STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	**6120 WEST OGDEN CICERO, IL 60804**

(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
F 000	INITIAL COMMENTS Complaint Investigations #2294217/IL147428-F600 cited #2294526/IL147820-F760 cited	F 000		
F 600 SS=D	Free from Abuse and Neglect CFR(s): 483.12(a)(1) §483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a resident was free from physical abuse for 1 of 5 residents (R1) reviewed for abuse in the sample of 5. The findings include: On 6/24/22 at 9:23 AM, R1 was in his room in bed. R1 said he got hit by "the guy." R1 would not elaborate further. R1 said he was "ok now." On 6/24/22 at 9:57 AM, R2 was sitting in bed. R2	F 600	Alden Town Manor Rehabilitation and Healthcare Center Plan of Correction and Allegation of Compliance F 600 483.12 (a) (1) Free from Abuse and Neglect Submission of this Plan of Correction by Alden Town Manor Rehabilitation and Healthcare Center is not a legal	6/27/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 07/12/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	6120 WEST OGDEN CICERO, IL 60804

(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
F 600	Continued From page 1 said he hit that guy because he was being "naughty". R2 said he grabbed the guy on his shoulder with force, then slapped him in the face. R2 stated "I knew I hurt him!" On 6/24/22 at 11:30 AM, V8 (License Practical Nurse-LPN) said she was the nurse working on 4/7/22 when the incident happened. V8 said she was in the hallway and can hear R1 yelling repeatedly as if he was in pain. V8 said she went to R1's room. R1 was in bed, R1's face was reddened. R1 was very angry and said that someone came to his room and hit him multiple times in the face. R1 also said the guy was wearing a shirt with a number. V8 said she went to the TV room and noticed R2 was standing quietly. V8 said normally R2 wanders and R2 has been to other resident's room. R2 was also wearing a shirt with a number. V8 said she asked R2 if he hit R1. R2 at first won't respond, and then R2 said no. V8 said she then asked R2 if they can walk together. V8 said as they were walking, R1 was now up in his wheelchair and was outside of his door. As soon as R1 saw R2, R1 pointed at R2 and screamed "that's him, that's the guy that hit me." V8 said that was when R2 admitted he hit R1 in the face. V8 said when a resident hit another resident, that is Abuse. V8 said the facility does not tolerate abuse. R2's progress notes dated 4/7/22 show, resident (R2) went into another resident room and physically hit resident (R1) in the face multiple times. Resident (R2) stated that the other resident (R1) was calling out for help and when he went into the room to help him, (R1) started cursing him saying get the f ...out, then R2 smacked R1 in the face.	F 600	admission that a deficiency exists or that this statement of deficiencies was correctly cited. In addition, preparation, and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the Survey Agency. Corrective Actions taken for those residents alleged to have been affected by the practice are: • R1 assessed with no adverse effects noted. R1 has had no further occurrences. Actions taken to identify other resident that may have the potential to be affected by the same practice: • No resident-to-resident altercations. • No other facility residents affected. The measures the facility will take to ensure the problem will be corrected and will not reoccur. • Staff were in-serviced on the facility abuse policy. • Staff were in-serviced on monitoring and managing residents with cognitive impairment with behaviors. Quality Assurance plans to monitor facility performance to make sure corrections are achieved. • A QA Tool was initiated to monitor	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	**6120 WEST OGDEN CICERO, IL 60804**

(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
F 600	Continued From page 2 The Facility Reported Incident-Final sent to the state agency on 4/11/22 show, Date of incident -4/7/22, [R1] a 90 year old resident with diagnoses of dementia, DM 2, weakness ... [R2] with diagnosis of dementia major depression ...Description of occurrence: R1 stated that R2 hit him in the face. POA for both residents were notified. MD for both residents were also notified with order to send R2 to the hospital for psych eval .... Both residents were now separated to different area of the floor. On 6/22/22 at 9:33 AM, V2 (Director of Nursing) said he was notified of the incident on 4/7/22. V2 said that R2 went to R1's room. R1 started cursing R2 for being in his room so R2 hit R1 in the face. V2 said R2 has behavior of wandering. V2 said this would be the first time that R2 had hit another resident. V2 said right after the incident, R1 and R2 were separated in different wings but remained in the same floor. V2 said however, when R1 sees R2, R1 gets agitated due to the previous incident of R2 hitting him. V2 said R1 then was moved to another floor to be away from R2 for R1's safety. V2 said abuse is not tolerated in the facility. V2 said the facility make's sure all residents are safe. V2 said all residents should be free from physical abuse. The facility's Abuse Policy dated 9/20 show, "The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of residents property, corporal punishment and involuntary. Physical abuse: hitting, slapping, punching .... Abuse: The willful infliction of injury ...willful as used in the definition of abuse means the individual must have acted deliberate, not that the individual must have intended to inflict injury or harm ..."	F 600	compliance with protecting residents and preventing abuse by the Administrator or designee. • The results of the monitoring completed under this Plan of Correction are submitted to the QAPI Committee for review and further follow-up. Completion Date: 06/27/2022	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	**6120 WEST OGDEN CICERO, IL 60804**

