PRINTED: 11/16/2023 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			STRUCTION		TE SURVEY MPLETED
		14E306	B. WING_				C
	ROVIDER OR SUPPLIER URGRA CARE CENTER			310 B	ET ADDRESS, CITY, STATE, ZIP CODE ANBURY ROAD I'H AURORA, IL 60542		1/02/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		F	000			
	Investigation of Com	plaint #2378920/IL165922					
	A Partial-Extended So Free from Abuse and CFR(s): 483.12(a)(1)		Fθ	600			11/16/23
	Exploitation The resident has the neglect, misappropria and exploitation as de includes but is not tim corporal punishment,	involuntary seclusion and cal restraint not required to					
	§483.12(a) The facility	/ must-					
	physical abuse, corpo involuntary seclusion; This REQUIREMENT by: Based on interview a failed to ensure a fem from a male resident of	is not met as evidenced  nd record review, the facility ale resident was protected with a known history of re resulting in the sexual					
	This applies to 1 of 5 is sexual abuse in the sa	residents (R1) reviewed for ample of 6.					
	2023 when R4 was ac direct care staff were thistory of hyper-sexual	rdy began on October 12, mitted to the facility and not made aware of R4's I behaviors, and no in place to protect other	_		Attachment A Statement of Licensure Video	olations —	
ABORATORY D	IRECTOR'S OR PROVIDER/S	JPPLIER REPRESENTATIVE'S SIGNATURI			TITLE		(X6) DATE

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.

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 14E306 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) Continued From page 1 F 600 residents, resulting in a resident being sexually abused. V1 (Administrator) and V2 (DON-Director of Nursing) were notified of the Immediate Jeopardy on October 31, 2023 at 11:45 AM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on November 1, 2023, but non-compliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. The findings include: The EMR (Electronic Medical Record) shows R1 was admitted to the facility on May 2, 2023. R1 has multiple diagnoses including, cerebral palsy and mild cognitive impairment of uncertain or unknown etiology. R1's MDS (Minimum Data Set) dated August 8, 2023 shows R1 is cognitively intact, requires supervision with dressing, locomotion off the unit, and eating, limited assistance with bathing and personal hygiene, and is independent with all other ADLs (Activities of Daily Living). R1 is always continent of bowel and bladder. On October 26, 2023 at 9:34 AM, R1 was sitting in her room. R1 said, "We got a new resident (R4) and he tried to kiss me the other night (October 13, 2023). He tried to kiss me, and I said I don't know you! I cannot kiss someone I don't know! I was so scared. I am so afraid he is going to come back in my room. He tried to touch me all over. He put his hand up my shirt and touched my breasts. I hollered for help, and he ran out of the room. It was on Friday (October 13, 2023) around 2:00 AM. I couldn't sleep for a

