based Journal) submission for the months of July, August and September 2024.</p> <p>This applies to all 75 residents who reside in the facility, according to form 671 dated March 24, 2025.</p> <p>The findings include:</p> <p>The CASPER (Certification and Survey Provider Enhanced Reporting) for the facility's Quarter 4, 2024, showed for the metrics, no RN hours and Failed to have Licensed Nurse coverage 24 hours /day, infraction dates of every day from July1, 2024 through September 30, 2024.</p> <p>On March 24, 2025, at 3:30 PM, V1 (Administrator) stated the PBJ hours are submitted from the payroll data through the corporate office. V1 acknowledged that the hours for licensed nurse staffing for the facility for Quarter 4 were not accurately reported.</p> <p>V1 provided documentation of email communication between the corporate office, and HFS (Department of Healthcare and Family Services) dated December 23, 2024, identifying the error in PBJ data submission for CNA (Certified Nursing Assistant) hours, in light of the corporations CNA subsidy program. DHS representative responded on January 15, 2025, informing the corporate office that DHS does allow a one time correction submission for PBJ data. There was no reference in the emails to identify the error in the reporting of licensed Nurse hours for Quarter 4.</p> <p>The facility's PBJ Staffing Data Report, CASPER Report 1705D, FY Quarter 2 2024, (July 1-September 30) run on February 13, 2025, showed the facility triggered for No RN Hours, and Failed to have Licensed Nursing Coverage 24 hours /day.</p> <p>The facility policy titled Staffing Data Submission dated January 14, 2024, showed Policy .will electronically submit direct care staffing information .Staffing information will be submitted timely using the CMS Payroll Based Journal .Guidance 1 .will electronically submit the CMS complete and accurate direct care staffing information that includes the following: a. The category of work for each direct care staff includes but not limited to whether the individual is a registered nurse, licensed practical nurse, .or other as specified by CMS.</p>		

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 03/27/2025
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>16746</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices regarding hand hygiene and gloving during provisions of incontinence care. Staff also failed to wear a complete PPE (Personal Protective Equipment) in an isolation room while providing physical therapy.</p> <p>This applies to 2 of 18 residents (R28, R134), reviewed for infection control in the sample of 18.</p> <p>The findings include:</p> <p>1. On March 25, 2025, at 10:51 AM, V14 (CNA) and V15 (CNA/first floor unit manager), rendered incontinence care to R8 who had a bowel movement. V14 cleaned R28 from front to back of the perineum, handled the urinary catheter, assisted R28 to turn and reposition, put on a new incontinence brief, handled soiled items (linen and diaper), straightened residents bed linen, and scoot resident up on his bed, and touched overbed table, while wearing the same soiled gloves.</p> <p>On March 26, 2025, at 3:18 PM, V2 (Director of Nursing/DON) stated that when a staff provides incontinence/peri-care to a resident, the staff must perform hand hygiene prior to gloving. When staff goes from dirty to clean tasks, they should change their gloves and perform hand hygiene. V2 also said that when the staff is done with the tasks and they remove their gloves, they should perform hand hygiene. This process is for infection control and ensuring that they are not spreading infection to others, and they are preventing cross contamination.</p> <p>The facility's hand hygiene policy and procedure dated October 2024 shows: It is the policy of the facility that hand hygiene performed to reduce the potential of spread of pathogens. This same policy has guidelines including performing hand hygiene when caring for a resident, when moving from a soiled body site to a clean body site of the same resident, and after any contact with blood, body fluids, or contaminated surfaces.</p> <p>2. R134 had multiple diagnoses including displaced fracture of greater trochanter of right femur, based on the face sheet.</p> <p>R134's order summary report showed an active order dated March 19, 2025 for, Isolation: Contact Precautions: C-diff (Clostridium difficile).</p> <p>R134's active care plan showed that the resident is on contact isolation precaution related to C-Diff. The same active care plan showed multiple interventions including, Use principles of infection control and universal/standard precautions. Post appropriate isolation outside of the room for staff and visitors.</p> <p>(continued on next page)</p>		

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 03/27/2025
NAME OF PROVIDER OR SUPPLIER Alden of Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Randi Drive Aurora, IL 60505	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 25, 2025 at 1:10 PM, a contact precaution sign was observed posted on the door frame of R134's door. The contact precaution sign showed that providers and staff must, put on gloves and gown before entering the room. V11 (Physical Therapist) was observed inside R134's room providing physical therapy to the resident. V11 was only wearing gloves and no other PPE (Personal Protective Equipment). V2 (Director of Nursing) who was present during this observation stated that all staff including V11 should follow the posted signage on R134's door to wear gloves and gown before entering the room and while providing therapy to the resident, to prevent potential spread of C-Diff infection.</p> <p>The facility's contact precaution policy dated December 2024 showed, The purpose of contact precautions is to prevent transmission of infections that are spread by direct ([for example] person-to-person) or indirect contact with the resident or environment. The policy showed in-part under the guidelines, 1. Use contact precautions for residents as recommended by CDC's (Centers for Disease Control and Prevention) Guidelines for isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007). 2. Certain diseases, not limited to ([for example] C. difficile, .) require contact precautions. The same policy showed in-part under procedure, 2. All individuals entering the resident's room must use PPE appropriately, including gloves and gown. Donning PPE upon room entry and doffing before exiting the resident's room is done to contain pathogens</p> <p>29562</p>		