STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015580	A. BUILDING: _____ B. WING _____	10/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN GARDEN CTS OF DES PLAINES	1227 GOLF ROAD DES PLAINES, IL 60016

(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 Annual Licensure Survey 330.780 b)c) 330.710 a)c)3)F)G)H)	S 000		
S9999	Final Observations Statement of Licensure Violations: 330.710a) 330.710c)3)F)G)H) 330.780b) 330.780c) Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. c) The written policies shall include, but are not limited to, the following provisions: 3) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following: F) Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting,	S9999		

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S9999	Continued From page 1 transferring, repositioning, or movement of a resident. G) Consideration of the feasibility of incorporating resident handling equipment or the physical space and construction design needed to incorporate that equipment when developing architectural plans for construction or remodeling of a facility or unit of a facility in which resident handling and movement occurs. H) Fostering and maintaining resident safety, dignity, self-determination, and choice. Section 330.780 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. 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 330.785, 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.	S9999		

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S9999	Continued From page 2	S9999		

This requirement was not met as evidence by:

Based on observation, interview, and record review, the facility failed to ensure one resident (R4) was adequately monitored and was free from any environmental hazards while ambulating, and
submit a facility reported incident to the department for one resident (R4) who sustained a right temporal brain hemorrhage after experiencing a fall.

Findings Include:

R4 is an 88-year-old female who originally admitted to the facility on 5/14/2021. R4 has multiple diagnoses including but not limited to the following: Alzheimer's disease, chronic back pain, depression, anxiety, impaired mobility and ADL's/Activities of Daily Living, head injury, and brain hemorrhage.

Facility Incident Report dated 9/16/2025 states in part but not limited to the following: On 9/16/2025 at 1:20PM, R4 was outside in the parking lot, going for a walk with V6 (activity aide). R4 suddenly stumbled with her walker and fell on the ground. Assessment revealed bump and skin tear on right side of forehead with moderate bleeding. R4 was sent to the hospital for evaluation.

Hospital records dated 9/16/2025-9/19/2025 show R4 sustained a hemorrhage to the right temporal lobe of the brain.

On 10/6/2025 and 10/7/2025, R4 was observed to have a large, dark discoloration to the right side of her head and face.

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S9999	Continued From page 3 On 10/7/2025 at 11:15AM, R4 said I had a fall a couple weeks ago, outside in the parking lot. I have this bruising to my face and a lot of rib pain. R4 said currently my rib pain is at a 5-6 out of 10. R4 said I get confused and cannot remember exactly what happened. At 12:30PM, V6 (Activity Aide) said on 9/16/2025, I took two residents out in the front of the building to walk around, R4 was one of them. This is something that we do often. R4 had a walker and tripped over an uneven part of the sidewalk. She fell on her right side and was bleeding. I notified other staff and R4 was sent to the hospital to be evaluated. V6 said when I walk with residents, I am expected to make sure they are next to me, stay by their side, ensure they are stable when walking, make sure the surfaces are even, and that there are no environmental risk factors. V6 showed this surveyor the area that R4 fell. V6 said they sanded this area down after the incident but prior it was very uneven. On 10/7/2025 at 1:15PM, V2 (Nurse Consultant) said the facility is expected to report any incident that results in a "serious" injury to the department. A serious injury can be fractures, any open wound that requires suturing, intracranial hemorrhages, etc. V2 said the incident on 9/16/25 with R4 should have been reported. I think we may have missed it. At 1:15PM, V2 (Nurse Consultant) said the activity aides do take the residents outside to walk. They are expected to make sure the resident is stable, they are not experiencing	S9999		

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weakness, and that there are no tripping hazards in the way.

It is to be noted that this surveyor requested any in-service training for activity aides pertaining to supervision, monitoring, and walking with residents dating prior to 9/16/2025. No documentation was received during the course of this survey.

R4's service plan with review date of 9/15/2025 states in part but not limited to the following: Falling: Goal: to keep R4 free from falls. Level of assistance: Monitor, supervision.

At 2:30PM, V1 (Administrator) said at first the hospital told us the CT/Computed Tomography scan looked as if there were no injuries. However, when the resident returned to us, it revealed different on a later CT scan. I did start an initial report, however I did not send it to the department.

Management of Falls Policy dated 05/2019 states in part but not limited to the following: The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the resident's plan of care in order to minimize risks for fall incidents and/or injuries to the resident. Procedure: 6. Assess and monitor resident's immediate environment to ensure appropriate management of potential hazards.

(A)