

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146186	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Alden Estates Cts of Huntley		STREET ADDRESS, CITY, STATE, ZIP CODE 12140 Regency Parkway Huntley, IL 60142	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>37232</p> <p>Based on observation, interview, and record review the facility failed to maintain a resident's dignity by not assisting the resident to the bathroom prior to the resident becoming incontinent of stool for 1 of 28 residents (R287) reviewed for dignity in the sample of 28.</p> <p>The findings include:</p> <p>R287's progress notes dated 4/22/24 described R287 as being alert, oriented, understood and followed commands. The same notes indicated R287 had a fall at home resulting in a fractured hip.</p> <p>On 04/22/24 at 9:20 AM, when entering R287's room there was a noticeable smell of stool. R287 was sitting in bed. R287 said this morning (4/22/24) she put her call light on at 8:15 AM because she needed help from staff to go to the bathroom. R287 said she had to have a bowel movement. R287 said she did not get help to go to the bathroom until 8:50 AM. R287 said by the time staff helped her to the bathroom it was too late and she had an accident of stool. R287 said it was embarrassing. R287 said she normally was continent of stool but wears an adult incontinence brief for occasional urinary incontinence. R287 said she was incontinent of stool one other time on 4/20/24 because staff were too slow assisting her to the bathroom. R287 added that after the first incontinent event on 4/20/24 she makes sure she does not wait until the last minute to ask for help going to the bathroom. R287 said she came to the facility for therapy after falling at home and fracturing her hip.</p> <p>On 4/22/24 at 10:04 AM, V8 (Certified Nursing Assistant- CNA) said R287 is alert and aware of what was going on. V8 said when R287 needs to have a bowel movement she puts her call light on and is continent of bowel movements. V8 said R287 had an accident of stool on the morning of 4/22/24.</p> <p>R287's bowel continence task documentation going back to R287's admitted (4/16/24) showed R287 was continent of stool and was incontinent of stool one time on 4/20/24 (the date R287 said she was incontinent because staff were slow on assisting her to the bathroom).</p> <p>On 4/24/24 at 10:23 AM, V16 (CNA) said a resident that is continent of stool should receive help going to the bathroom before they become incontinent.</p> <p>On 4/23/24 at 12:40 PM, V2 (Director of Nursing) said staff should respond to call lights within 3-8 minutes.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/24 at 9:57 AM, V1 (Administrator) said the facility is unable to track when a call light was turned on or off.</p> <p>The State of Illinois Department on Aging Residents' Rights for People in Long-term Care Facilities booklet given to residents on admission showed, Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p>		