

Illinois Department of Public Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0042192</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 |  | (X3) DATE SURVEY COMPLETED<br><br><b>03/19/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b>               |  |                                                     |  |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                          |  |
| S0000                                                                   | Initial Comments<br><br>Annual Licensure and Certification Survey<br><br>COI 25712457/ 2697234                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                             | S0000               |                                                                                                                          |  | 03/30/2026                                          |  |
| S9999                                                                   | Final Observations<br><br>STATEMENT OF LICENSURE VIOLATIONS:<br><br>300.610a)<br><br>300.1210b)<br><br>300.1210d)6)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting.<br><br>Section 300.1210 General Requirements for Nursing<br>and Personal Care<br><br>b) The facility shall provide the necessary care and<br>services to attain or maintain the highest practicable<br>physical, mental, and psychological well-being of<br>the resident, in accordance with each resident's<br>comprehensive resident care plan. Adequate and<br>properly supervised nursing care and personal care<br>shall be provided to each resident to meet the total<br>nursing and personal care needs of the resident.<br><br>d) Pursuant to subsection (a), general nursing care<br>shall include, at a minimum, the following and shall<br>be practiced on a 24-hour, seven-day-a-week<br>basis:<br><br>6) All necessary precautions shall be taken to assure<br>that the residents' environment remains as free of |                                                                             | S9999               |                                                                                                                          |  | 03/30/2026                                          |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois Department of Public Health

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b> |                                                                                                                          |                                                     |                            |
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| S9999                                                                   | <p>Continued from page 1<br/>accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>THESE REQUIREMENTS WERE NOT MET EVIDENCED BY:</p> <p>Based on interview and record review, the facility failed to provide a cognitively impaired resident with known exit seeking behaviors, adequate supervision to prevent resident from eloping. This failure affected one (R75) of 14 residents wearing an electronic alert band in the total sample of 71 residents. This failure resulted in R75 walking out the front door of the facility unsupervised and the facility unaware R75 was missing until R75 was returned to the facility by local police who saw R75 walking alone on the street. The facility also failed to follow policy procedures and failed to implement fall prevention interventions for three (R27, R61, R132) of 71 residents in the sample reviewed for falls.</p> <p>This past noncompliance occurred from 09/08/2025 to 09/12/2025</p> <p>Findings include:</p> <p>#1 The (09/08/2025) List of residents on electronic alert band documented there were 14 residents on electronic alert band which include R75.</p> <p>R75's (08/01/2025) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 6." Indicating R75's mental status as severely impaired. "Section I - Active Diagnoses. Neurological. Other. I8000. A Dementia. C. Arthritis. D. Long Term use of Aspirin."</p> <p>R75's (05/11/2025) Nurses Note documented, in part "electronic alert band applied to rt (right) ankle per MD orders d/t (due to) exit seeking behavior. Resident w/ (with) increased confusion. Verbal consent obtained via telephone for electronic alert band placement. Authored by: V52 (Former Registered Nurse)"</p> <p>R75's (Date Initiated: 05/11/2025) care plan documented, in part "Focus: is at-risk for elopement related to cognitive impairment, exit-seeking behavior, making comments regarding leaving the facility, physical ability to leave unit/facility, wandering behavior. Goal: Will safely remain on unit or off under supervision.</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b> |                                                                                                                          |                                                     |                            |
