STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146186	A. Building B. Wing	04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Estates Cts of Huntley	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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident's wheelchair was maintained for one of 32 residents (R147) reviewed for accommodations of needs in the sample of 32.The findings include:R147's Face Sheet shows she was admitted to the facility on [DATE] with diagnoses including cachexia, history of falling, unsteadiness on feet, difficulty in walking, and muscle weakness.R147's Minimum Data Set, dated [DATE] shows she was cognitively intact.On April 6, 2026 at 9:49 AM, R147 said, This wheelchair is dangerous. It won't lock. R147 demonstrated by placing her wheelchair locks on while she was sitting in it, then made a forward movement while sitting in her wheelchair and the wheels became unlocked automatically. R147 said she asked to go back to her original wheelchair. R147 said she was concerned with the brakes on her wheelchair and trying to get up since the wheelchair unlocks. R147 said she asked staff who could fix her wheelchair. R147 said she talked with maintenance. R147 said this has been going on for about one month.On April 7, 2026 at 8:52 AM, V3 (Director of Nursing)said, R147 was a busy body. R147 was always on the move, alert and oriented resident. V3 said R147 never complained about her wheelchair to V3. V3 said maintenance has not said anything to V3 about the brakes on R147's wheelchair.On April 7, 2026 at 9:28 AM, V5 (Maintenance Manager) said he received a report on April 2, 2026 that R147's brakes on her wheelchair were not functioning. V5 said he went to R147's room and he tightened her brakes. V5 said the left brake worked, but the right one needed to be tightened. V5 said he received a call on April 6, 2026 that R147's brakes needed to be looked at again. V5 said he did and saw that the brakes were loose again so he tightened them.The State of Illinois Residents' Rights for People in Long-term Care Facilities dated April 2024 shows, Your facility must provide services to keep your physical and mental health, and sense of satisfaction.

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