Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING IL6008304 07/12/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **803 ROYAL DRIVE** ALDEN TERRACE OF MCHENRY REHAB MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure and Recertification Survey S9999 S9999 Final Observations Statement of Licensure Violations 300.610a) 300.810a) 300.1210b) 300.1210c) 300.1210d)6) 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 300.810 General Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times. Section 300.1210 General Requirements for

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 08/02/23

Illinois D	epartment of Public	Health				
STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ´	CONSTRUCTION	(X3) DATE S COMPL	
		IL6008304	B. WING		07/1:	2/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALDEN 1	TERRACE OF MCHEN	IRY REHAB 803 ROYA MCHENR	L DRIVE Y, IL 60050			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D8E	(X5) COMPLETE DATE
\$9999	Continued From particular particular particular physical well-being of the releach resident's complan. Adequate and care and personal resident to meet the care needs of the releach to meet the care needs of the releach personal resident to meet the care needs of the releach personal resident to meet the care needs of the release pective resident of the personal personal in the personal seven-day-a-week. 6) All necessity assure that the release personal resident in the personal resident in t	shall provide the necessary or attain or maintain the highest I, mental, and psychological sident, in accordance with imprehensive resident care if properly supervised nursing care shall be provided to each e total nursing and personal esident. care-giving staff shall review able about his or her residents' care plan. subsection (a), general include, at a minimum, the be practiced on a 24-hour, basis: ary precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.	\$9999			
	review the facility fadaily living were promanner by sufficient failure resulted in Fabeing repositioned Assistant in Training	ion, interview and record ailed to ensure activities of ovided to residents in a safe at and competent staff. This R78 rolling out of bed while by V10 Certified Nursing a gemergency medical treatment				

6899

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: B. WING 07/12/2023 IL6008304 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **803 ROYAL DRIVE** ALDEN TERRACE OF MCHENRY REHAB MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** TAG DEFICIENCY) S9999 \$9999 Continued From page 2 and 8 sutures to her forehead. The facility also failed to provide assistance to residents by ensuring they safely returned to the facility and failed to ensure the front door alarm was on from 8:00 PM until 7:00 AM. This applies to 7 of 25 residents (R78, R227, R28, R66, R114, R98, R49, R86 & R74) reviewed for safety and competent staff in the sample of 25. The findings include: 1. R78's fall incident report dated June 2, 2023 shows, "Incident Description: Nursing Description: Resident fell off bed. Per CNA V10 (Certified Nursing Assistant), she put her on her L (left) side to change her diaper, turned around to reach for the diaper on the table, saw the resident falling as the bed moved. Resident Description: Resident is nonverbal. Immediate Action Taken: Description: Physically assessed, noted a 4x1 cm (centimeter) laceration above R (right) eyebrow, 3x3 cm skin tear L hand and bilateral knee abrasion" R78's MD (Medical Doctor) progress notes dated June 2, 2023 shows, "History of Present Illness: Alz (Alzheimer's) dementia, PE (pulmonary embolism), aphasia, anemia, on Eliquis (blood thinner) had a witnessed fall. She rolled over bed as bed moved. She hit her head and had a laceration above her Ry (SIC (statement is correct)] (right) eye. Has HA (headache). No neck pain. She is bleeding profusely from her laceration. Physical Exam: Exam findings per nurse and video observation. Physical Exam-Notes: Gen (general) has distress due to pain. Head: laceration noted above RT (right) eve. Fresh blood noted ... Orders: Transfer to ER (emergency room) as PT (patient) will need