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| S9999                                                                   | <p>Continued from page 2</p> <p>Intervention: Utilize electronic alert band as appropriate."</p> <p>R75's (07/08/2025) Exit Seeking/Wandering/Elopement Risk Assessment documented that R75 is at risk for elopement.</p> <p>R75's (09/08/2025 at 5:01am) progress note documented, in part "The police brought resident to the facility at 3:36 am. Writer was told by the police that resident was located outside the facility at 3:00(am) at 97th avenue. Writer notified (V51 -Primary Care Physician/Medical Director) on-call service and (V58 – R75's family member) of the incident." The facility was unaware that the resident left the building.</p> <p>On 03/12/2026 at 9:30am, on 97th Avenue, facing the facility, there were 2 monument signs standing one on each side of the driveway that leads to the front of the facility. Behind the right monument sign was an ungated pond with sidewalk; the pond was adjacent to a residential building. Across the street was a movie theatre.</p> <p>On 03/12/2026 at 11:50am, V44 (Social Services Director) stated her elopement risk care plan was initiated on 5/11/2025. She was making comments about wanting to leave the facility. She (R75) was kind of wandering at the facility.</p> <p>On 03/12/2026 at 12:13pm, V44 handed R75's 5/11/2025 progress noted to this surveyor and stated it was a nurse who observed her (R75)'s exit seeking behavior.</p> <p>On 03/12/2026 at 5:10pm, V52 (Former Registered Nurse) stated she could not remember the incident. This surveyor read the progress note written by V52 on 05/11/2025. V52 stated she could not remember the exit seeking behavior, but she wrote the progress note because she (V52) observed the exit seeking behavior.</p> <p>On 03/09/2026 at 11:57am, R75 stated she did not know how to get to the parking lot, she has no reason to go there. R75 stated her family take turns visiting her and they usually sit in the dining room. R75 stated she never walked out of the facility alone.</p> <p>On 03/14/2026 at 9:07am, V45 (Certified Nursing Assistant) stated she just finished doing patient care with another resident and she was walking toward the soiled linen room when the nurse told her "(R75) got out". Inquiring while she was walking towards the soiled linen room if she heard the alarm went</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| S9999                                                                   | <p>Continued from page 3</p> <p>off. V45 stated she did not hear the alarm went off because the double doors were closed. V45 stated the sound of the alarm was between the double doors. V45 stated, she did not hear it. V45 stated when the nurse told her "(R75) got out.", she (R75) was already back in her room. V45 stated the last time she saw her (R75) was between 2:15am and 2:30am on 09/08/2025; she was lying down on her bed, and her eyes were closed. V45 stated she (R75) was sleeping. V45 reiterated she did not hear the alarm went off because the double doors were closed.</p> <p>On 03/12/2026 at 10:11am, V42 (Former Licensed Practice Nurse) stated all she could remember was she was attending to another resident, and the police came to the front desk. V42 stated the police asked if she knew the resident (R75). She stated, "Yes" and the police told her she was found outside of the facility. V42 stated she was not aware the resident left the facility.</p> <p>On 3/11/2026 at 1:15pm, V1 (Administrator) confirmed that R75 left the facility without the facility's knowledge. V1 affirmed that the root cause of the incident was that the electronic alert alarms could not be heard at the nurse's station.</p> <p>On 03/16/2026 at 1:45pm, V1 stated when they installed the electronic alert system and checked for the sound of the alarm, she was standing between the double doors, and she could hear the alarm. Inquiring if anyone thought of checking for the sound of the alarm outside of the double doors. V1 stated no one had thought about it.</p> <p>On 03/12/2026 at 11:50am, V44 (Social Services Director) stated her elopement risk care plan was initiated on 5/11/25. She (R75) was making comments about wanting to leave the facility, she was kind of wandering at the facility. Surveyor inquired if resident was able to elope, were the interventions in place effective. V42 stated it was not effective. Inquiring about the risk and danger posed to R75 who was cognitively impaired and who was able to elope from the facility. V44 stated she (R75) could be hit by a car because the facility is in the middle of residential areas and she could have drowned in the pond; there is an ungated pond close to the facility.