

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/31/2025
NAME OF PROVIDER OR SUPPLIER Alden Courts of Shorewood		STREET ADDRESS, CITY, STATE, ZIP CODE 700 West 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)		
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observation, interview, and record review, the facility failed to provide nutritional supplements to residents per physician's order. This applies to 4 residents (R42, R33, R26, and R6) reviewed for nutrition in a sample of 17. Findings include: Dining observations of lunch meal were made in the dining room of R42, R33, R26, and R6's unit on 7/29/25, 7/30/25, and 7/31/25. V15 (Activity Aide) served lunch/plates on all three days. 1. V16's (Registered Dietician) Nutrition Progress Note dated 7/4/25 states R42 was readmitted to the facility on a pureed diet and recommendation to resume magic cup twice a day. On 7/29 and 7/30 V5 (CNA/Certified Nurse Assistant) fed R42 lunch and on 7/31 V6 (Unit Manager) fed R42 lunch. R42's POS (Physician Order Sheet) shows an order dated 7/4/25 that states magic cup two times a day for nutritional supplement, give with lunch and dinner. On 7/31/25, V6 (Unit Manager) gave R42 regular pudding, but not his physician ordered magic cup. R42 was observed for the duration of lunch service and did not get magic cup at lunch on 7/29, 7/30, or 7/31. R42's Care Plan initiated on 6/14/23 states he requires nutritional support with goal to maintain current nutritional status with current nutritional interventions. Intervention dated 7/6/24 states provide nutrition supplement as ordered. 2. V16's (Registered Dietician) Nutrition Progress Note dated 3/5/25 states R33 had a significant weight loss of 11.1 % in 6 months. Supplement changed to magic cup BID for nutritional support. Supplements will provide additional 865 calories and 36 grams of protein daily, if consumed 100%. R33's POS shows order dated 3/4/25 for magic cup two times a day for nutritional supplement, give with lunch and dinner and order dated 11/15/24 for mighty shake two times a day for nutritional supplement give with lunch. R33 was observed for the duration of lunch service and did not get magic cup or mighty shake during lunch on 7/29, 7/30, or 7/31. R33's Care Plan initiated 11/05/24 states she has had a significant weight loss and Care Plan initiated on 4/6/24 states she requires nutritional support with intervention dated 3/5/25 to provide nutrition supplement as ordered. 3. V16's (Registered Dietician) Nutrition Progress Note dated 7/10/25 states R26 has had a decrease in appetite and has been sleeping through breakfast. V16's progress note states recommendation to continue nutrition supplements as ordered and supplements will provide R26 with an additional 1300 calories and 51 grams of protein daily, if consumed 100%. R26's last blood work drawn on 6/16/25 shows his total protein level was low at 5.9 g/dl (grams per deciliter). R26's POS shows order dated 6/28/24 for magic cup two times a day for nutritional supplement, give with lunch and dinner and order dated 6/4/25 for mighty shake three times a day for nutritional supplement with all meals. R26 was observed for the duration of lunch service and was not provided magic cup or mighty shake with lunch on 7/29 or 7/30. R26 was not in the dining room for lunch on 7/31 and was noted to still be asleep in bed. On 7/31 at 11:06 AM, V6 (Unit Manager) said R26 was having an off day and the staff tried to get him up a few times but he wanted to stay in bed. R26's Care Plan initiated 7/13/23 states he requires nutritional support with target goal dated 10/21/25 to maintain current nutritional status with current nutritional interventions. Intervention dated 8/31/24 states provide nutrition supplement as ordered. 4. V16's (Registered Dietician) Nutrition Progress Note dated 7/7/25 states R6 has a noted weight loss of 13.2% in 3 months and 20% in 6 months. V16's note states R6 is receiving mighty shakes three times a day along with other (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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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	supplements at breakfast and dinner and if she consumes all nutritional supplements 100%, she will receive an additional 1565 calories and 59 grams of protein daily. V16's note recommends to continue nutrition supplements as ordered. R6's POS shows an order dated 5/13/25 for mighty shake with meals for nutritional supplement, give with breakfast, lunch and dinner. R6 was observed for the duration of lunch service and was not provided mighty shake with lunch on 7/29 or 7/31. R6's Care Plan initiated on 7/20/23 states he requires nutritional support with target goal dated 10/27/25 to maintain current nutritional status with current nutritional interventions. Intervention dated 12/5/24 states provide nutrition supplement as ordered. On 7/31/25 at 12:04 PM, V15 (Activity Aide) was asked how she knows what each resident should be served for each