Illinois Department of Public Health

sutures and further W/U (work up) to rule out ICH

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 07/12/2023 IL6008304 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **803 ROYAL DRIVE** ALDEN TERRACE OF MCHENRY REHAB MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 (intracerebral hemorrhage) ..." R78's emergency room after visit summary dated June 2, 2023 shows, "Reason for Visit: Fall, Diagnoses: Head injury, fall from bed, cut on face. Instructions: Today you were evaluated for injuries to you face and head. You also had a laceration in this area that required repair. You have 8 sutures in total that will need to be removed in 5 days ..." R78's nurse notes/progress notes dated June 2, 2023 shows, "resident returned to facility from hospital with 8 sutures to forehead ..." On July 11, 2023 at 9:13 PM V11 Registered Nurse (RN) stated, she wasn't in the room at the time of the fall. V10 CNA came and got her saying R78 was lying on the floor. V10 CNA told V11 RN that she was changing R78 in bed. She turned R78 on her side when she turned around to get a diaper. The bed moved a little bit and R78 fell off the bed. R78 landed face down on the floor. V10 CNA was by herself changing R78's diaper. V11 RN stated, R78 does not move on her own and the staff have to repositioned her. "If you put her on her side, chance of gravity will either fall back onto the bed or forward off the bed." R78's Minimum Data Set (MDS) dated April 25, 2023 shows, she is not cognitively intact. The same assessment shows she requires extensive assist of two persons for bed mobility and toilet use. R78's care plan date initiated December 31, 2018 shows, "Focus: R78 has an ADL (activities daily living) Self Care Performance Deficit due to Dx Alzheimer's Disease, unspecified dementia

Illinois Department of Public Health

STATE FORM

Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE S		
		IL6008304	B. WING		07/1	2/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALDEN T	TERRACE OF MCHEN	IRY REHAB 803 ROYA MCHENR	AL DRIVE Y, IL 60050			
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	without behavioral oropharyngeal phas	disturbance, dysphagia, se, aphasia"				
	On July 11, 2023 at bed, asleep.	t 10:05 AM, R78 was lying in				
	R78 should have tw her. She is a mech	t 12:03 PM, V13 CNA stated, wo people when taking care of nanical lift. She can not move upposed to have everything tart doing care."				
	Practitioner stated,	t 11:53 AM, V12 Nurse if she wouldn't have fallen off not have gotten sutures to her sed the laceration.				
	Training) date of his	ified Nursing Assistant in re is March 10, 2023. She was Nursing Assistant in Training.	,			
	On July 11, 2023 at she is a CNA in trai exam yet.	t 1:47 PM, V10 CNA-T stated, ining and hasn't taken her				
	Practitioner stated,	t 11:53 AM, V12 Nurse the facility should be following ds to CNAs and RAs (resident of practice.				
	program clinical sk	c nurse assistant training ills evaluation shows, she r training evaluation until July 7,				
	Nursing stated, V10	t 12:42 PM, V2 Director of 0 CNA-T was an RA at the ut of bed. She should not have e by herself.) 			