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONS	STRUCTION	(X3) DATE SURVEY COMPLETED	
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		14E306	B. WNG_			11/	02/2023
NAME OF PI	ROVIDER OR SUPPLIER			STREET	FADDRESS, CITY, STATE, ZIP CODE		_
NORTH AI	URORA CARE CENTER			310 BA	NBURY ROAD		
HOMITA	SKOIG GARE GERTER			NORTI	H AURORA, IL 60542		
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F 600	while because I was a room to help me. The (Activity Director) aroume what was wrong warmling. I told her I all During the interview withe conversation, start the hallway, saying as front of the building ar (Administrator) if there return to the facility.  The local police depart Report printed Octobe shows the following de (Police Officer): "On I approximately 1158 (19 (Police Officer) response occurred earlier in the hours (2:00 AM)I who was observed to [R1] stated that a make 0200 hrs (hours) and ther bed. She was ale right side. The male is something on his phone "what the F are you demale proceeded to star physically that her breand later described that the male then asks for his girlfriend, and she stated that her roomm began to call for help help. As [R5] began to fithe room [R1] re	scared. No one came in my enext morning, I told [V5] and 10:00 AM. She asked with me because I wasn't most got raped last night." with R1, R1 kept interrupting ading up, and walking down he needed to walk to the hid ask the V1 er was any chance R4 would be was incident that and a day - approximately 0200 began interviewing [R1] be in distress and crying. We entered her room around woke her up by sitting on be ping while laying on her waid, hey, and showed her ne. [R1] said she was like, soing in my room," and the wast were being touched the act as rubbing. Per [R1], or a kiss, and would she be was and instructed her to get or respond, the male ran out we ported being very shaken	F	000			
		nd could not stop crying. not eaten because she was					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION NG	(X	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER		1 20	STREET ADDRESS, CITY, STATE, ZIP CODE		11/0	2/2023
NORTHA	IDODA GADE GENTER			310 BANBURY ROAD			
NUKINA	URORA CARE CENTER			NORTH AURORA, IL 60542			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORF X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	=	(X5) COMPLETION DATE
F 600	used or if she was thr happened. [R1] state away when the male away when the male of the two [R1] stated the male of PM to the shower-root in her robe" The kease Summary report (Police Officer) intervishows: "I asked [R4] this morning, early thin he was felt on a girl's what happened after [R4] stated he was try was in the mood to has statement by saying in normal and that he kr what he showed [R1]	eatened when this d that she forced his face attempted to kiss her. b have interacted previously, followed her around 10:00 m and said she looked sexy pocal police department's t continues to show V16	Fé	600			
	asked for the time and (AM). I asked what in and he said that her rithat [R1] was asleep, and have sex. [R4] so was not asleep and diministration asked again if he was teenage black girl, but anymore and was goi (Administrator) asked have sex with people replied, that was his form that night (October 13).	the told her it was 1:53 Interrupted him in the room, Interrupted him in t					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		14E306	B. WING			C 11/02/2023
	ROVIDER OR SUPPLIER URORA CARE CENTER		310	EET ADDRESS, CITY, STATE, ZIP CO BANBURY ROAD RTH AURORA, IL 60542		11/02/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 600	came in I told him sh room, and he left the The EMR shows R5 on September 25, 20 including major depredisorder, mild cognitidisorder, and diabeted R5's MDS dated Octrognitively intact.  On October 26, 2023 in her bed in the roor said, "[R4] came in orasked what he was decame and said he sh tried to go over and she was sleeping."  On October 26, 2023 "There was a tall blace new to our building a sound asleep and we shoulder. I swatted a leave, and he left. I conext day."  The facility's final rep October 19, 2023 shoulder. I swatted a leave, and said her. [R4] went into [R2's] and startled her. [R4] and sat on her bed we nurse on duty was into their rooms and he to room when he was of	thing. The second time he e's asleep get out of our room."  was admitted to the facility 121 with multiple diagnoses essive disorder, anxiety we impairment, autistic 15.  bet 2, 2023 shows R5 is 15.  at 10:35 AM, R3 was sitting in she shares with R6. R3 ur room twice that night. I loing. He left and someone ouldn't be in our room. He lee my roommate (R6), but 10:43 AM, R2 said, ck man in my room. He was not just came that day. I was ske up to [R4] fondling my at him, and I told him to fid not tell anyone until the	F 600			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	-	(X3) DATE SURVEY COMPLETED
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		14E306	B. WNG			11/02/2023
	ROVIDER OR SUPPLIER  URORA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP O 310 BANBURY ROAD NORTH AURORA, IL 60542	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO TO DEFICIENCY	TON SHOULD BE THE APPROPRIA	(X5) COMPLETION TE DATE
F 600	[R4] was in her room	he woke her up and	F 6	600		
	touched her. [R1] was were noted. Investigate police and Administrate more startled when shall her bed. She stated the anything to her and he told her nurse that [R4] was fine. The nurse of Nurse) stated that who occurred he went to look described to him. Late the doorway of another return to his room. [R came into her room are her if he could kiss her then asked her to look reached over and touch stop and leave the room as also interviewed as [R4] said to [R1] and wheave the room; [R5] are room. [R5] said to [R1] and who occurred and forgot to witnessed. [R4] did as bed because he though [R4] also stated that he leaving [R2's] room. [Full heaving [R2's] room. [Full heaving [R2's] room. [Full heaving [R1] said it her. [V9] (RN) was also that [R1] did not inform Conclusion: It was detented the start of the state o	s assessed for injuries none ation: When interview by the for; [R2] stated she was be realized someone was in that [R4] did not say be just left her room. She lightly was in her room and she and duty (V9) (RN-Registered en [R2] told him what look for the resident that [R2] er on, [V9] (RN) saw [R4] in the resident he told [R4] to at lightly was left at when [R4] at woke her up he asked of, and she said no. [R4] at his phone and then the shed her. [R1] asked him to lightly asked [R4] to leave the lent back to sleep after this tell anyone about what she limit that he got into [R2's] the she was someone else. It is and touching her. [R4] was okay for him to touch or interviewed and stated thim of the event with [R4]. It is ermined that [R4] did go				
	into [R2's] bedroom an And it was also determ	ined that [R4] also went to				
- 1	[R1's] room and got int	o bed with her and touched				
	her. [R1] was assesse	d and there were no				
	injuries she also confin	med that she was not in				
	any pain or hurt. [R4]	was monitored one on one				

