

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/15/2026
NAME OF PROVIDER OR SUPPLIER  Alden Courts of Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE  1991 Randi Drive Aurora, IL 60504	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on interview and record review, the facility failed to ensure a resident with a neck fracture had his cervical neck collar (C-collar) in place. This applies to 1 resident (R1) reviewed for quality of care. The findings include: R1's Face Sheet showed his diagnoses include a nondisplaced fracture of his first cervical vertebra, unspecified dementia, and history of falls. R1's March 3, 2026 nursing progress notes showed R1 was admitted to the facility around 6:30 PM. Resident has a cervical collar due to traumatic closed fracture of C1 vertebra. R1's March 2026 Physician Orders showed a March 4, 2026 order of C-collar on at all times [related to] C1-C2 fracture. On March 12, 2026 a 2:30 PM, V4 CNA (Certified Nursing Assistant) stated he cared for R1 on March 4, 2026. V4 stated R1 had been in bed with the C-collar on, and then later he heard a noise coming from R1's room. V4 stated when he entered R1's room, R1 was on the floor, and his C-collar was on the opposite side of R1's bed near the dresser. V4 stated R1 was supposed to have the cervical collar on at all times, and R1 was a high fall risk. On March 12, 2026, at 2:58 PM, V6 RN (Registered Nurse) said she was the nurse who sent R1 to the emergency room on March 4, 2026 after he fell. V6 said R1 did not have the cervical collar on when she assessed R1, even though the collar was to be on at all times due to his previous fractures. R1's March 4, 2026 nursing progress notes showed R1 fell and was transported via 911 to the Emergency Department (ED). R1's Emergency Medical Services (EMS) March 04, 2026 patient care record showed nursing home staff stated that they last checked on R1 around 9:00 PM. Staff stated that they checked in on R1 again about fifty minutes later when they found R1 on the floor. The report showed the assessment performed by the paramedics revealed a deformity on R1's right hip joint. Paramedics placed a blanket around R1's hip and tied it tight for stabilization of the injury before R1 was brought to the ambulance on the stretcher and taken to the nearest hospital. The report did not show R1's cervical collar was put back in place or was provided to EMS to stabilize R1's head, or that EMS personnel were notified of the existing neck fracture prior to any transport. On March 12, 2026, at 1:20 PM V8 (Physical Therapist) said it is the nursing department's responsibility to ensure devices are placed and removed as ordered. V8 said that the facility consists of cognitively impaired residents who may often take off devices so the staff should monitor and ensure that devices are in place as ordered. R1's Care Plan Report for his C-collar (initiated March 4, 2026) showed Requires a brace secondary to limitation in [range of motion]/fracture C1 vertebra. An intervention showed Apply splint/brace per MD order to affected area. R1's March 4, 2026 ED Note showed spoke with [V6 RN] at [facility], per [facility] closed fracture of the neck C1-C2 known for patient. Patient did not arrive in C-collar. [MD] notified, aspen collar applied.</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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