meal and V15 said she refers to their laminated tray cards. V15 said if a change is made to the resident's diet, the tray cards are updated. On 7/31/25 at 12:07 PM V15 provided surveyor with the tray cards for R42, R33, R26, and R6 which showed the following: R42 has a standing order to receive a 4 fluid ounce magic cup with lunch. R33 has a standing order to receive both a 4 fluid ounce magic cup and a 4 fluid ounce mighty shake at lunch. R26 has a standing order to receive both a 4 fluid ounce magic cup and a 4 fluid ounce mighty shake at lunch. R6 has a standing order to receive 4 fluid ounce might shake at lunch. On 7/31/25 at 1:46 PM V16 (Registered Dietician) said supplements are ordered for residents for a number of reasons including nutritional support, to help with wound healing, to support appetite, and for the extra vitamins and extra protein. V16 said giving a resident regular pudding is not equivalent to a magic cup because magic cups have more calories and protein than regular pudding. V16 said staff should refer to a resident's tray card during meal service to know if a resident has supplements ordered. V16 said the harm in not providing every resident their physician ordered nutritional supplements is that the residents will not receive the extra calories and protein which could lead to weight loss and effect wound healing and immunity. The facility provided policy titled, Dietary Supplement last revised 1/18 states, Policy: A physician's order is required for a Dietary Supplement. Purpose: Dietary supplements may be required to enhance the resident's nutritional status. Procedure: 2. Nursing maintains the physician order in the MAR for commercially prepared liquid supplements.		

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F 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. Based on observation, interview, and record review, the facility failed to maintain an IV (Intravenous) dressing for a resident with a PICC (Peripherally Inserted Central Catheter)/Midline. This applies to 1 of 1 (R41) were reviewed for IV management in a sample of 17. The findings include: On July 29, 2025 at 2:06 PM, R41 had a PICC in the right upper arm. R41's PICC dressing was dated July 21, 2025. On July 30, 2025 at 1:23 PM, R41 had the same IV/Midline dressing which was dated July 21, 2025. On July 31, 2025 12:39 PM, V8 (LPN/Licensed Practical Nurse) said the PICC line dressing needs to be changed weekly. V8 said she did not change the dressing. V8 said when she checked the EMR (Electronic Medical Record) showed there was an order for the PICC line to be checked on July 24, 2025 and the midline was checked on July 25, 2025 by the PICC team. V8 said she did not see any documentation showing the dressing was changed. On July 31, 2025 at 1:23 PM, V3 (LPN/Patient Care Coordinator) said the dressings should be changed if the dressing was soiled, anything was malfunctioning, and/or every seven days. V3 said the dressing would need to be changed every seven days regardless of if it was intact to maintain its integrity. On July 31, 2025 at 1:07 PM, V2 (DON/Director of Nursing) said the PICC line and midline dressings needed to be changed every seven days even if the dressing was intact. V2 said the staff should sign off the dressing change in the MAR (Medication Administration Record) or the TAR (Treatment Administration Record). R41's face sheet showed she was admitted to the facility with sepsis, urinary tract infection, extended spectrum beta lactamase (ESBL resistance), and encounter for adjustment and management of vascular access device. R41's MAR showed an order for IV Midline: Transparent sterile dressing change weekly and PRN (As Needed) every day shift every Monday, which was signed off for July 28, 2025. R41's progress note dated July 21, 2025 at 8:48 PM showed R41 returned to facility via [Company] ambulance. Resident has a midline to right arm antecubital area. Midline intact. R41's Professional Nursing Service note dated July 25, 2025 showed Assessment: Right upper arm midline dressing intact. Intervention: Needless connector removal, catheter flushing and drawing blood. Catheter is good to use right now. The facility's PICC/Midline Catheters: Specific Maintenance Care policy dated April 2025 showed To maintain integrity of the catheter per proper assessment procedures and documentation of the catheter and catheter site. On Treatment Administration Record: 1. Document dressing change.		