

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040709		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/26/2026	
NAME OF PROVIDER OR SUPPLIER ALDEN LINCOLN REHAB & H C CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST WELLINGTON AVENUE , CHICAGO, Illinois, 60657			
(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 Complaint Survey Facility Reported Incident of 1/7/26-2726286		S0000			03/19/2026	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) Section 300.610 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 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 Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological 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. c) Each direct care-giving staff shall review and be		S9999			03/19/2026	

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Based on observation, interviews and record review the facility failed to provide supervision during a shower. This failure resulted in one (R1) resident sustaining a fall with injury in a sample of eight reviewed for falls. R1's face sheet dated 02/24/2026 documents in part that R1 was admitted on 07/19/2023 with diagnosis of Multiple fractures of the pelvis, non-displaced fracture of posterior wall of right acetabulum, chronic diastolic heart failure, diabetes mellitus, atrial fibrillation, muscle weakness, poly osteoarthritis, major depressive disorder, malignant neoplasm prostate, cardiac defibrillator. R1's Minimum data set section C for brief mental status dated 1/16/2026 displays that R1 has a score of 14 which means R1 is cognitively intact; section GG Functional abilities dated 10/24/2026 documents in part that R1 required partial/moderate assistance for showers/bathes which means staff does less than half the effort, staff lifts, holds or supports trunk or limbs to assist R1 but provides less than half the effort. R1's progress note dated 01/07/2026 at 10:47 AM, documents in part that ["R1 was found in right lying position in shower at approximately 1030 AM. Vital signs taken BP of 179/79. Patient able to answer questions and stated, "I think I hit my head". Full body check done, no bruising, lacerations, swelling, or bleeding noted. Initial Neuro check completed with no deficits. Proper grip strength in all extremities, neuro orientation at baseline, PERRLA intact. Patient made remarks of 3/10 RLE pain at anterior thigh. Pain medication offered and denied, Cold pack denied. R1 assisted to wheelchair with assistance of CNA and R1 escorted back to room by CNA. R1 assisted into bed by staff, NP (V9) called with orders to send R1 to hospital due to being on multiple blood thinners.			S9999			

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S9999	Continued from page 2 ambulance called immediately with ETA of 1115. Neuro checks completed per protocol at 1030, 1045, 1100, 1115, and 1145. Patient left facility at approximately 1150 escorted by two paramedics. Patient stable upon exit of facility".] Progress noted documented by V12 (Registered Nurse). R1's progress noted dated 01/07/2026 at 9:25 PM, documents in part that R1 was admitted to hospital with multiple fractures to right hip. R1's hospital records dated 01/07/2026 documents in part that; R1 sustained right acetabular/pubis rami fracture, displaced fracture right iliac bone with fractures roof and medial aspect right acetabulum, displaced fracture lateral right ischium, displaced fractures right superior and inferior pubic rami because of mechanical fall in shower from standing position. R1 is not a candidate for surgery at time of surgical consult. R1's care plan dated 1/13/2026 documents in part; R1 is noted to have limitations in range of motion related to presence of pain to Right hip due to fracture, decrease in physical activity, generalized muscle weakness and diagnosis of Major Depressive Disorder, 01/12/2026, R1 requires assist from staff to dress related to non-weight bearing status to right lower extremity due to Right hip fracture and poor balance. R1's physician order sheet documents in part: 01/13/2026 pain management/modalities hot/cold pack to right hip as needed; physical therapy to begin for four to six weeks. 02/04/2026 weight bearing status toe touch right lower extremity. 02/23/2026 Norco tablet 5-325 milligrams every 12 hours for pain to right hip. On 02/23/2026 at 12:18 PM, R1 stated on 01/07/2026 he was trying to take a shower, and I could not get my sock off my foot, V4 left the shower room and said she would be back. R1 stated he leaned over and fell on the floor. I do need help in the shower; staff normally stay with me in the shower in case I need help. When I fell no one was in shower room with me, I was in pain, and the nurse came and looked at me then sent me to the hospital. I was receiving pain medication for my pelvic fracture, but I have stopped taking it because the pain medication causes me to have constipation which is more painful. I still have pain now, but I just bear with the pain. R1 stated he normally can remove his socks in the shower room with staff present but these socks were too small and very tight, so it was hard to remove. R1 stated since I am no longer able to walk around with my rollator, and I must depend on staff more for my care.	S9999					