</p> <p>On 03/12/2026 at 1:13pm, V51 (R75's Primary Care Physician/Medical Director) stated he was familiar with the resident. V51 stated he was made aware by the facility that she (R75) eloped. V51 stated she has cognitive issues, and the facility has a system in</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| S9999                                                                   | <p>Continued from page 4</p> <p>place for residents with elopement risk. This surveyor inquired if a resident was able to elope, was the system in place effective? V51 stated it was discussed during the meeting and there have been changes the facility made. V51 stated the changes the facility made are effective. Inquiring about a resident who was cognitively impaired and was able to elope, what are the risks or dangers to this resident when she was outside of the facility without supervision. V51 stated there are a lot of danger out there. V51 stated she (R75) could be hit by a car, she could get stuck outside, she could freeze. V51 stated there's a lot of risk factors.</p> <p>On 03/17/2026 at 3:29pm, V1 (Administrator) stated she cannot speculate as to what could have happened to her (R75).</p> <p>The (11.2023) electronic alert system documented, in part "POLICY: Electronic alert system may be utilized and maintained to mitigate elopement risk. PROCEDURE: 11) Testing protected doors/elevators will be conducted weekly and after power outages."</p> <p>The (09.2020) Incident/accident Reports documented, in part "POLICY: The Incident/Accident Report is completed for all unexplained bruises or abrasions, all accidents or incidents where there is injury or the potential to result in injury, allegations of theft and abuse registered by residents, visitors or other, and resident-to-resident altercations. 15. Facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents."</p> <p>Corrective Action Taken:</p> <ul style="list-style-type: none"> <li>• R75 was reassessed for elopement risk beginning on 9/8/25 and ending on 9/8/25 after the elopement occurred and deemed an elopement risk.</li> <li>• R75 was located and returned to the facility on 9/8/25. A head-to-toe assessment was completed by the assigned nurse with no signs of injury.</li> <li>• R75's care plan was updated on 9/8/25 pertaining to the elopement that occurred on 9/8/2025 by the Resident Care Coordinator.</li> <li>• V58 (R75's family member and V51 (Primary Care Physician/Medical Director) were notified of the elopement on 9/8/25.</li> <li>• On 9/8/2025 the DON, Administrator, ADON, and Medical Director reviewed the facility policies related</li> </ul> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| S9999                                                                   | <p>Continued from page 5<br/>to the occurrence: Elopement, Routine Resident Checks, Incidents/Accidents, Alarms, electronic alert band , Wanderers and Changes in Condition. The (name of elopement product) Policy was updated on 9/8/25 to include that in the event of equipment failure, facility may consider implementing alternative interventions including but not limited to room change to a more secure floor.</p> <ul style="list-style-type: none"> <li>• Starting on 9/8/2025, the Memory Care Director, Resident Care Coordinator and Social Service Director updated the assessments and care plans for elopement risk residents. The assessments were completed on 9/10/2025.</li> <li>• The immediacy was removed on 9/9/2025 as (R75) was placed on one to one supervision pending move to a more secured unit. Also, the only other resident requiring electronic monitoring was moved to a higher more secured unit on 9/9/2025.</li> <li>• All residents were reassessed for elopement risk on 9/8/2025 and completed on 9/10/2025.</li> <li>• All new admissions will have an elopement risk assessment that will be completed according to the MDS schedule; Within 7 days of admission, annually and as needed (by SSD/MCD).</li> <li>• All residents that are identified as-risk for elopement during admission had a review of their care plan and updates were made where applicable, this audit began on 9/8/2025 and was completed on 9/10/2025. Pictures of at-risk residents were placed in a binder on all nursing stations (1st,2nd,3rd floors) and the receptionist desk which was completed on 9/10/2025 (by MCD).</li> <li>• All residents determined to be at-risk for elopement and with active exit-seeking behaviors will be evaluated for a possible room change to a more secured unit to limit access to the front entrance door on the first floor. Additionally, residents will be evaluated to determine if an electronic monitoring bracelet is appropriate.</li> <li>• Beginning on 9/8/2025, interviews were conducted (by the Administrator) with staff to determine further potential risk and completed on 9/10/2025.</li> <li>• Code Green Drills were conducted on all shifts to check staff knowledge and preparedness beginning on 9/8/2025 and ending on 9/12/2025</li> <li>• All staff and managers are being reeducated on routine resident checks, exit seeking,</li> </ul> |                                                                          |  | S9999                                                                                                      |                                                                                                                          | 03/30/2026                                          |                            |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0042192</b> |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                   |  | (X3) DATE SURVEY COMPLETED<br><br><b>03/19/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b> |  |                                                     |  |
