

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/29/2025	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE , NAPERVILLE, Illinois, 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) COMPLETION DATE	
S0000	Initial Comments		S0000			09/08/2025	
	Annual Licensure and Certification Survey						
S9999	Final Observations		S9999			09/08/2025	
	Statement of Licensure Violations:						
	(1 of 2)						
	300.625a)						
	300.625b)						
	300.625c)1)2)						
	Section 300.625 Identified Offenders						
	a) The facility shall review the results of the criminal history background checks immediately upon receipt of these checks.						
	b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.						
	c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:						
	1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender.						
	2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/29/2025	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE , NAPERVILLE, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 1 identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to screen seven residents on the four required registries within 24 to 48 hours of admission to the facility and complete fingerprint and notification to the IOP (Identified Offender Program) within the required timeframe. This applies to 4 of 10 residents (R164, R136, R165, R163) who were identified offenders. The findings include: On August 28, 2025, the resident background checks were completed with V17 (Director of Admissions and Marketing), V18 (Memory Care Director) and V19 (Social Services Director). At 10:37 AM, V17 said all three registries should be checked for new admissions. At 11:23 AM, V19 said when the resident has a hit, they should obtain fingerprint consent and send a face sheet to biometrics within three days. V19 also said the resident would get an assessment completed with the police department. V19 said when a resident is admitted, they have to notify the IDPH IO Program. 1. R164 was admitted to the facility on May 16, 2025. R164's CHIRP (Criminal History Information Request Portal) dated May 17, 2025 showed a hit. R164's fingerprint consent form was signed on June 9, 2025 and fingerprints were taken on June 16, 2025. 2. R136 was admitted to the facility on February 6, 2025. R136's CHIRP dated February 7, 2025 showed a result of "In Process." R136's Illinois Sex Offender registry check, National Sex Offender registry check, and the Illinois Department of Corrections (IDOC) registry checks were run on February 17, 2025. R136's		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/29/2025	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE , NAPERVILLE, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 2 CHIRP dated April 8, 2025 showed a hit. R136's fingerprint consent form was signed on April 22, 2025 and fingerprints were taken on April 22, 2025. 3. R165 was re-admitted to the facility on December 2, 2024. The resident was discharged from the facility on March 14, 2025. The facility was unable to provide documentation of the CHIRP and the registries checked 24 hours after his admission. R165 was transferred to the hospital on December 3, 2024, and then re-admitted to the facility on December 28, 2024. The CHIRP was run on December 29, 2024, which showed a hit. The facility was unable to provide documentation of the Illinois Sex Offender registry check, National Sex Offender registry check, or the Illinois Department of Corrections. The facility provided documentation of the registries checked dated August 28, 2025 (during the survey). 4. R163 was admitted to the facility on August 22, 2025. R163 CHIRP was run on August 23, 2025, which showed a hit. The facility provided documentation of fingerprint consent, which was taken on August 27, 2025 (during the survey). R163's Illinois Sex Offender registry check and National Sex Offender registry check were run on August 24, 2025. The facility's Admissions (Illinois) Registered Sex Offenders and Identified Offenders policy dated February 2024 showed The facility also shall request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older upon admission...Public Act 096-1372 also requires the facility to arrange for a State and Federal Bureau of Investigation live scan Fee Application fingerprint check on any new admissions that are determined to have a qualifying offense based on the Uniform Conviction Information (UCIA) name check. The policy also showed, "The facility will check prospective admission's name against the registries mandated by Public Act 094-0163: The Illinois Department of Corrections Sex Registrant Registry, The Illinois State Policy Sex Offender Registry, Dru Sjodin National Sex Offender Public Website...A name-based criminal history will be requested through the Illinois State Police upon admission to the facility (within 24 hours of admission). If results are a "HIT" or "MULTI HIT," facility will arrange for a fingerprint-based check or request a waiver...A "HIT" means the resident's name is a match to a criminal record. Criminal record should be reviewed to identify if resident was charged with any qualifying offenses as defined by section 1-114.01 of the Nursing Home Care Act [210 ILCS 45] FEEAPP fingerprinting should be arranged within 72 hours...Once FEEAPP fingerprinting or waiver is		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/29/2025	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE , NAPERVILLE, Illinois, 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) COMPLETION DATE
S9999	Continued from page 3 completed, facility will then report resident to the Illinois Identified Offender Program Portal. (C) (2 of 2) 300.626a) 300.626b) 300.626c) Section 300.626 Discharge Planning for Identified Offenders a) If, based on the security measures listed in the Identified Offender Report and Recommendation, a facility determines that it cannot manage the identified offender resident safely within the facility, it shall commence involuntary transfer or discharge proceedings pursuant to Section 3-402 of the Act and Section 300.3300 of this Part. (Section 2-201.6(g) of the Act) b) All discharges and transfers shall be pursuant to Section 300.3300 of this Part. c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. This requirement was NOT met as evidenced by: Based on interview and record review, the facility failed to notify the IOP (Identified Offender Program) upon residents' discharge from the facility. This applies to 2 of 10 residents (R164, R165) who were identified offenders. Findings include: On August 28, 2025, V17 (Director of Admissions and Marketing) said if a resident had a hit on their background check, the corporate staff notifies the IDPH (Illinois Department of Public Health) that the resident was discharged. V17 said IDPH sends the facility an email to show they received notice the resident had been discharged from the facility. V17			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0022509		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/29/2025	
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF NAPERVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 1525 SOUTH OXFORD LANE , NAPERVILLE, Illinois, 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) COMPLETION DATE	
S9999	Continued from page 4 said social services was the one who contacted IDPH offender program. R164 was discharged from the facility on July 8, 2025. The facility provided an email documentation of notification to the IDPH IOP dated August 28, 2025 (during the survey). R165 was discharged from the facility on March 14, 2025. The facility provided an email documentation of notification to the IDPH IOP dated August 28, 2025 (during the survey). The facility's Admission (Illinois) Registered Sex Offenders and Identified Offenders policy dated February 2024 showed When resident is discharged from the facility, discharge through the IDPH IO portal should be completed. Print discharge confirmation and upload/save in binder. (C)		S9999				