

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

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Form Approved OMB
No. 0938-0391

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 07/07/2026
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)		
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review the facility failed to ensure a resident was transferred in a safe manner for 1 of 7 residents (R1) reviewed for transfers in the sample of 10. The findings include: On 7/7/26 at 8:50 AM, R1 was sitting in the dining room in his wheelchair with a mechanical lift sling underneath him. R1 was alert and oriented to person, place, and time and able to answer questions appropriately. R1 said he was at the facility after having surgery to get therapy. R1 said he is transferred by staff using a mechanical lift. R1 said usually there is two staff during the transfer with the machine but sometimes there is just one staff transferring him. R1 said this morning V7 Certified Nursing Assistant (CNA) transferred him via mechanical lift by herself. R1 said V7 said something about being shorthanded. On 7/7/26 at 8:54 AM, V7 said she got R1 up for breakfast and had used a mechanical lift. V7 said you are supposed to have two people with you when transferring using a mechanical lift. When asked if she had a second person with her during the transfer of R1, V7 hesitated and then said V8 helped her with the lift. On 7/7/26 at 9:01 AM, V8 CNA said she had not transferred anyone using a mechanical lift that morning yet. V8 said she had not helped V7 transfer R1. V8 said you are always supposed to have two people when using a mechanical lift. On 7/7/26 at 12:36 PM, V3 Director of Nursing said there is supposed to be two staff present when using a mechanical lift to transfer residents for safety. R1's Care Plan shows R1 has diagnoses of encounter for surgical aftercare following surgery on the digestive system, acute respiratory failure with hypoxia, presence of bilateral artificial knee joints, muscle weakness, dysphagia, and difficulty walking. This same Care Plan shows R1 requires the use of a mechanical lift for transfers: Provide 2 staff assistance for transferring. The facility's Total Mechanical Lift Policy dated 1/14/21 shows 2 caregivers are required to operate the mechanical lift.		

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