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| S9999                                                                   | <p>Continued from page 6<br/>incidents/accidents, elopement policy and procedure<br/>and where to locate the at risk of elopement binders.<br/>The reeducation was provided on 9/8/2025 and was<br/>completed on 9/12/2025</p> <ul style="list-style-type: none"> <li>• All staff completed competency quizzes on<br/>elopement beginning on 9/8/2025 and ending on<br/>9/12/2025</li> <li>• All staff and managers are being reeducated on<br/>elopement risk and reporting behaviors or changes<br/>in factors related to elopement risk to appropriate<br/>discipline. This was started on 9/8/2025 and<br/>completed by 9/12/2025.</li> <li>• All reception staff were reeducated on monitoring<br/>the front doors and resident safety and proper<br/>procedure for code green started on 9/8/25<br/>completed on 9/12/2025</li> <li>• All staff were educated on the electronic<br/>monitoring system starting on 9/8/2025 and<br/>completed on 9/12/2025.</li> <li>• Exit doors will be monitored by staff when<br/>unalarmed. The receptionist will monitor the front<br/>entrance door 8am-8pm. From 8pm-8am door will be<br/>armed by receptionist and monitored by 1st floor<br/>nurses through the duration of that time.</li> <li>• First floor staff will check and sign monitoring<br/>sheet for the alarm panel every ½ hour between the<br/>hours of 8pm to 8am to ensure that door alarms are<br/>activated while doors are not monitored by staff.</li> <li>• Exterior door alarms will be checked weekly by the<br/>maintenance director and EVS Supervisor to ensure<br/>they are in working order and secured starting on<br/>9/8/2025 and ongoing.</li> <li>• After initial elopement on 9/8/2025 R75 was<br/>placed on one to one supervision. During that time<br/>the facility met with daughter and discussed new<br/>interventions. A plan was established and<br/>implemented.</li> <li>• A work order was initiated to add an annunciator<br/>panel to the first floor nurses station to amplify the<br/>sounding alarm.</li> <li>• Administrator initiated training on elopement as<br/>part of the annual abuse training to ensure staff<br/>knowledge of elopement plans.</li> <li>• A review of compliance using Quality Assurance<br/>Audit tool for elopement and door checks was</li> </ul> | S9999                                                                       |                                                                                                                          |                                                                                                            |  | 03/30/2026                                          |  |

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| S9999                                                                   | <p>Continued from page 7<br/>started (by the Administrator) on 9/8/2025. The Audits will be done daily for two weeks then twice weekly for four weeks, then monthly x 3 months, and evaluated at the monthly QAPI meeting to determine compliance. Audits to be completed by members of the IDT team and turned into Administrator who will ensure audits are being completed.</p> <ul style="list-style-type: none"> <li>• A review of results of audit regarding elopement and door alarm working condition with the facility's interdisciplinary team started on 9/8/2025. Audits will be done weekly for four weeks, then monthly x 3 months, and then randomly by Administrator/designee until goal is attained. Results of these audits will be reviewed at the monthly QAPI to determine compliance</li> <li>• Administrator to Audit daily that exterior front door alarm is being activated each day by receptionist at 8pm prior to leaving.</li> <li>• During orientation of new hires, the facility (Business Office Manager) will educate newly hired staff on elopement and conduct competency quizzes.</li> <li>• The facility Quality Assurance Team/ IDT (including Medical Director, Administrator, Social Services, DON, ADON and facility consultant) shall meet at least monthly to review elopement risk residents, trends, patterns and develop and implement action steps as necessary.