STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005193	A. BUILDING: _____ B. WING _____	R-C 03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN LAKELAND REHAB & HCC	820 WEST LAWRENCE CHICAGO, IL 60640

(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 Follow up First Revisit to Survey date 1/30/25. 2580366/IL184448 - 300.690 c)	{S 000}		
{S9999}	Final Observations Statement of Licensure Violations: 300.690c) Section 300.690 Incidents and Accidents c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These Requirements were NOT MET as evidenced by: Based on interview and record review the facility failed to ensure the final investigation report was	{S9999}		

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{S9999}	Continued From page 1	{S9999}		

submitted for neglect to the state survey agency within 5 business days of the initial report being submitted. This failure affects 1 resident (R8) reviewed for reporting.

Findings include:

On 3/5/2025 at about 10:30am surveyor requested IDPH reportables from 1/30/2025-present from V1(Administrator).

On 3/5/2025 and 3/06/2025 surveyor requested on several occasions the IDPH reportables from 1/30/2025-present from V1 and they were not provided.

On 3/6/2025 at 11:39am V20 (Nurse Consultant) stated the final investigation report was not submitted to IDPH, five days after the initial report was reported, because the Plan of Correction had been submitted in its' place.

On 3/6/2025 at about 11:41pm V1 (Administrator) provided surveyor with the initial Incident/Accident Notification Initial Report dated 1/25/2025 that documents, in part, this will serve as an initial report. Investigation initiated and final report to follow. There was no final report provided.

On 3/6/2025 at 2:45pm V1 stated we are mandated reporters so we are required to report incidents of abuse to IDPH. V1 stated the final report should be submitted within 5 days of the initial report to IDPH but in this case, the final report was not submitted because I considered our POC (Plan of Correction) as the final report and it was submitted in leu of the final report.

Abuse Policy (For Illinois Facilities) with a date of 09/20 documents, in part, this facility will

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{S9999}	Continued From page 2 therefore prohibit neglect of its residents and the purpose of the policy is to assure that the facility is doing all that is within its control to prevent occurrences of neglect of its residents. The final investigation report will be completed within five working days of the reported incident and C. Reporting Five Day Final Investigation Report. Within five working days after the report of the occurrence, a complete written report of the conclusion of the investigation, including steps the facility has taken in response to the allegation will be sent to the Illinois Department of Public Health. (C)	{S9999}		