

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146008	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/16/2025
NAME OF PROVIDER OR SUPPLIER Alden of Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE 2021 Randi Drive Aurora, IL 60505	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide showers as scheduled. This applies to 2 of 2 residents (R1 and R3) reviewed for improper nursing in the sample of 5. The findings include: 1.R1's EMR (electronic data sheet) showed that R1 was admitted to facility on April 18, 2024, with multiple diagnoses including chronic diastolic (congestive) heart failure, paraplegia, schizoaffective disorder, depressive type, morbid (severe) obesity due to excess calories, hypertensive heart disease with heart failure.R1's quarterly MDS (minimum data set) dated October 8, 2025, showed that R1 was cognitively intact and was dependent on staff for showers/bathing.On November 14, 2025, at 11:45 AM, R1 was lying in bed in a hospital gown and stated that she needed assistance of one CNA (Certified Nursing Assistant) for bed baths, R1 stated From what I hear from the CNA's that they don't schedule enough staff. I get bed baths. I am supposed to get showers on Wednesdays and Sundays. The CNAs are darling but there is not enough of them.R1's shower intervention task report showed that R1's showers were scheduled on Wednesday and Sunday evenings. The same reports from October 01-November 14, 2025, were reviewed along with additional shower sheets that were provided by the facility. Based on this information, R1 missed showers on the following scheduled shower dates in October and November 2025: October 8 (Wednesday), October 22 (Wednesday), October 26 (Sunday), November 9 (Sunday). This information showed that R1 did not have a shower for 9 days consecutively from October 20-October 28, 2025. 2. R3's EMR showed that he was readmitted to the facility on [DATE], with multiple diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, infection and inflammatory reaction due to indwelling urethral catheter, subsequent encounter, acute and chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, altered mental status.R3's quarterly MDS dated [DATE], showed that R3 was moderately impaired in cognition and was dependent on staff for toileting and shower/bathing. On November 14, 2025, at 12:07AM, R3 was sleeping in his bed and did not respond to queries. R6 (R3's spouse) who shared his room stated that R3 sleeps a lot and may not be alert enough to respond adequately. R6 stated that she is in the room [ROOM NUMBER]/7 with him and knows what care he receives. R6 stated that R3 gets a bed bath and that he should get one weekly at least but it does not happen. R3's shower intervention task report showed that R3's showers were scheduled on Monday (days) and Friday (evenings). The same reports from October 1-November 14, 2025, were reviewed along with additional shower sheets that were provided by the facility. Based on this information, R3 missed showers on the following scheduled shower dates in October and November 2025:October 13, 2025 (Monday), October 20, 2025 (Monday), October 24, 2025 (Friday), October 31(Friday), November 3 (Monday), November 7 (Friday). This information shows that R3 did not receive showers for 9 days consecutively between October 17 to October 26, 2025, and for an additional 9 days consecutively between November 1 to November 9, 2025.On November 14, 2025, at 3:33 PM, V2 (Director of Nursing) stated that the regulation denotes that the residents are required to have showers once a week. V2 stated that the facility offers showers twice a week. V2 added that the facility goal is that if the shower is scheduled, the resident should receive their showers. Facility Policy and Procedure titled Bath, Tub or Shower (09/20) included:Policy:1. To provide cleanliness and comfort to the resident. 2.To assist the resident in bathing. 3. To prevent body odors. To stimulate circulation and provide a mild form of exercise. 5. To observe the resident's skin condition. Procedure: 6. Assist the resident into the tub or shower. 7. Encourage the resident to do as much of his/her own care as possible; supervise and assist as necessary.</p>		