(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
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2)	F 760		6/27/22

Residents are Free of Significant Med Errors
CFR(s): 483.45(f)(2)

The facility must ensure that its-
§483.45(f)(2) Residents are free of any significant medication errors.
This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review the facility failed to ensure a resident did not receive a medication that was not prescribed by his physician. This failure resulted in R3 receiving Glipizide (Sulfonylurea/Oral Hypoglycemic Agent) leading to R3 developing Hypoglycemia and Encephalopathy requiring hospitalization.

This applies to 1 of 3 residents (R3) reviewed for significant medication errors in a sample of 5.

The findings include:

On 6/24/22 at 9:50AM R3 was in bed, positioned on his back. R3 appeared clean and comfortable. His Gastrostomy Tube was running. R3 had O2 on per nasal cannula. R3 was on Contact and Droplet precautions for COVID-19 as R3 is a new unvaccinated resident at the facility. R3's respirations were shallow and R3 was non-responsive to verbal stimuli.

On 6/24/22 at 9:40 AM V3 (RN) stated, "When he first came in, he was very anxious, restless, trying to climb out of bed. He kept saying he wanted to go to the restaurant and things like that. Then he got hypoglycemia and they sent him out. He came back and now he is not responsive. He has a Gastrostomy Tube and Oxygen. He doesn't have any facial grimacing and doesn't seem to have any pain. The doctor was just here and saw

Alden Town Manor Rehabilitation and Healthcare Center
Plan of Correction and Allegation of Compliance

F 760
483.45(f)(2) RESIDENTS ARE FREE OF SIGNIFICANT MED ERRORS

Submission of this Plan of Correction by Alden Town Manor Rehabilitation and Healthcare Center is not a legal admission that a deficiency exists or that this statement of deficiencies was correctly cited. In addition, preparation and submission of this POC does not constitute an admission or agreement of any kind by the facility of the truth of any facts set forth in this allegation by the Survey Agency.

Corrective Actions taken for those residents alleged to have been affected:

- R3 returned to the facility and had no further adverse effects noted. R3 medication were reconciled to ensure correct medication is given.
- All nurses re-educated on the facility's policy Medication Administration: General Guideline

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	**6120 WEST OGDEN CICERO, IL 60804**

(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

F 760

Continued From page 4

him on Sunday. This morning when I checked on him, I actually had to put my hand on his chest to see if he was breathing. He was so still. I wasn't here when he went out, but they told me his sugar was low. He was lethargic. So just as a nursing judgement they checked his blood sugar, he didn't have any orders for that. He was admitted to the hospital. I was told his blood sugar was 24 and they transferred him to the ER, and he was admitted with hypoglycemia. He was first admitted here on 5/25/22 with sepsis due to a UTI (Urinary Tract Infection) and he was on antibiotics. He gets dialysis. He got sent out on 5/30/22 and came back from the hospital on 6/18/22."

On 6/24/22 at 12:00 PM V10 (LPN) stated, "(On 5/30/22)I went to give him his medications in the afternoon about 3-4 PM. When I went to wake him up, I wasn't able to arouse him. I did his blood pressure, and it was ok and then I checked his blood sugar, and it was like 34. He didn't show any other signs of hypoglycemia other than he was not responsive. Earlier that day he took his medications for me and then when I came back in the afternoon, he was like this. It seemed like all of a sudden. I gave him his morning medications probably about 9 AM. (When I found him unresponsive) I called the NP and we sent him out. "

R3's Progress Notes dated 5/30/22 at 7:49 PM state, "Resident found in bed unable to arouse. Blood sugar results 24. Informed NP(Nurse Practitioner). Resident transferred to (Local) ER. POA notified of transfer to hospital. Admitted with diagnosis Hypoglycemia."

