

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2025
NAME OF PROVIDER OR SUPPLIER Alden Courts of Waterford		STREET ADDRESS, CITY, STATE, ZIP CODE 1991 Randi Drive Aurora, IL 60504	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</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 0686</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 observation, interview and record review, the facility failed to provide pressure injury treatment to a resident as ordered by the physician. This applies to 1 of 3 residents (R29) reviewed for pressure injury in the sample of 16. The findings include: R29 had multiple diagnoses including COPD (chronic obstructive pulmonary disease), chronic respiratory failure with hypoxia, Alzheimer's disease and generalized muscle weakness, based on the face sheet. On August 25, 2025 at 10:37 AM, R29 was taken to her room by V3 (RN/Registered Nurse). R29 was assisted to bed by V3 and while in bed, the resident's disposable brief was removed. The skin on R29's sacral/coccyx and the surrounding buttock areas were denuded (outer layer of the skin was lost) and the exposed skin was pinkish in color. R29 had no dressing in place on the buttocks/sacral/coccyx areas. After providing bowel incontinence care to R29, V3 applied Zinc Oxide ointment on R29's sacral/coccyx and buttocks areas. According to V3, zinc oxide was the only skin treatment that is being applied on R29's sacral/coccyx and buttocks areas. No other skin treatment or dressing was applied by V3. The wound physician assessment dated [DATE] showed that R29 has a stage 2 pressure injury on the coccyx extending to the buttocks measuring 7 cm (centimeters) in length x 5 cm in width x 0 cm in depth. It had 100% open dermis and the peri-wound was denuded. The wound physician documented that the pressure injury had light serous exudate. The same assessment showed recommended daily and as needed treatment, by cleaning the pressure injury with normal saline, zinc oxide to be applied topically and to cover with foam dressing. R29's order summary report showed an active order dated August 8, 2025 for zinc oxide ointment to the buttock topically every day shift and as needed for skin condition related to stage 2 pressure injury. The same order report showed an active order dated August 7, 2025 for, Optifoam Gentle EX (extra or enhanced) (a silicone faced foam with border) Sacrum 7 x 7, apply to buttocks topically every night shift and as needed post cleansing the area with normal saline. On August 26, 2025 at 4:18 PM, V3 stated on August 25, 2025 after seeing R29 without the dressing on the buttocks, she asked V12 (CNA/Certified Nursing Assistant) if there was a dressing on R29's buttocks on the morning of August 25, 2025 before the resident was given a shower at around 7:00 AM. V3 stated that she was informed by V12 that there was no dressing on R29's buttocks on the morning of August 25, 2025 before the resident's shower. V3 confirmed that she was not notified by V12 about the missing foam dressing. According to V3 she did not apply the foam dressing on R29's buttocks during her shift on August 25, 2025 (6:00 AM - 6:00 PM) because the order to apply the foam dressing should be done during the night shift. V3, admitted that she was not aware that there was an order to apply the foam dressing on the buttocks as needed. On August 27, 2025 at 9:18 AM, V12 (CNA) stated that on August 25, 2025 when she assisted R29 to get up and provided shower to the resident at around 7:00 AM, the resident had no foam dressing on her sacral/coccyx and/or buttocks. V12 admitted that she did not inform the nurse on duty (V3) about R29 not having the foam dressing. On August 27, 2025 at 9:23 AM, V16 (RN) stated that he applied the foam dressing on R29's buttocks at around 12:00 AM on August 25, 2025 during his shift (6:00 PM-6:00 AM) on August 24, 2025. According to V16, he did not receive a report from the CNA assigned to the R29 that the foam dressing got removed or got soiled after the application at 12:00 AM on August 25, 2025. V16 stated that, if he was informed, he will reapply the foam dressing because there is an order to apply the foam dressing as needed. On August 27, 2025 at 12:55 PM, V2 (Director of Nursing) stated that all pressure injury treatments should be administered as ordered by the physician because it assist with wound healing. According to V2, if the foam dressing was missing for whatever reason, the foam dressing should be reapplied to R29, since there was an order to apply as needed. V2 added that for R29, it is important for the resident to have the foam dressing because it also serves as a protection for the buttocks area since R29 likes to sit in the chair and refuses to use the gel cushion.</p>		