Illinois D	epartment of Public	Health	Q9 30	5		7/01 5475	000000
	IT OF DEFICIENCIES		/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
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		 IL60083	204	B. WING		07/1	12/2023
		1200003					
NAME OF F	PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
			803 ROYA	L DRIVE			
ALDEN 1	TERRACE OF MCHEN	IRY REHAB	MCHENRY	r, IL 60050			
	0.0000000000000000000000000000000000000	TEMENT OF DEC		·	PROVIDER'S PLAN OF CORRECT	TION	(X5)
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	The facility's job de	scription last	updated March				
	2023 shows, "Title:	Certified Nur	rsing Assistant in				
	Training. I. Job St	ımmarv: Assi	ist nurse aides				
	with designated res	sident care sp	ecific areas of				
	eating, drinking and	d nersonal hvo	niene. Receive				
	and carry out instru	ictions concer	ning the specific				
	feeding, hydration	and/or nerson	al hygiene care				
	needs of the reside	ents whom he	she will be				
	assigned to assist.	Assists with	resident activities				
	and transportation.	Il Essentia	al Functions: A.				
	Meets the following						
	resident: (Once pr	oner training l	has been				
	received- for letter	Anniv): a W	/ashing a				
	resident's hands a	nd face b. Fe	eds residents				
	who do not have co	omplicated fee	edina problems.				
	c. oral hygiene, d.	Shaving reside	ents with electric				
	razor; B. Meets nu	tritional needs	by passing				
	trays, ice water, no	urishments. u	ses adaptive	1			
	equipment; tray mo	onitorina. C. A	oplies Makeup.				
	D. Brushing and co	ombing of resi	dents hair. E.				
	Assists in the dinin	a room with tr	av service and				
	serves trays to the	resident's roo	m as requested.				
	Reports any obser	ved changes i	in resident's				
	eating habits to the	staff nurse. f	F. Makes				
	unoccupied beds,	changes linen	s, straighten				
	rooms, closets, an	d drawers. G.	Cleans				
	mattresses or notif	ies housekee	ping and reports	h			
	if mattresses need	replacement.	H. Answers call				
	lights and telephor	es as needed	I, I. Observes and				
	reports change in	condition or be	ehavior, J.				
	Reports any skin a	bnormalities of	or bruising to the				
	staff nurse when ic	entified. K. M	leets safety needs				
	by reporting enviro	nmental haza	ırds, L. Makes				
	rounds to assure r	esidents are s	safe and				
	comfortable, M. As	ssists in weigh	nts for wheelchair.				
	independent reside	ents that do no	ot need				
	assistance with tra	insfers. N. Ass	sist with				
	needs/request of t	he dvina resid	lent, O. Observe				
	infection control m	easures P. R	telates	1			
	courteously and se	ensitively to re	sidents, families.		\$E		
	courteously and se	ensitively to re	sidents, tariilles,			15.02	4

Illinois Department of Public Health

Illinois D	epartment of Public	<u>Health</u>				1.000	01101/51/
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY		
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		IL6008304		B. WING		07/1	2/2023
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NAME OF F	PROVIDER OR SUPPLIER				TATE, ZIP CODE		
ALDEN 1	ERRACE OF MCHEN	IRY REHAB	803 ROYA MCHENRY	L DRIVE 7, IL 60050			
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	visitors, and staff, (assigned in-service POC (plan of care) behaviors, offer an hygiene (shaving weights as needed packing personal personal personal personal cloth their articles or place through the wash of facilities are availal for each resident obins in the room westores the new result of the service education assigned"	e programs, R. D amount eaten/ d encourage flui with an electric shair, supplement , S. Assist reside ossessions when w room or when forms personal l which may includ ning list, hand wa coing some of the cycle when perso ble, U. Stocks is n isolation and e then full, V. Inver idents' personal cking of supply d needed, X. Parti	Documents in leating support, ids, personal haver, brushing is and snacks, ents with en they are being aundry duties the completing ashing some of eir items onal laundry colation carts empties the intories and possessions, deliveries and icipates in				
	2. The facility's July 2023 nursing schedule showed V4 CNA-T (CNA in Training) and V5 Licensed Practical Nurse (LPN) were the only staff scheduled on the 400 Wing from 11:00 PM on 7/9/23 until 6:00 AM on 7/10/23. The facility roster dated 7/10/23 showed a resident census of 28 residents on the 400 Wing. V4's Job Description form dated 6/9/23, showed V4 accepted a job as a CNA-T, at the facility, on			_ =			
	that date.						
	On 7/11/23, V4's e showed no active	CNA license.					
	On 7/10/23 at 5:24	AM, V4 CNA-T	and V5 LPN				1

