FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED C B. WING IL6013353 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN **ALDEN TOWN MANOR REHAB & HCC CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2290015/IL141970 Facility Reported Investigation: FRI of 12/18/21- IL142045 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210c) Section 300.610 Resident Care Policies 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

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ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility shall provide the necessary

care and services to attain or maintain the highest

practicable physical, mental, and psychological

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C B. WING IL6013353 01/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN **ALDEN TOWN MANOR REHAB & HCC CICERO, IL 60804** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. These requirements are not met as evidenced by: Based on interviews and records reviewed the facility failed to follow Physical Therapy recommendations for a restorative nursing walking program for 1 (R3) of 3 residents reviewed. This failure resulted in R3 saying not being helped with walking makes her feel "helpless." Findings include: On 1/8/22 at 10:30AM R3 said she would like to walk to be able to get out of the bed. On 1/8/22 at 11:20AM V6, Registered Nurse, said R3 never gets out of bed. On 1/8/22 at 12:08PM V8, Physical Therapy Assistant, said he is the supervisor in the therapy

department. V8 said R3 is not on case load at this inois Department of Public Health

ALDEN TOWN MANOR REHAB & HCC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPI STREET ADDRESS, CITY, STATE, ZIP CODE (6120 WEST OGDEN CICERO, IL 60804 (X6) PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPI TAG CROSS PETITED NOT CONSTITUTED TO THE COMPI TO CROSS PETITED NOT COMPI TO CR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 01/11/2022	
ALDEN TOWN MANOR REHAB & HCC 6120 WEST OGDEN CICRRO, IL 60004 SUMMAYS STATEMENT OF DEFICIENCIES FROUNDESS CRITICAL CORRECTION SUMMAYS STATEMENT OF DEFICIENCIES FROUNDESS CRITICAL CORRECTION CRECILLATORY OR LSC IDENTIFYING INFORMATION) S9999 CONTINUE CONTINUED FOR SEASON SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE BY WAS treated by physical therapy in the past and has been cooperative. V8 said the last time R3 was able to ambulate with therapy and a walker. During the interview V8 said walking is not a reasonable goal for R3. V8 left to print R3's therapy documents and returned. While reviewing R3's documents R3 said her evaluation states she was picked up due to R3 stating her goal was to walk, I want to get up, and I want to get in a chair. V8 continued to read from R3's evaluation and said on evaluation R3 was able to walk 10 feet with maximum assistance. V8 said when therapy ends, we communicate with the facility restorative department verbally and give them a written form with restorative recommendations. V8 said we do not keep copies of the forms. While reviewing the Discharge Summary with the surveyor V8 said RNP is Restorative Nursing Program and what is written there is the recommendations. V8 said we do not keep copies of the forms. While reviewing the Discharge Summary with the surveyor V8 said RNP is Restorative Nursing Program and what is written there is the recommendation given to the facility. V8 said at the time of R3's discharge from therapy on the restorative recommendation should be assistant (CNA), said therapy used to walk with R3. On 1/8/22 at 1:37PM V11, Restorative Nurse, said when therapy ends, they give me a sheet with the recommended programs. V11 said dhen a resident is placed on an ambulation program, we keep the program as long as it is safe to. V11 said R3 is capable of			IL6013353	B. WING				
ALDEN TOWN MANOR REHAB & HCC CICERO, IL. 19894 DAMPARY STATEMENT OF DEFICIENCY TAG PREPRIX (EACH DEPRICENCY MUST BE PRECEDED BY FILL (EACH DEPRICENCY) S9999 Continued From page 2 time. V8 said R3 has been in therapy in the past and has been cooperative. V8 said the last time R3 was treated by physical therapy is because R3 was declining. V8 said at that time R3 was able to ambulate with therapy and a walker. During the interview V8 said walking is not a reasonable goal for R3. V8 left to print R3's therapy documents and returned. While reviewing R5's documents R3 said her evaluation states she was picked up due to R3 stating her goal was to walk, I want to get up, and I want to get in a chair. V8 continued to read from R3's evaluation and said on evaluation R3 was able to walk 10 feet with maximum assistance. V8 said when therapy ends, we communicate with the facility restorative department verbally and give them a written form with restorative recommendations. V8 said we do not keep copies of the forms. While reviewing R4 we do not keep copies of the forms. While reviewing the Discharge Summary with the surveyor V8 said RNP is Restorative Nursing Program and what is written there is the recommendation given to the facility. V8 said at the time of R3's discharge from therapy on 10/13/21 she was able to walk 30 feet with minimal to moderate assistance and rolling walker. On 1/8/22 at 1:20PM V5, Certified Nursing Assistant (CNA), said therapy used to walk with R3. On 1/8/22 at 1:37PM V11, Restorative Nurse, said when therapy ends, they give me a sheet with the recommended programs. V11 said she does not keep the sheets first per writtes the programs. V11 said R3 is canable of	NAME OF PROVIDER	OR SUPPLIER	STREET	ADDRESS, CITY, 8	STATE, ZIP CODE			
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Department of Public Health	time. V8 and has R3 was decl ambulate interview for R3. V and retur R3 said i due to R3 get up, an to read fr evaluation maximum ends, we departme with resto not keep of Discharge RNP is Re written the facility. V8 therapy or with minim walker. On 1/8/22 Assistant (R3. V5 sai saw therap therapy ne On 1/8/22 said when with the red does not ke programs. an ambulat long as it is more indep	said R3 has been cooped reated by prining. V8 said was a stating her evaluation of R3 was at a assistance communication to the said at the property of the said at the property walk with ever trained of the said at the property walk with ever trained of the said who program safe to. V1 endence the said who program safe to.	s been in therapy in the past rative. V8 said the last time hysical therapy is because Faid at that time R3 was able to y and a walker. During the lking is not a reasonable go at R3's therapy documents reviewing R3's documents are said was to walk, I want to get in a chair. V8 continued aluation and said on the ble to walk 10 feet with the two walk 10 feet with the waste with the facility restorative and give them a written form a mendations. V8 said we do the forms. While reviewing the with the surveyor V8 said writing Program and what is commendation given to the time of R3's discharge from the was able to walk 30 feet the waste assistance and rolling therapy used to walk with the dwalking R3. V5 said I R3 in the hallway, but us to walk with R3. 17. Restorative Nurse, s, they give me a sheet I programs. V11 said she at a feet after she writes the ten a resident is placed on a, we keep the program as I1 said R3 is capable of	R3 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DEFICIENCY			

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