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**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 600 Continued From page 8 F 600 (Administrator). He was a new admission, 24 to 48 hours or so. Corporate screens the individuals before they come to us. We used to be part of a team where we reviewed the paperwork and decided if the person was a good fit for our facility, but now Corporate makes those decisions and we are not given any information about the residents. We were not told about him before he came. We were not asked to put a plan in place to monitor [R4] or anything to protect the other residents. We got the information after he arrived. When we were able to look at his history and saw about his history of trying to kiss other residents and sexually grabbing staff members from other facilities, we were like woah! We never had a meeting to discuss him before he came or any precautions we should have taken. It was all a big surprise after the sexual abuse happened." V6 (Social Worker) said, "We were not told about [R4's] psychiatric diagnosis or his history of trying to kiss residents, or sexually acting out at previous facilities before he came to the facility. One minute he was not at the facility. and the next minute he was. There was nothing put in place to protect the residents from [R4]. We didn't even know about it until it was too late. The decision was made by Corporate to take this resident. We would have said he was not appropriate for our facility. Once he had sexually abused a resident the night of October 13, 2023, then I heard about it from [V1] (Administrator) that morning. He ended up in our office as a one-to-one observation resident late in the morning on October 13, 2023. When we left at 3:00 or 3:30 PM, we took him up to [V1's] (Administrator) office and he had to sit with her.

He was very agitated sitting with us and did not want to be watched so closely. We never had a team meeting before [R4] came to the facility to

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NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 310 BANBURY ROAD NORTH AURORA, IL 60542	DDE		02/2023
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admitted, he was in tover the place. We do interview other per anyone else. If we was exually active, we do residents."  On October 26, 2023 said, "I admitted [R4] towards the end of mad just gotten here, go home. I did not reprevious facility. I briftom his previous facility. I can extra eye on him. I con october 26, 2023 "After midnight, I can station, and I see this of [R1]. His room wand I said what are yelloor was cracked op	ropriate. After he was he hallway, wandering all burselves did not go around ople to see if it happened to rould have known he was ould have protected our  at 3:12 PM, V7 (Nurse) on October 12, 2023 by shift around 2:00 PM. He and I was getting ready to beceive a report from the diefly looked at the paperwork dility and saw he had some I gave the information to the dier what I read. [V1] by (DON) never told me desident I was going to be de was no plan in place to	F	600			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		1/02/2023
NORTH A	URORA CARE CENTER			310 BANBURY ROAD NORTH AURORA, IL 60542		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	( )	SHOULD BE	(X5) COMPLETION DATE
F 600	go back to your room. not check on [R1] or [ and I did not know hin told the other nurse w that the new resident. After a while, [R1] and and they asked me to is a guy that is looking that night that he touc I told [V1] (Administrat maybe she could mov looking into the female wandering around. Al another lady, [R2] wok in her room and scare up and he was there. (Administrator) in the r him go in [R3's] room in your own room, and said you should not go keep on following me, not sure about his mer admitted on the other; did not get report on h him having a history of Administration did not On October 26, 2023 a of Psychosocial Rehat take this guy (R4), we [V11] (Regional Marke (Corporate Hospital). I gosychiatric hospital). we needed to do this a to him we could not tak owner of the company, and he was not stable.	I closed [R1's] door. I did R5]. [R4] was a new admit, or anything about him. I orking with me that night was wandering around. I [R5] tried to use the toilet watch them because there if at them. I did not know hed the resident's breasts. For the next morning that the ethe guy because he kept to the guy because he kept to the next morning that the ethe guy because he kept to the next morning that the ethe guy because he kept to the next morning that the guy and said a man came of her. She said I just woke I said okay, I'll tell [V1] morning about this. I saw too. I said you should stay I he said she's my friend. I saround, and he said if you I need privacy too. I am that capacity. He was side of the building, and I im. Nobody told me about if sexual abuse. Give me any warning."  At 12:35 PM, V10 (Director of the policy) said, "We did not want to could not meet his needs. Iting Director) and [V12] aison) said they were at the put in an email and said is a favor. I tried to explain the this guy. I emailed the [R4's] referral was awful, [V11] (Regional Marketing and said we had to take	F	500		