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ALDEN 3	ERRACE OF MCHEN	RY REHAB 803 ROYA				
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(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE	(X5) COMPLETE DATE
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S9999	Continued From pa	observed on the 400 Wing.	00000			
	When V4 CNA-T w	vas asked about 400 Wing "I am headed in to check to				
	see if (R227) need	s to be changed. We didn't				
	have a CNA assign	ned to this wing last night. I am				
	not a CNA yet; I do	on't have a CNA license. I am				
	starting CNA school	t assistant right now. I am oli in a couple of weeks." V4				
	entered R227's roo	om by herself.				
	On 7/10/23 at 5:46	AM, V4 CNA-T exited R227's ag of soiled linen. V4 stated, "I				
	just changed (R22	7's) brief. He had a bowel				
	movement. I take	residents to the bathroom and				
	change them if the	ey are wet. I have worked here be never had a CNA assigned to				
	work with me at nice	ght. I pretty much provide				
	cares to the reside	ents by myself." V4 CNA-T				
		d incontinence care to R227 by				
	herself.					
	On 7/10/23 at 12:3	30 PM, V2 Director of Nursing				
	(DON) stated, "(V4	CNA-T) was hired as a CNA				
		as not started CNA class yet. de any hands-on care at this				
	time. She is not to	provide incontinence care to				
	residents. She is	not to transfer or toilet				
	residents. I didn't	know she was the only aide				
	She should have of	400 Wing on the night shift. called a CNA, from another				
	floor, to come prov	vide those cares."				
		ssessment dated 5/3/2023				-
		uired the extensive assistance				
	of one staff for toil	eting/incontinence care and				
	was always incont	inent of stool.				
	2 A facility list prin	nted 7/11/23 showed V7 was				
	employed by the fa	acility as a CNA-T (CNA in				
	Training).	·		<u> </u>		1

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 07/12/2023 IL6008304 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **803 ROYAL DRIVE** ALDEN TERRACE OF MCHENRY REHAB MCHENRY, IL 60050 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 On 7/11/23, V7 CNA-T's employee file was reviewed and showed no active CNA license. The employee file showed V7 was currently enrolled in a CNA class but showed no documentation that V7 had passed the clinical portion of her CNA training. On 7/10/23 at 6:15 AM, V7 CNA-T stated. "I am CNA in-training. I am in CNA school currently." On 7/10/2023 at 6:33 AM, V7 Certified Nursing Assistant in Training (CNA-T) entered R28's room, by herself, to provide cares. V7 repositioned R28 and provided incontinence care to her as she was incontinent of urine. V7 wiped R28's perineal area and removed R28's soiled incontinence brief. Without changing her soiled gloves, V7 placed a clean incontinence brief on R28 and dressed R28 in clean pants. No other staff were noted in the room while V7 provided cares to R28. R28's resident assessment dated 4/27/23 showed R28 was severely cognitively intact. The assessment showed R28 required the assistance of two staff for repositioning and toileting/incontinence care. On 7/11/23 at 11:12 AM, V2 DON stated, "Human Resources does the hiring of the CNAs in-training (CNA-T). Human Resources makes sure the employee is enrolled in the CNA course that is offered at the nearby community college. Staff that are CNAs in-training are not to provide any hands-on care to residents until they have finished and passed their clinical portion of their CNA training. Until a CNA in-training has successfully completed their CNA clinicals, they are considered resident assistants so they can

Illinois Department of Public Health

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Illinois Department of Public Health				3.2		(X3) DATE	CLIDVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION		LETED		
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	IL6008304)4	B. WING		07/1	2/2023
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(X4) ID	SUMMARY STA	TEMENT OF DEFIC	CIENCIES	ID	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE
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			19-19-19-19-19-19-19-19-19-19-19-19-19-1	S9999	77		
S9999	Continued From pa	ige 9		33333			
	only assist with eat	ing, take a resi	ident to				
	activities, and docu	menting on					
	transmission-based						
	in-training cannot p	rovide incontin	ence care				
	and/or transfer resi	dents. Once a	CNA in-training				16
	has successfully co	mpletes their	UNA clinicals				
	but has yet to pass	the CNA licen	sing test, that				
	CNA in-training car	i provide nandi	s-on care to	ř I			
	residents, but it mu a CNA." When V2	ist be supervisi DOM was ask	ed by a huise of				
	was only a CNA-T,						
	400 Wing, on the n	ight of 7/9/23.	V2 DON stated.				
	"That shouldn't be	happening. Du	ring COVID, we				
	didn't have enough	staff, so we us	sed resident				
	assistants and CNA	As in-training to	o help. Per				
	corporate, our staff	ing was recent	tly cut because				
	we stopped using a	agency staff. G	Soing forward,				
	we need to make s	sure fully certific	ed staff are				
	scheduled to make						
	residents with the	cares they nee	d."				
			to the left time				
,	The facility's Certifi	ed Nursing As	sistant in				
	Training Job Descr						
	showed, "Assist nu	irse aldes with	designated				
	resident care spec and personal hygie	ilic areas or ea	and carry out				
	instructions concer	nic. Neceive a	eding hydration				
	and/or personal hy	ning specific it	eds of the				
	residents whom he	s/she will be as	signed to assist.				
	Assists with reside	nt activities an	d transportation				
			·				
	- 14 72 7				I :: ==		
	The facility's Resid	ent Attendant	Job Description,				
	dated 12/2021, she	owed the only i	resident cares a				
	resident attendant	can provide in	clude washing a				
	resident's face, bru	ishing a reside	ent's hair, oral				
	hygiene, shaving a	resident with	an electric razor,				
	applying makeup t	o a resident, p	assing meal				
	trays, and feeding	residents who	do not have				
	complicated feedir	ng problems.					

