

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 09/26/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on interview and record review the facility failed to ensure a physician ordered medicated cream was applied for 1 of 3 residents (R2) reviewed for medications in the sample of 5.</p> <p>The findings include:</p> <p>R2's face sheet showed he was admitted to the facility on [DATE] with diagnoses to include metabolic encephalopathy, absence epileptic syndrome, Type 2 Diabetes, paraplegia, and morbid obesity. R2's facility assessment dated [DATE] showed he has no cognitive impairment.</p> <p>R2's September 2024 eMAR (electronic Medication Administration Record) showed Nystatin Cream was documented as see other progress notes on 9/17/24, 9/19/24, and 9/20/24.</p> <p>R2's Progress Note dated 9/20/24 at 10:19 PM, showed, . Nystatin External Cream . Apply to BILATERAL BUTTOCKS topically every shift for SKIN CONDITION . on order</p> <p>R2's Progress Note dated 9/18/2024 at 12:24 AM showed, . Nystatin External Cream . Apply to BILATERAL BUTTOCKS topically every shift for SKIN CONDITION . in process to be delivered</p> <p>R2's Progress Note dated 9/19/24 at 10:43 PM showed, . Nystatin External Cream . Apply to BILATERAL THIGHS topically every shift for SKIN CONDITION . ordered in pharmacy.</p> <p>R2's Progress Note dated 9/18/2024 at 6:25 AM showed, . Nystatin External Cream . Apply to BILATERAL THIGHS topically every shift for SKIN CONDITION . in process to be delivered</p> <p>R2's 9/20/24 nursing note entered at 11:11 PM showed, Resident complaining of neglect, writer asked why and resident replied with 'I haven't gotten my Nystatin cream, I want to speak to the DON (Director of Nursing)' writer explained it was reordered this morning. Endorsed concerns to night shift nurse .</p> <p>On 9/25/24 at 11:16 AM, R2 said, . Nystatin cream, several doses I didn't get it because they ran out of it. They said they needed to order it. They ran out on my morning dose and then it took over another full day for it to come. They commented that I use it so much that it ran out. It is their responsibility to order it when they apply it and see it is going to be out .</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy and procedure with revision date of 01/2022 showed, Reordering Medications . Policy/Purpose: Medications are ordered in advance so as not to have lapses in therapy . Medications should be reordered when, in the judgement of the nurse, a 2-day supply of medication remains .</p> <p>The facility's policy and procedure with revision date of 09/2020 showed, Medication Administration; Policy: Medications will be administered in accordance with the established policies and procedures. Procedure: 1. Drugs must be administered in accordance with the written orders of the attending physician .</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>38488</p> <p>Based on observation, interview, and record review the facility failed to ensure proper PPE (Personal Protective Equipment) was worn into a COVID positive resident's room for 2 of 3 residents (R6, R7) reviewed for transmission based precautions in the sample of 7.</p> <p>The findings include:</p> <p>The facility's infection control log for COVID positive residents showed R6 and R7 tested positive for COVID on 9/20/24 and were put on Transmission Based Precautions for COVID.</p> <p>R6 and R7's room had signage posted for Transmission Based Precautions and a sign with a large red X on the door.</p> <p>On 9/25/24 at 2:40 PM, R1 said she has concerns with infection control at the facility because there is an outbreak on their floor and the staff are not all wearing masks. R1 said some of the nurses do not wear masks and the dietary staff are not usually wearing masks. R1 said she is immunocompromised due to chemotherapy and feels the staff are not clear on what precautions should be in place because they are not consistent.</p> <p>On 9/25/24 at 12:04 PM, R3 said she had been diagnosed with COVID a couple of weeks ago and had recently come off of isolation. R3 said during her quarantine period not all staff wore the same PPE. Some people wore the plastic suits and looked like spacemen but not everyone did. They did have some sort of PPE, just not the same PPE.</p> <p>On 9/25/24 at 11:12 AM, V6 (Dietary Aide) entered R6 and R7's room wearing a gown, gloves, and a surgical mask. V6 said the large red X lets them know the resident is on isolation for COVID. V6 said they have to wear a gown, gloves, and mask into the room and they have the option to wear either a surgical mask, an N95 mask, or a face shield.</p> <p>On 9/26/24 at 10:36 AM, V4 (Infection Preventions) said staff are expected to wear a gown, gloves, an N95 mask, and face shield.</p> <p>The facility's policy with revision date of 1/5/24 showed, Management of Residents with Confirmed or Suspected COVID-19 Infection or Identified as a Close Contact . Policy: The facility will manage residents with confirmed or suspected COVID-19 infection in accordance with recommendations from the CDC, state, and local health department . staff wearing N95 respirator, eye protection, gown, and gloves upon entry to the room .</p>		