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FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 600 | Continued From page 11 F 600 sending us people and we are next to a grade school. We asked for a denial and [V11] said it was a favor. They told [V1] (Administrator) that she cannot deny his referral." An email thread provided by V1 (Administrator) on October 26, 2023 shows: On October 5, 2023 at 8:16 AM, V12 (Hospital Liaison) sent an email to V1 (Administrator), V2 (DON), and V11 (Regional Marketing Director), as well as others. The email shows: [R4] is slow to respond and has a cognitive deficit. He was aware why he was at the [Psychiatric Hospital]. I did not have the referral yet and the C/M (Case Manager) did share some info with b/4 (before) I did the bedside. He stated he went into a girl's room and tried to kiss her. I asked him if she wanted to be kissed. He said that she didn't like it too much. I talked to him about consent and that going forward if he feels he wants to kiss someone he needs to ask that person before he does it. I also told him that if he came to the facility and liked a girl there and wanted to kiss her that before he acted on it that he needed to talk to the nurse or S/W (Social Worker) at the facility and tell them that was what he wanted to do so they could help him in knowing what to do next. I asked him if that was something he could do and he said ves. Then he said that he no longer has interest in girts. He is aware that he will have a shared room. He is a smoker, so I informed him of our smoking rules - which he states is understood. He told me he did have a THC vape pen - which his mother bought for him while he was OOP (Out on Pass). He stated he tried to buy it, but since he did not have his ID he could not buy it, so he

asked his mom, and she bought it for him. He receives SSI/SSD (Social Security/Disability) but is unsure how much he receives. He is aware

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY F 600 | Continued From page 12 F 600 that he will need to turn it over to the facility and would be interested in starting a resident trust fund. He is African American, and he states to me that he wants to go in facility where there is a majority of white people. He stated that male staff do not respect him and would prefer white female CNAs and white female nurses. Diagnoses, 160 pounds, bipolar disorder severe w/psychosis, schizophrenia." On October 5, 2023 at 10:39 AM, V1 (Administrator) responded to V11 (Regional Marketing Director), V12 (Hospital Liaison), and V2 (DON), "I'm concerned about this referral and his request for a staff of a different gender and race. Most of my CNAs are African American, Latino, African, and Filipino, same thing with my nurses. I don't want him trying to kiss some of our residents that cannot tell him no." On October 5, 2023 at 2:43 PM, V11 (Regional Marketing Director) responded to V1, V2, and V12, "Is patient ambulatory?" To which V12 (Hospital Liaison) responded at 2:48 PM, "Yes." On October 5, 2023 at 3:00 PM, V11 (Regional Marketing Director) replied to V12 (Hospital Liaison), V1 (Administrator), and V2 (DON), "Proceed with admission. Spoke with [V1] via phone at 1459 (2:59 PM)." On October 26, 2023 at 3:11 PM, V1 (Administrator) said, "I told corporate I did not think he was appropriate for our facility. They told me I had to take him and that was that." On October 30, 2023 at 11:11 AM, V17 (Psychiatrist) said, "The way you protect other residents from a resident with [R4's] history is

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seclusion and any physical or chemical restraint

