STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 23710432/IL167798	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210d)3) 300.1610a)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that	S9999	**Attachment A** Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING: _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.1610 Medication Policies and Procedures

a) Development of Medication Policies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING: _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. These Requirements were not met as evidenced by: Based on interview and record review, the facility failed to reorder R3's Vimpat (seizure medication), which led to R3 missing three doses, causing R3 to have a grand mal seizure and hospitalized. This applies to 1 of 4 residents (R3) reviewed for significant medication error. The findings include: On 12/19/23 at 11:18 AM, V19 (LPN/Licensed Practical Nurse) said R3 was hospitalized due to a seizure from missing her medication. V19 said she believed someone forgot to reorder her Vimpat. On 12/20/23 at 02:26 PM, V20 (Family Member) said R3 almost died and was in the hospital after having a grand mal seizure at the facility. V20 said R3 was intubated and was in the neuro ICU (Intensive Care Unit) after the seizure. V20 said V2 (DON/Director of Nursing) disclosed to the ICU nurse that R3 had not received her Vimpat. V20 said R3 missed three doses of the medication because they had run out of the Vimpat.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING: _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 On 12/21/23 at 10:32 AM, V23 (RN/Registered Nurse) said she took care of R3 and from what she remembered, the Vimpat was not available to administer to R3. V23 said the nurse before her did not notify her that the Vimpat was unavailable. On 12/21/23 at 10:49 AM, V24 (LPN) said she took care of R3, and she documented saying the Vimpat was not available. V24 said the nurse from the shift prior did not notify her the Vimpat was unavailable. On 12/26/23 at 09:45 AM, V21 (R3's Neurology Specialist) said she was the one who prescribed Vimpat to R3. V21 said R3 had been on Vimpat since 9/2020. V21 said missing the Vimpat could have caused the seizure. V21 said Vimpat had a shorter half-life, so missing three doses could have led to R3 having a seizure. On 12/21/23 at 03:35 PM, V2 (DON) said it was not clear whether R3 missing doses of Vimpat caused seizures. R3's face sheet showed R3 was admitted to the facility with diagnoses including epilepsy, cognitive social or emotional deficit following cerebral infarction, muscle weakness, need for assistance with personal care, and peripheral vascular disease. R3's MDS (Minimum Data Set) dated 12/7/23 showed R3 was moderately impaired. R3 required set up assistance with eating, supervision for oral hygiene, moderate assistance for toileting hygiene, upper body dressing and personal hygiene, and maximal assistance for shower/bathing, lower body dressing, and putting on/taking off footwear. R3's POS (Physician Order Sheet) showed an order for Vimpat 50 mg (Milligram) two times a day for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING: _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

conversion disorder with seizures or convulsions. R3's care plan showed R3 has potential for injury related to seizure disorder with interventions including Administer seizure medications per MD (Medical Doctor) order.

The ED (Emergency Department) records dated 12/7/23 at 10:10 PM documented the following: "Patient's daughter who is power of attorney and is giving history at the bedside, patient reportedly was fine yesterday, was awake alert and talking yesterday. Today she had 3 seizures in rapid succession within about 1/2 hour. The patient reportedly had generalized tonic-clonic movements while at [facility] where she is a resident. Had second episode lasting about 90 seconds at [facility] and a third seizure again with generalized tonic-clonic movements lasting for about 2 minutes for which the patient received Versed while in the back of the ambulance. The patient has had no history of any fever. The patient has had no history of any fall or trauma. The patient reportedly takes Vimpat and Keppra for her seizures, but we are uncertain about the compliance of the patient with medication at this time."

The hospital's consult dated 12/8/23 at 08:40 AM documented the following: "Seizures- possibly due to inadvertent noncompliance with meds while at SNF (Skilled Nursing Facility)."

R3's December MAR (Medication Administration Review) showed R3 did not receive her Vimpat on 12/6/23 at 9 AM and 5 PM, and 12/7/23 at 9 AM.

The facility's progress notes document the following:
On 12/5/23 at 10:34 PM, the EMR showed a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007033	A. BUILDING: _____ B. WING _____	C 12/26/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN ESTATES OF NAPERVILLE	1525 SOUTH OXFORD LANE NAPERVILLE, IL 60565

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

progress note for "Vimpat 50 mg- pending delivery."
On 12/6/23 at 11:22 AM, the EMR showed a progress note for "Vimpat 50 mg- out of stock."
On 12/6/23 at 04:54 PM, the EMR showed a progress note for "Vimpat 50 mg- out of stock."
On 12/7/23 at 11:12 AM, the EMR showed a progress note for "Vimpat 50 mg- Medication is out of stock. Writer reordered."

On 12/7/23 at 07:25 PM, a progress note documented the following: "This writer was called to room by CNA, resident was not responding, pulse palpable, breathing, started O2 (Oxygen) at 3l (Liters) per nasal cannula, patient tries to respond by opening her mouth but remains limp, not opening her eyes. 7:35 PM- 911 called, meantime, patient had another seizure episode. Seizure precautions observed. EMT here, picked up resident and took to [hospital], POA (Power of Attorney) daughter, DR (doctor) and DON made aware."
On 12/9/23 at 10:48 AM, a progress note documented the following: "Writer called family and hospital to clarify medications yesterday. Writer notified hospital and family that she missed 3 doses of Vimpat."

The facility's Medication Administration: General Guidelines policy dated 01/2022 showed Ensure that medications are administered safely as prescribed.

(B)