</li> <li>• The QA meeting is held monthly for three months, then quarterly and as needed. An emergency QA meeting was held on 9/10/2025 by the Administrator with the Interdisciplinary Care Team and Medical Director. The Elopement from the facility on 9/8/2025 was discussed along with the Removal Plan. The Medical Director and Interdisciplinary Care Team approved this Removal Plan. This will be monitored by the Administrator, DON, ADON, and Social Services.</li> </ul> <p>#2.</p> <p>R132's (Active Order as Of: 03/09/2026) documented, in part "Diagnoses: (include but are not limited to) congestive heart failure, Type 2 Diabetes Mellitus, dependence on enabling machines and devices. Order Summary: OT (occupational therapy) Frequency 3-6/week x 8 weeks. Active: 02/18/2026. PT (physical therapy) Frequency 3-6/week x 8 weeks. Active: 02/17/2026."</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| S9999                                                                   | <p>Continued from page 8</p> <p>R132's (02/20/2026) Minimum Data Set documented, in part "Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15." Indicating R15's mental status as cognitively intact. "Section GG. Functional Abilities. GG0170. D. Sit to Stand and F. Toilet transfer: 01 – Dependent - Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. E. Chair/bed – to chair transfer: 88 – Not attempted due to medical condition or safety concerns."</p> <p>R132's (02/16/2026) care plan documented, in part "Focus: requires the use of mechanical lift for transfer. Goal: will tolerate total body lift transfer from surface to surface with staff assistance. Intervention: Provide 2 staff assistance for transferring. Use total body (Hoyer lift) when transferring resident."</p> <p>On 03/09/2026 11:42 AM, V19 (Certified Nursing Assistant) transferred R132 from the wheelchair to the toilet seat using the stand lift by herself. V19 stated when transferring her (R132) from the wheelchair to the toilet seat using the stand lift, there should be 2 persons doing the transfer; unfortunately, the facility is short staff, and she (V19) could not get any one to assist her with transfer. V19 stated there should be two persons assisting her with transfer to ensure no falls happened.</p> <p>On 03/10/2026 at 2:16pm, V25 (Restorative Nurse) stated restorative is in charge of care planning resident with transfer and use of mechanical lift. If a resident is careplanned for 2 staff assist with mechanical lift, it should be followed. V25 stated if the resident is coded 'dependent' with transfer, there should be 2 staff assisting her with transfer. The importance of following the careplan is for safety to prevent injuries and falls; to prevent staff and resident from getting hurt or injured.</p> <p>On 03/10/2026 AT 2:46PM, V61 (Physical Therapy Assistant) stated she (R132) is on ongoing treatment for therapeutic transfer. Once she (R132) is done with therapy, the Therapy Department will give recommendations for transfer. V61 stated there was no recommendation for transfer yet because she is still on therapy.</p> <p>On 03/19/2026 at 9:36am, V25 (Restorative Nurse) stated if she was careplanned to use a total body lift for transfer, the CNA is expected to follow the care plan and use total body lift to transfer the resident for safety.</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| S9999                                                                   | <p>Continued from page 9</p> <p>The (11/2017) Comprehensive Care Plans documented, in part "POLICY STATEMENT</p> <p>An individualized, person centered comprehensive care plan, including measurable objectives with timetables to meet Resident's physical, psychosocial and functional needs, is developed and implemented for each Resident. PROCEDURE: 1.) In coordination with the Resident and Resident representative, as applicable, the interdisciplinary team will develop and implement a person centered, comprehensive plan of care. Care plans are comprised of Focus statements, Goals and Interventions. 6.) The comprehensive person centered care plan will: a. Reflect treatment goals, timetables and objectives in measurable outcomes; b. Describe the services that are to be provided to attain or maintain the highest practical physical, mental and psychosocial well-being."</p> <p>R61's diagnoses include hemiplegia and hemiparesis affecting right dominant side.</p> <p>R61's (2/11/26) functional assessment affirms the resident is dependent on staff for chair/bed to chair transfer, walking was not attempted due to medical condition or safety concerns.</p> <p>R61's (2/6/26) fall risk assessment affirms that resident is "at risk."</p> <p>R61's (3/17/23) care plan states resident is at risk for falls related to weakness, impaired mobility, use of assistive device and use of psychotropic medication, interventions: ensure that the bed is in the appropriate lowest position for the patient. Mechanical lift for transfers.