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER			A BUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 1/1/02/2023  SER OR SUPPLIER  A CARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)  Thirtinued From page 15  Son will establish a plan for evaluating a dent's acceptability to the facility clinically, insistion Criteria checklist to be used going ward for new referrals to determine if vidualized plans are needed. (Attachment) the linical plansiston Criteria checklist to be used going vidual consenting in freeded. The Administrator, Director of Nursing, Social vidualized plans for any new resident requiring vidual centered interventions to be put into be upon admission. Illinical staff will be in-serviced prior and upon issicin of any history information needed in ear to provide care to a new admission that aires interventions. Administrator/Director of sing/Designee will complete education ariding the new process for clinical staff in on or via phone. Information will be provided an Agency staffing binder. Completion date: ember 2, 2023.  following systemic measures have been emerted to ensure all alleged deficient ticies do not recur:  tesidents who are high risk for behaviors will a resident certained interventions put in place on bild in the provided activity will inform direct care staff of incoming dents history upon admission.				
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	resident's acceptabilit Admission Criteria ch forward for new referi individualized plans a 2. R4 no longer reside restraining order agait the facility. R2, R3, an facility with no negative provide additional codes. The Administrator, Services, and Hospital individualized plan for individual centered in place upon admission 4. Clinical staff will be admission of any historder to provide care requires interventions Nursing/Designee will regarding the new properson or via phone. In the Agency staffing November 2, 2023.  The following systemi implemented to ensur practices do not recur. A) Residents who are have resident centere to prohibit and preventabused.  B) Facility will inform or residents' history upon.	a plan for evaluating a cy to the facility clinically. ecklist to be used going rals to determine if re needed. {Attachment} es at the facility. R1 placed a nst R4. R1 still resides at nd R5 still reside at the ve outcomes; facility will anseling if needed. Director of Nursing, Social at Liaison will have an any new resident requiring terventions to be put into in-serviced prior and upon by information needed in to a new admission that. Administrator/Director of complete education poess for clinical staff in information will be provided binder. Completion date:  In measures have been e all alleged deficient in the complete education date:  In measures have been e all alleged deficient in the complete education date:  In measures have been e all alleged deficient in place the complete education date:  In measures have been e all alleged deficient in place the complete education date:  In measures have been e all alleged deficient in place the complete education date:  In measures have been e all alleged deficient in place the complete education date:  In measures have been e all alleged deficient in place the complete education date:  In measures have been e all alleged deficient in place the complete education date:	F 6				
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING\_ 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 600 Continued From page 16 F 600 monitor compliance through the QA process on all new residents admitted to the facility one time a week for 3 months. Administrator/ Director of Nursing/Designee will contact additional assistance from the physician, and [Corporate] management as needed. The Quality Assurance team including the Regional Clinical Manager will monitor compliance through the quarterly Quality Assurance meetings by reviewing the audit tool {Attachment}. F 689 | Free of Accident Hazards/Supervision/Devices F 689 11/16/23 SS=K | CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that -§483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to supervise a newly admitted male resident (R4) with known hyper-sexual behaviors resulting in R4 entering 5 female residents' rooms (R1, R2, R3, R5, R6), sexually abusing (R1), and getting into bed with R2 and touching her shoulder. This applies to 5 of 5 residents (R1, R2, R3, R5, R6) reviewed for sexual abuse in the sample of 6. The Immediate Jeopardy began on October 12,

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NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 10 BANBURY ROAD IORTH AURORA, IL 60542		
PREFIX (EACH DEFICIENCY MUST	ENT OF DEFICIENCIES IT BE PRECEDED BY FULL ENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	-	(X5) COMPLETION DATE
F 689 Continued From page 17 2023 when R4 was admitted direct care staff were not make the interventions were put in puresidents, resulting in a resulting i	nade aware of R4's haviors, and no place to protect other sident being sexually r) and V2 were notified of the ctober 31, 2023 at confirmed by direcord review that the removed on November noe remains at Level ne is needed to on and effectiveness of cical Record) shows R1 on May 2, 2023. R1 cluding, cerebral palsy nent of uncertain or Set) dated August 8, ely intact, requires locomotion off the unit, noe with bathing and ndependent with all raily Living). R1 is and bladder.  34 AM, R1 was sitting a got a new resident te the other night ed to kiss me, and I annot kiss someone I end. I am so afraid he is	F	389			

