

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040683		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/07/2026	
NAME OF PROVIDER OR SUPPLIER ALDEN LONG GROVE REHAB &HC CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 2308 OLD HICKS ROAD , LONG GROVE, Illinois, 60047			
(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 Investigation 2613733/2967116	S0000					
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure pain management was provided to a resident related to a right tibia fracture. This failure resulted in R1 experiencing severe pain without receiving ordered pain medication for approximately 24 hours. This applies to 1 of 7 residents (R1) reviewed for pain management in the sample of 7. The findings include:	S9999					

Office of Primary Care and Health Systems Management

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040683		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/07/2026	
NAME OF PROVIDER OR SUPPLIER ALDEN LONG GROVE REHAB &HC CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 2308 OLD HICKS ROAD , LONG GROVE, Illinois, 60047			
(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 R1's face sheet shows she was admitted to the facility on 3/11/26 with diagnosis including displaced fracture of right tibia, type 2 diabetes, hypertension, difficulty walking, and history of falls. On 4/6/26 at 10:33 AM, R1 was in her room laying in bed. R1 said she came to the facility after falling at home and fracturing her right knee. R1 said she is non-weight bearing to her right lower extremity and wears the immobilizer when she is out of bed. R1 said she was having a lot of pain to her right knee when she came to the facility and increased pain after therapy. She was getting hydrocodone (opioid) pain medication every four hours as needed for pain. R1 stated, "I needed pain medication every 4 hours" for pain. She would call requesting the pain medication and would have to wait up to 1.5 hours after requesting her pain medication. On two occasions nursing did not have my pain medication available. Nursing reported they were waiting on pharmacy to deliver the pain medication. "I was really angry one night because I was in pain." R1 said "I exploded at the CNA (Certified Nursing Assistant), because no one was helping me." R1 said she was having pain, and no one would do anything for her pain. R1 said she told two doctors and one said, "He doesn't deal with that." R1 said she was so upset she asked to speak to the administrator. R1 said, "The administrator came up the next day and I explained to her what was going on. They would run out of pain medication at night, it happened twice. Why were they running out of pain medication?" On 4/7/26 at 10:38 AM, V6 (Registered Nurse-RN) said if a resident has narcotics ordered they need a script from the physician and then it's faxed over to pharmacy. Pharmacy delivers medications to the facility at 3:00 PM and the 2nd delivery is at midnight. She is not sure if they can pull narcotics from the emergency medication cart. V6 said R1 had hydrocodone for pain, and she followed up with pharmacy because she did not have R1's pain medication. "I was not able to give the narcotic because I did not have the supply." V6 said she did not pull the medication from the emergency supply because pharmacy said it was going to be delivered. On 4/7/26 at 10:55 AM, V5 (RN) said R1 was alert and oriented, and able to express herself. Initially after her admission she would request pain medications every 4 hours. R1 would rate her pain at a 6-7 and was always putting on her call light every 4 hours requesting her pain medication. V5 said there was one time she did not have R1's pain			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040683		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/07/2026	
NAME OF PROVIDER OR SUPPLIER ALDEN LONG GROVE REHAB &HC CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 2308 OLD HICKS ROAD , LONG GROVE, Illinois, 60047			
(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 medication to administer. R1's Medication Administration Record (M.A.R.) dated March 2026 shows orders to administer Hydrocodone 5-325 mg (milligrams) one tablet every 4 hours as needed for moderate to severe pain. R1's M.A.R. shows on 3/13/26 and 3/17/26 shows there was no pain medication administered. R1's M.A.R. shows on 3/16/26 hydrocodone was administered at 11:29 PM and the next dose was administered on 3/18/26 at 12:59 AM (approximately 24 hours later). R1's M.A.R. shows pain score 4-8 recorded with hydrocodone administered. R1's Controlled Drug Receipt Record shows 18 pills of hydrocodone were delivered to the facility on 3/12/26. On 3/13/26 the controlled record shows she was medicated for pain at 8:00 PM (This does not reflect on R1's M.A.R.) R1's physician progress note dated 3/13/26 documents (R1) complains of significant pain with any pressure or movement of her right leg. R1's progress note dated 3/17/26 documents moderate to severe right knee pain, asking for hydrocodone every 4 hours. R1's progress note dated 3/19/26 by V10 (Previous Assistant Administrator) documents R1 stated, "Where the h*ll are my pain meds? Why are you people not getting them pharmacy?" V9 explained to her controlled substances have to wait until the day of the last dose for the prescription to be filled. On 4/7/26 at 12:48 PM, V2 (Director of Nursing-DON) said she was not aware of any concerns regarding R1's pain medications not being available. V2 said, "If the narcotic is ordered and they are waiting on pharmacy to deliver, I would expect nursing to pull the medication from the emergency supply. Pain should be treated when the resident is requesting pain medication and not delayed." She was not aware V10 spoke with R1 regarding this concern. "I don't know why (V10) did not talk to me about (R1's) pain medication. There is a reason why V10 is no longer here." V2 reviewed R1's M.A.R. with this surveyor and confirmed R1 did not receive pain medication over a 24-hour period on 3/17/26. V2 said nursing should have communicated the concern to her and administered the narcotic. R1's current care plan shows to assess pain every shift and monitor the effectiveness of pain relief.			S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0040683		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 04/07/2026	
NAME OF PROVIDER OR SUPPLIER ALDEN LONG GROVE REHAB &HC CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 2308 OLD HICKS ROAD , LONG GROVE, Illinois, 60047			
(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 The facility's Pain Management Evaluation Policy dated 4/2025 states, "Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. Residents shall be evaluated for pain upon admission, re-admission, post fall with significant change...pain will be evaluated each shift." (B)			S9999			