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to remove expired medications and store medications under proper conditions. This applies to 2 of 2 residents (R1 and R20) reviewed for medication storage in the sample of 17. The findings include: 1. On 07/30/25 at 3:33 PM, during the initial observation of the medication cart on the [NAME] unit, R20 had a box of Ipratropium Albuterol Solution 0.5 mg/3mg/3mL (milliliter). The directions for use on the box were one vial via nebulizer every six hours as needed. The expiration date was 06/2025. The box contained three packages with five vials in each package unopened. One package contained three unused vials. The medication cart had a box with one vial of Tuberculin Purified Protein Deprivative Diluted Aplisol 5tu (Tuberculin Units)/0.1 mL, opened on 07/27/25. The box contained a blue sticker which indicated to keep the vial in the refrigerator. On 07/31/2025 at 3:00 PM, V17 (Registered Nurse) stated the Tuberculin solution should always be refrigerated. It can lose its potency if not refrigerated. V17 stated after the vial of medication was found on the cart, she put it back in the refrigerator. V17 stated expired and discontinued medications should be removed from the medication cart and sent back to the pharmacy. R20 was admitted to the facility on [DATE] with multiple diagnoses which included dementia, acute respiratory failure with hypoxia, congestive heart failure, chronic obstructive pulmonary disease, and anxiety per the face sheet. R20's MDS (Minimum Data Set) dated 06/23/25 showed R20 had severe cognitive impairment. R20's current Order Summary Report for 07/2025 showed no active orders for Ipratropium Albuterol Solution. R20's Order Summary Report for 01/2025 showed Ipratropium Albuterol Solution was discontinued on 02/03/25. The facility's Storage/Labeling/Packaging of Medications Policy dated 12/2023 showed 4. Medications requiring refrigeration are stored in a refrigerator located in a locked room accessible only to authorized staff. 12. Medications requiring refrigeration should be stored at temperatures between 36 degrees Fahrenheit to 46 degrees Fahrenheit. 2. On July 29, 2025, at 11:26 AM, during initial tour, R1's bedside table contained a tube of Systane lubricant eye ointment nighttime severe dry eye relief 3.5 gram. On July 30, 2025, at 9:33 AM, R1 said her left eye does not close because of the stroke and she had an ointment she put into her eye. R1 said the medication was over the counter and she put the ointment in whenever she needed it. On July 31, 2025, at 12:39 PM, V8 (LPN/Licensed Practical Nurse) was R1's nurse. V8 said the residents in her hallway were not allowed to keep medications at the bedside. V8 said residents would need an order to have medications at bedside. V8 said medications are kept in the nurse cart because the residents on the dementia units have behaviors or wander. V8 said the staff explain to the family members medications need to be kept with the nurse. V8 said if a resident or family requested medications to be kept at the bedside, they would notify the doctor, who would most likely say no. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On July 31, 2025, at 12:54 PM, V7 (CNA/Certified Nurse Assistant) said residents were not allowed to have medications at the bedside. V7 said if she saw a medication at the bedside, she would let the nurse know. On July 31, 2025, at 1:23 PM, V3 (Patient Care Coordinator/LPN) said none of the residents were allowed to have any medications at the bedside. V3 said the facility does not allow residents to keep medications at bedside, and they should be kept in the nurse's cart. V3 said lubricating eye ointments in the medication cart. On July 31, 2025, at 1:07 PM, V2 (DON/Director of Nursing) said none of the residents were allowed to have any medications at the bedside. R1's face sheet showed she was admitted to the facility with diagnoses including hemiplegia and hemiparesis, facial weakness following cerebral infarction, muscle weakness, unsteadiness on feet, lack of coordination, need for assistance with personal care, and dementia. R1's POS (Physician Order Sheet) does not show an order for the medication or an order for the medication to be kept at bedside. R1's care plan dated June 29, 2025, showed [R1] has dementia. Due to the disease prognosis, [R1] may not be able to make preferences known. [R1] has dementia. She has been assessed at Stage 5 on the FAST Scale. She has difficulties with short term memory loss. The facility's Medication Storage policy dated September 2020 showed All medication that are current orders can be utilized. Those medications no longer current should be returned to the pharmacy.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow infection control practices for resident under transmission-based and enhanced barrier precautions. This applies to 2 of 2 (R41, R34) reviewed for infection control in a sample of 17. The findings include: 1. On July 29, 2025, at 11:11 AM, R41's room was under contact isolation. R41's room had a contact isolation sign and an isolation bin with gowns, gloves, masks, wipes, and hand sanitizer in it. On July 29, 2025 at 11:55 AM, V11 (LPN/Licensed Practical Nurse) was in R41's repositioning R41. V11 was only wearing gloves. V11 boosted her up, removed her gloves, used hand sanitizer, and came out of the room. At 11:19 AM, V11 said R41 had ESBL (Extended Spectrum Beta Lactamase) in the urine. On July 31, 2025, at 12:54 PM, V7 (CNA/Certified Nurse Assistant) said they have to wear a gown