R3's Hospital Progress Notes dated 6/17/22

F 760

Actions taken to identify other resident that may have the potential to be affected are:

- Nurses were observed during medication pass. All were noted to follow the policy on verifying medication and orders. All nurses accurately dispensed medications.
- No other facility residents affected.

The measures the facility will take to ensure the problem will be corrected and will not reoccur.

- Nurses have been in-serviced on the facility's policy on medication administration, checking medication with physician order/EMAR before giving medication.

Quality Assurance plans to monitor facility performance to make sure corrections are achieved.

- A QA Tool was developed for monitoring the administration of medication this will be initiated by the Director of Nursing or designee.
- The results of the monitoring completed under this Plan of Correction are submitted to the QAPI Committee for review and further follow-up.

Completion Date:

06-27/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	**6120 WEST OGDEN** **CICERO, IL 60804**

(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
F 760	Continued From page 5 state, "(R3) is a 74 year old male with a medical history of hypertension, diabetes, dyslipidemia, gout, End Stage Renal Disease on Hemodialysis Monday Wednesday Friday Regimen, recent admission for Urinary Tract Infection secondary to ESBL (Bacteria) and discharged to the nursing home. On 5/30/22 who comes to the hospital with complaints of acute encephalopathy secondary to hypoglycemia requiring intubation for airway protection. Status Post extubation on 6/8/22... Acute Multifactorial encephalopathy- stable, not at baseline. Per nursing home, Alert and Oriented x1 at baseline. The patient was found unresponsive at the nursing home and has likely suffered neuroglycopenic injury secondary to hypoglycemia. Medication review: not suggestive of cause, med record received from nursing home showing no sulfonylureas... Elevated C-Peptide (28.6), Hypoglycemia panel None detected except Glipizide 44 ng/ml Patient on tube feedings, likely will need PEG (Percutaneous Endoscopic Gastrostomy) tube for long term feeding in relation to AMS (Altered Mental Status.)" This same document states, "Hypoglycemia (likely sulfonylurea induced)... C-Peptide at 28.6, which in the setting of a positive glipizide level noted on the hypoglycemia panel suggested sulfonylurea intake." On 6/24/22 at 1:35 PM, V11 (R3's Physician) stated, "I have known this patient for a long time. He was a patient in my office before the facility. He is on dialysis and then he went into the hospital with hypoglycemia. He is not on Glipizide and never has been to my knowledge. If they gave him the wrong medication in the nursing home or at the hospital , I can't answer that. I'm not the nurse passing the medications and if they found Glipizide in his system then I will have to	F 760		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145736	A. BUILDING ______ B. WING ______	C 06/24/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN TOWN MANOR REHAB & HCC	6120 WEST OGDEN CICERO, IL 60804

(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
F 760	Continued From page 6	F 760		

look into this. I did not follow him at this hospital. If he got it at another facility, I would not expect it to still show up a month later. I just can't answer that- I just know he is not on Glipizide."

R3's EMR (Electronic Medical Record) shows that R3 does not have an order for Glipizide.

On 6/24/22 at 12:05PM V12 (Assistant Director of Nursing) provided a form entitled Order Listing Report 5/1/22- 6/30/22 that shows the facility has only one resident (R4) with an order for Glipizide.

R4's EMR shows that R4 was admitted to the facility to room 201 (Across the hall from R3) on 5/26/22 with orders for Glipizide 5 mg Daily. On 5/27/22 the order was changed to Glipizide 5 mg twice a day.

On 6/24/22 at 1:40 PM The Team 1 medication cart was reviewed with V3. V3 stated, "The people on this team move around a lot and we get a lot of new admissions. I try to keep (the medications) in the cart in order by room number but sometimes you just have to put them where they fit in the drawer."

The facility Policy (provided by the pharmacy) entitled Medication Administration: General Guidelines dated 3/2018 states, "All medications shall be administered as prescribed by licensed personnel authorized to do so in accordance with standard nursing practice and current regulations." This policy also states, "Medications prescribed for one resident shall not be administered to another resident."