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S9999	Continued from page 3 This makes me feel helpless. R1 stated the nurse met with him and would be giving him a stool softener that should give him some relief. On 02/23/2026 at 12: 29 PM, V3 (Certified nursing assistant (CNA) stated she is the CNA who takes care of R1 and that R1 requires extensive assistance for showers, two staff members are required to assist him and we use gait belt because of his restrictions. R1 does not do any of his care, staff does all care. R1 uses wheelchair now since he has fractures. On 02/24/2026 at 10:25 AM, V4 (CNA) stated at 10:25 am I was accompanying R1 to shower, and he was using his rollator that is when I saw the call light was going off and I went to answer the call light. I instructed R1 to wait for me, normally I go in and set R1 up in the shower room. R1 told me that he was standing up and trying to remove his sock and that's when he tumbled over. V4 stated I wanted him to wait next to shower room while I went to answer another call light, normally I would have his towels, soap and gowns set up for him. R1 is a supervision and R1 normally removes footies while staff is in there. V4 stated her understanding of supervision is if R1 needs some assistance staff would be present to assist for care needs, "I" don't think R1 would have fallen if someone was with him." V4 states R1 receives showers twice a week and normally she is supposed to tell the nurse before she enters the shower room with a resident so the nurse can be aware to respond to the shower room light so they can check the residents skin. V4 stated it slipped her mind to inform the nurse. V4 stated she could have asked another staff member to answer the light but she thought she could answer the light quickly then attend to R1 because normally he would wait for me. On 02/24/2026 at 12:05 PM, V12 (Registered Nurse) stated R1 was not to be left unattended by staff in shower room. V12 stated he was not made aware by certified nursing assistant (CNA) that R1 was going into the shower. The CNA came and informed me that R1 was lying on the shower room floor, I went and assessed R1. R1 stated he was in pain and I asked him if he wanted Tylenol or cold pack and R1 declined, he was not sure if he hit his head but R1 takes blood thinners, the day of the incident was the first time I ever worked with R1. V12 stated the CNA should have stayed with R1 and another staff member could have assisted and completed the other task she went to do, she could have asked myself or another aide to answer the call light to decrease the risk of R1 falling if she was present with him.	S9999					

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S9999	Continued from page 4 On 02/24/2026 at 12:58 PM, V9 (Nurse Practitioner) stated he was informed on the date of the incident 01/07/2026 that R1 sustained an unwitnessed fall in the shower room and that R1 is on blood thinners and was uncertain if he his head or not. That is why he gave orders to have him evaluated at the hospital. V9 stated a staff member should have been with R1 in the shower room to break the fall and decrease R1 from slipping. V9 stated the fractures that R1 sustained, normally takes healing around eight weeks or more but R1 is being seen by Orthopedic clinic, R1 is a diabetic and that can slow down the healing process. R1 has been transferred to skilled unit for increased staff supervision related to his fractures, because R1 requires more assistance from staff at this time On 02/24/2026 at 1:35 PM, V2 (Director of Nursing) stated she is the person that does restorative programs in the facility and prior to R1's fall on 01/07/2026, he was able by himself with the rollator but since the fall and fractures occurred R1 has restriction now of toe touch and is not ambulating and not using rollator. R1's transfer status: toe touch, gait belt and pivot avoiding touching that effected extremity. V2 stated staff offer oversight for showers, prior to the incident staff would alert R1 and he would gather his own things for the shower. Staff always offers help. Staff stay in shower room area if residents need assistance. Staff should assist R1 after shower to walk him back to room and make sure R1 has everything he needs and in case there is water on floor staff are present to assist to decrease risk of accidents. After the fall R1 was moved to skilled unit on the 3rd floor, for more therapy and increased supervision, R1 appears to be happier on the unit. Prior to incident R1 was completing active range of motion and no deficits were present and was using rollator. On 02/24/26 at 1:46pm, V2 (Director of Nursing) stated it is her expectation of the staff that resident's safety is always maintained to decrease risk of falls and injuries. Staff are required to make sure they have everything that is needed for showering of a resident prior to entering the shower room. Residents are encouraged to be independent but staff should not leave residents alone in the shower room who require supervision. V2 stated the shower room is designed with a separate area where staff can provide the resident with privacy but still be in the room close enough to assist the resident if help is needed. V2 stated the certified nursing assistant (CNA) should have asked someone else to answer the other light and proceed to assist R1 to decrease risk of fall and injury and the	S9999					

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S9999	Continued from page 5 nurse should be informed by the CNA so they are aware of the residents who are going into the shower room and to be alert if the shower light rings so the nurse can come and complete a body assessment. On 02/25/26 at 11:19 AM, V10 (Physical therapist) stated R1 has multiple fractures and is currently toe touch weight bearing for the next six weeks, it is hard for R1 to adjust to this modified way of movement because he was used to moving with rollator independently but R1 tries his best. V10 stated prior to fall with fractures R1 was modified independent for transfers, mobility and using a rollator but now R1 is minimum contact guard assistance for transfers from bed to chair with use of mechanical lift do to R1's restrictions, healing takes times but R1 is progressing well. -Facility document presented by V2 titled falls has R1 listed as having a fall on 01/07/2026. -Facility policy dated 08/2020, titled Management of falls documents in part; The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the residents plan of care to minimize the risks for fall incidents and/or injuries to the resident. (A)		S9999				