

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146153	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/18/2026
NAME OF PROVIDER OR SUPPLIER  Alden Estates of Shorewood		STREET ADDRESS, CITY, STATE, ZIP CODE  710 W Black Road Shorewood, IL 60404	

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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to remove a fentanyl patch as ordered for 1 of 3 residents (R1) reviewed for pain medications in the sample of five. The findings include: The Physician Orders for R1 dated November 2025 showed Fentanyl Patch 72 hour 12 MCG/HR, apply 1 patch transdermally every 72 hours for pain management and remove per schedule. The Medication Administration Record (MAR) dated November 2025 showed Fentanyl patch 72 hours, 12MCG/HR, apply 1 patch transdermally every 72 hours for pain management and remove per schedule. The MAR showed on 11/26 25 at 5:25 PM a 12 MCG patch was applied. The MAR showed on 11/29/25 at 4:19 PM the fentanyl patch was to be removed. A 9 was documented on 11/29/25 at 3:22 PM; the 9 means to see progress notes. On 11/30 25 at 6:00 AM a 12 MCG Fentanyl patch was applied to her right arm. R1' Progress Notes did not show any note on 11/29/25 for the removal of his 12 MCG Fentanyl patch. There was no Progress Note entered related to the 9 documented on R1's MAR on 11/29/25 at 3:22 PM. R1's Care Plan dated 9/19/25 showed, R1 noted to be receiving high risk medication of opioid medication. Administer pain strategies according to the Mar/Tar (treatment administration record). Provide medications per medical doctor order. On 1/18/26 at 1:27 PM V2 Director of Nursing - DON had her computer to review R1's electronic medical record. V2 stated on 11/29/25 at 3:22 PM it was documented as a 9 on the MAR which means there should be a note. V2 stated the order was changed to remove the fentanyl 12 MCG patch on the 11/30/25 at 6:00 AM and it was supposed to be changed on 11/29/25. The fentanyl patch had been applied in the evening on 11/26/25 and should have been removed 72 hours later. The nurse got confused because the on and off times for the patch were not how it is usually scheduled. The physician order was not followed and should have been. V2 stated on 11/30/25 it showed the nurse put a fentanyl 12 MCG patch on R1's right arm. There is no documentation to show that she removed the old patch. A progress note wasn't put in showing it was removed, and the MAR wasn't prompting it to be removed. V2 stated R1 went to the hospital on [DATE]. On 1/18/26 at 3:27 PM, V9 Nurse Practitioner - NP stated the emergency room nurse on 12/1/25 found 2 fentanyl 12 MCH patches on R1 arrived at the hospital. The old fentanyl patch should be removed before the new one is put on. The Face Sheet dated 1/18/26 for R1 showed diagnoses including pathological fracture in neoplastic disease, malignant neoplasm of bone, low back pain, bacteremia, neoplasm related pain, secondary neoplasm of brain, protein-calorie malnutrition, morbid obesity, neuromuscular dysfunction of bladder, pressure induced deep tissue damage, pulmonary embolism, acute embolism of left femoral vein and right iliac vein, secondary malignant neoplasm of liver and bile duct, and malignant neoplasm of bone marrow. The facility's Medication Administration policy (9/2020) showed, drugs must be administered in accordance with written orders of the attending physician.</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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