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STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE : COMPI	
		IL6008304	B. WING	B. WING		2/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
		803 ROY	AL DRIVE			
ALDEN 1	ERRACE OF MCHEN	IRY REHAB MCHENE	Y, IL 60050			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 10	S9999			
	week (July 5, 2023 smoke because it was to go off the proper we did." R66 and it front door to smoke out the front door to the building in the samoking R66 got same the building. They with V17 Reception change and no one	B at 9:05 AM, R66 stated, last) the facility would not let them was too hot outside. "We had ty if we wanted to smoke. So ner friend R114 went out the e "off the property." They went to the sidewalk right in front of shade. When they were done tuck and couldn't get back in called the facility and spoke hist. V17 told them it was shift the would come get them. So tead. 911 came and helped the facility.				
	were three days the outside because it day, V1 Administra smoke we had to go They went out the front of the building and R66. When the called the facility as who told them the change and no one They waited 5 minuanyone was comin again. They called them to call 911. Them get back into On July 11, 2023 a stated, she works a through Friday. V1 smoking due to the July 5, 2023. When	It 12:09 PM, R114 stated, there is facility canceled smoking was too hot out. On the 3rd stor told us if we wanted to go off the property to do it. If front door down the sidewalk in the state of the property to do it. If the state of the property to do it. If the state of the property to do it. If the state of the property to do it. If the state of the property to do it. If the state of the	t			

Illinois Department of Public Health STATE FORM

they would have to sign out showing they were

Illinois Department of Public Health							
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE S COMPL	
		IL6008	304	B. WING	B. WING		2/2023
NAME OF E	PROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			803 ROYA	L DRIVE	2		
ALDEN 1	ERRACE OF MCHEN	IRY REHAB	MCHENRY	r, IL 60050			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DER MUST BE PREC SC IDENTIFYING	EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 11		S9999			
	aware of the risk of They stated, they d V17 went to V1 Add they went outside s visible from the recalled at 2:06 PM s coming back into the Administrator and heresponsibility because the told R66 and Finight be busy. R6 someone was common she would try to ge R66 said if no one did end up calling the tof find anyone be binder." The fire figure to the entrance.	idn't care and ministrator are moking. R66 eptionist designing they need facility. V1 ne told her, it use they signifully to get her tocame she woo he ambulance because they ghters came and some she wood to the ambulance of the some she wood the some she wood to the some she would be some she would be she would be she wood to the some she wood to the some she would be she	d went outside. Ind let him know Ind and R114 were Ind R66 and R114 Indeeded help Inde				
	On July 10, 2023 a stated, R66 and R1 were outside the fre R66 got stuck and get back into the fabecause it was hot furthered what was power play."	114 called hin ont of the buil no one woul cility. He tok outside. "Th	n saying they Iding smoking and d come help them d them to call 911 ney (the facility)				
	On July 12, 2023 a Dispatch stated, the 2023 for a lift assis she needed help great the fire depart	ey received a t from a calle etting back to	a call on July 5, er (R66) stating o her room. They	1			-
	R66's progress not "This writer (V1 Ad director had a conv canceling the supe to the inclement we safety to not go out	ministrator) a versation with rvised smoki eather. We a	and the activities a R66 in regards of ng program due advised R66 for				