</p> <p>R61's (2/11/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact).</p> <p>On 3/9/26 at 11:14am, R61 was lying in bed which was noted to be waist high. Surveyor inquired if R61 requires assistance with transfers. R61 stated, "Yes" and affirmed that a wheelchair is used for locomotion.</p> <p>On 3/9/26 at 11:16am, surveyor inquired if R61 can transfer herself. V5 (LPN/Licensed Practical Nurse) stated, "No, she's (R61) a (mechanical lift) transfer." Surveyor inquired about R61's fall prevention interventions. V5 responded, "Making sure we (staff) keep her safe in bed and 2-hour checks. If need be, we pull her (R61) up in the bed and bed in the lowest position." Surveyor inquired about the</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                          |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b> |                                                                                                                          |                                                     |                            |
| (X4) ID<br>PREFIX<br>TAG                                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |  | ID<br>PREFIX<br>TAG                                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                     | (X5)<br>COMPLETION<br>DATE |
| S9999                                                                   | <p>Continued from page 10<br/>current height of R61's bed. V5 subsequently entered the room and replied, "Her (R61) bed is up high, elevated I (V5) would say to the waist. We (staff) have to put your (R61) bed at the lowest position for safety."</p> <p>R27's diagnoses include paraplegia.</p> <p>R27's (12/8/25) functional assessment affirms the resident is dependent on staff for chair/bed to chair transfer.</p> <p>R27's (3/4/26) fall risk assessment affirms that resident is "at risk" for falls.</p> <p>R27's (6/21/23) care plan states the resident is at risk for falls related to weakness, impaired mobility, and use of assistive device, intervention: ensure that the bed is in the appropriate lowest position for the patient.</p> <p>R27's (12/8/25) BIMS determined a score of 15.</p> <p>On 3/9/26 at 11:25am, R27 was lying in bed which was noted to be waist high. Surveyor inquired if R27 can transfer himself and/or stand without assistance. R27 stated, "No."</p> <p>On 3/9/26 at 11:28am, surveyor inquired if R27 can transfer himself. V5 (LPN) stated, "No." Surveyor inquired about the height of R27's bed. V5 subsequently entered the room and responded, "I'd (V5) say waist high."</p> <p>On 3/11/26 at 2:47pm, surveyor inquired about facility prevention interventions for residents at risk for falling. V2 (Director of Nursing) stated, "We (facility) have a list of them, they would be in the care plans." Surveyor inquired about the required height of resident beds. V2 responded, "In low position however we (facility) have a couple of residents that like it higher and won't let us (staff) lower it down."</p> <p>The (08/2020) fall management program states the facility is committed to minimizing resident falls and/or injury so as to maximize each resident's physical, mental and psychosocial wellbeing. While preventing all resident falls is not possible, it is the facility's policy to act in a proactive manner to identify and assess those residents at risk for falls, plan for preventive strategies and facilitate a safe environment. Use standard fall/safety precautions for all residents. The bed will be maintained in a position appropriate for resident transfers.</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |

Illinois Department of Public Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>            |                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0042192</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                   |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><br><b>03/19/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ALDEN ESTATES OF ORLAND PARK</b> |                                                                                                                              |                                                                             |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>16450 SOUTH 97TH AVENUE , ORLAND PARK, Illinois, 60467</b> |                                                                                                                          |                                                     |                            |
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| S9999                                                                   | Continued from page 11<br>(A)                                                                                                |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 03/30/2026                 |