and gloves before walking into the room. On July 31, 2025, at 1:19 PM, V4 (LPN/Licensed Practical Nurse) said for residents under contact isolation, gown and gloves need to be worn. V4 said a gown and gloves should be worn any time in a contact isolation room. On July 31, 2025, at 1:23 PM, V3 (Patient Care Coordinator/LPN) said for residents on contact isolation, a gown and gloves needed to be worn any time you entered the room. On July 31, 2025, at 1:07 PM, V2 (DON/Director of Nursing) said for residents on contact isolation, you need to wear a gown and gloves before entering the room. V2 said the staff should wear a gown and gloves to reposition the residents in bed. R41's face sheet showed she was admitted to the facility with sepsis, urinary tract infection, extended spectrum beta lactamase (ESBL resistance), and encounter for adjustment and management of vascular access device. R41's care plan dated July 23, 2025 showed Currently with isolation precautions and treated with antibiotics, ESBL UTI (Urinary Tract Infection) with interventions showing to Maintain isolation precautions as indicated and as ordered. The care plan dated July 22, 2025 also showed [R41] is on antibiotic therapy with isolation precautions (Contact; Single Room Isolation) [related to] ESBL with interventions including to use principles of infection control and universal/standard precautions. Post appropriate isolation outside of the room for staff and visitors. The facility's Contact Precaution signage dated December 2024 showed The purpose of contact precautions is to prevent transmission of infections that are spread by direct (e.g., person-to-person) or indirect contact with the resident or environment. All individuals entering the resident's room must use PPE (Protective Personal Equipment) appropriately, including gloves and a gown. Donning PPE upon room entry and doffing before exiting the resident's room is done to contain pathogens. 2. On July 29, 2025, at 10:29 AM, there was no EBP (Enhanced Barrier Precautions) signage on R34's door or any PPE (Personal Protective Equipment) set up outside her room. V13 (CNA--Certified Nursing Assistant) was assisting R34 with dressing and handling bed linen without wearing any PPE. R34 did not have any order for EBP in her POS (Physician Order Sheet). On July 30, 2025, at 10:00 AM, there was an EBP sign on R34's door and a PPE set up outside her room. Per V4 (LPN--Licensed Practical Nurse), R34 is currently on EBP for history of UTI (Urinary Tract Infection). R34's POS showed an order created by V3 (Patient Care Coordinator) on July 29, (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2025, at 4:10 PM stating, EBP for ESBL Urine (ESBL--Extended-Spectrum Beta-Lactamase is an enzyme produced by bacteria that is spread through contact). On July 30, 2025, at 12:15 PM, V3 said R34 should have been on EBP since November 6, 2024, but the order had accidentally been discontinued. R34's Lab Results Report with review date of November 6, 2024, shows R34's urine culture is positive for Organism: Proteus Mirabilis ESBL (Proteus Mirabilis is a type of bacteria) that is resistant to several antibiotics (MDRO/Multidrug Resistant Organism). R34's POS shows an order EBP for ESBL Urine) was created on November 6, 2024; but discontinued on December 9, 2024. On July 31, 2025, at 2:30 PM V3 confirmed there was no set up or signage outside R34's door since the order had been discontinued (approximately 7 months ago). R34's EMR (Electronic Medical Record) reviewed. R34's face sheet showed she was admitted to the facility with diagnoses including dementia, history of cerebral infarction, hypertension, spinal stenosis, muscle weakness, and repeated falls. &shy;&shy; R34's MDS (Minimum Data Set) dated June 10, 2025, shows R34 is incontinent of bowel and bladder and requires staff assistance due to physical limitations and cognitive impairment. R34's MDS also states that R34 does not have any MDRO (Multidrug Resistant Organism, which includes ESBL-producing bacteria). R34's current care plan that was updated on July 29, 2025, does not include any interventions related to EBP or risk factors including R34's history of positive urine culture with ESBL-producing bacteria. Facility's policy titled, Enhanced Barrier Precautions with review date of December 2024, states that EBP involves gown and gloves during high-contact resident care activities for residents known to be infected or colonized with MRDOs (Multidrug Resistant Organisms) and that PPE (Personal Protective Equipment) should be changed before caring for another resident to reduce the transmission of MDROs in the facility. The policy also states that EBP signage from CDC (Centers of Disease Control and Prevention) should be posted outside the resident's room and that high-contact activities include dressing, bathing, transferring, changes linens, providing hygiene, device care or use (including central lines and urinary catheters), and assisting with toileting or changing briefs.		