	epartment of Public		(140) 140	E CONCEDUCTION	(X3) DATE	SLIDVEY		
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	E CONSTRUCTION		LETED		
AND PLAN	OF CORRECTION	IDEATH JOSTICIA (ACIAIDES)	A. BUILDING:					
		IL6008304	B. WING			12/2023		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE				
		803 ROYA	L DRIVE					
ALĐENI	TERRACE OF MCHEN	IRY REHAB MCHENR	Y, IL 60050					
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(FACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	(EACH CORRECTIVE ACT		COMPLETE DATE
TAG	REGULATORT ON E	SO DENTI TING IN CHARACTER	170	DEFICIENC	CY)			
	0 1 1 T	10	59999					
\$9999		-	03333					
	refused to acknowl	edge the risk and stated that						
	she will go on the s	treet to smoke. Again this						
	writer and the activ	ities director urged her to						
	reconsider ner deci	isions since R66 can not safely air to get back to the facility						
	from the sidewalk	" R66's progress notes do						
	not show, she calle	ed 911 and they brought her						
	back to the facility t	from the sidewalk.		196				
		May 17, 2023 shows, she is						
	cognitively intact.							
	D114's progress of	otes dated July 5, 2023 shows,						
	"This writer (V1 Ad	ministrator) and the activities						
	director had a conv	versation with R114 in regards						
	to the facility cance	eling the supervised smoking						
	program due to the	inclement weather. We						
	advised R114 for h	er safety to not go outside to						
	smoke today. R11	4 refused to acknowledge the						
	risk and stated that	t she will go on the street to writer and the activities						
	director urged her i	to reconsider since she can not						
	safely propel her w	heelchair to get back to the						
1	facility from the sid							
	•							
		May 18, 2023 shows, she is						
	cognitively intact.							
	5 On 7/40/02 of 5	00 AM, the facility's front						
	ontroppe door alar	m did not sound upon entering						
	the facility There v	vere no staff present at the						
	front desk or in the	front hallway of the facility at		-				
	that time. On the b	ackside of the door there is a						
	sign posted which	stated an alarm is set on the						
	door after 8 PM.							
	The feelith Class	mont Dick Liet of Decidents						
		ment Risk List of Residents showed R49, R74, R86, and		2				
	R98 are 4 resident	s living on the first floor of the						
	facility not residing	within the memory care unit.						
Illinois Depa	rtment of Public Health	•						
			ARGO	VDD044	If continuat	on sheet 13 of 14		

Illinois De	epartment of Public	Health			T	
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE S COMPL	
		11 0000004	B. WING	_	07/1:	2/2023
		IL6008304			<u> 0//12</u>	I LULU
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		803 ROYA	L DRIVE			
ALDEN T	ERRACE OF MCHEN	RY REHAB MCHENR	Y, IL 60050			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 13	S9999			
	residents have focus of remaining on the On 7/10/23 at 11:00 the evening recepti should set the alarr around 8:00 PM. To station on the 400 visition on the 400 visition on the 400 visition on 7/10/23 at 11:30 Safety stated the fractivated at night to residents to let staff attempted to leave On 7/11/23 at 10:50 showed the process key. When the doo went off. V1 stated after 8:00 PM when the key returned to	O AM, V28 Director of Life ont door alarm needs to be ensure the safety of the f know if a resident had through that door. 5 AM, V1 Administrator s to activate the alarm with the r was opened a loud alarm the alarm should be activated in the front desk staff leave, and the 400 hall nurse. V1 stated in is the only one needing to be				