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**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 14E306 B. WING 11/02/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F 689 | Continued From page 18 F 689 touch me all over. He put his hand up my shirt and touched my breasts. I hollered for help, and he ran out of the room. It was on Friday (October 13, 2023) around 2:00 AM. I couldn't sleep for a while because I was scared. No one came in my room to help me. The next morning, I told [V5] (Activity Director) around 10:00 AM. She asked me what was wrong with me because I wasn't smiling. I told her I almost got raped last night." On October 26, 2023 at 9:29 AM, R5 was lying in her bed, in the room she shares with R1. R5 said, "[R4] came into our room two times during that night (October 13, 2023). Around 2:00 AM, he got near to [R1's] bed and was asking her for a kiss. I heard everything. The second time he came in I told him she's asleep get out of our room, and he left the room." The EMR shows R5 was admitted to the facility on September 25, 2021 with multiple diagnoses including major depressive disorder, anxiety disorder, mild cognitive impairment, autistic disorder, and diabetes. R5's MDS dated October 2, 2023 shows R5 is cognitively intact. On October 26, 2023 at 10:35 AM, R3 was sitting in her bed in the room she shares with R6. R3 said, "[R4] came in our room twice that night. I asked what he was doing. He left and someone came and said he shouldn't be in our room. He tried to go over and see my roommate (R6), but she was sleeping." On October 26, 2023 at 10:43 AM, R2 said, "There was a tall black man in my room. He was

new to our building and just came that day. I was

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	witnessed. [R4] did a bed because he thou [R4] also stated that I leaving [R2's] room. up asking her for a ki stated that [R1] said i her. [V9] (RN) was a that [R1] did not infon Conclusion: It was dinto [R2's] bedroom a And it was also deten [R1's] room and got ii her. [R1] was assess injuries she also confany pain or hurt. [R4] after the investigation facility. The police re event was filed and re and took him to the loand [R1's] care plans will continue to monito concerns they may hare ported that they fee On October 26, 2023 (Administrator) said, "incidents with [R4] are 13, 2023. Around 10: one-to-one monitoring notified around 11:15 into custody around 4 her bed and touched bed with her. [R3] sain night before, that he wonthing sexual happer walk around, and he was that they fee	admit that he got into [R2's] ght she was someone else. The did go to [R1's] room after [R4] admitted waking [R1] as and touching her. [R4] to was okay for him to touch also interviewed and stated on him of the event with [R4]. The elemined that [R4] did go and got into bed with her. The mined that [R4] also went to not bed with her and touched and there were no immed that she was not in a was initiated until he left the turned to the facility after the elemoved [R4] from the facility are police department. [R2] have been reviewed. Staff for both [R1] and [R2] for any ave. [R1] and [R2] both a comfortable in the facility."  at 11:04 AM, V1  I found out about the bound 10:30 AM on October 30 AM, we put [R4] on 19, and the police were AM, and took the resident coo PM. [R1] said he sat on the r. [R2] said he got into do she talked to [R4] the vent in her room, but ned. We were told he could would ask girls if he could the staff were made aware	Fe	689		

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 14E306 B. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 689 Continued From page 21 F 689 The EMR shows R4 was admitted to the facility on October 12, 2023. The EMR continues to show R4 was discharged on October 13, 2023 with local police department. V8's (NP-Nurse Practitioner) documentation created October 14, 2023 shows R4 had multiple diagnoses including schizophrenia and asthma. R4's MDS was not completed at the time of this investigation. The facility does not have documentation to show they had an interim care plan or any other type of care plan in place addressing R4's hyper-sexual behaviors, this was confirmed by V1 (Administrator) on October 31, 2023 at 9:14 AM. [Psychiatric Hospital] documentation dated September 23, 2023 at 2:24 PM shows: [R4] is a 28-year-old male admitted to [Psychiatric Hospitall voluntarily. Chief complaint from intake: "I was high on weed oil and I was trying to talk to a girl in the room. I was trying to kiss her and touch her butt. I tried to kiss her. Patient is a 28-year-old male admitted to [Psychiatric Hospital] voluntarily for acute psychosis. Patient reportedly had walked into another resident's room in his nursing home with intent to physically assault them. Patient has been hypersexual, inappropriately touching nursing home staff, and sexually aggressive towards emergency medical services staff. UDS (Urine Drug Screen) positive for cannabis. Patient began masturbating in front of the sitters at the emergency department and was unable to be redirected. Patient has been seen responding to internal stimuli. He has disorganized and tangential thought process. He has a history of schizophrenia and has been

non-compliant with his medications. Nursing

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STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	not told about [R4's] phistory of trying to kiss acting out at previous the facility. One minurand the next minute he put in place to protect We didn't even know a The decision was maderesident. We would happropriate for our fact abused a resident the then I heard about it firmorning. He ended urange on October 13:00 or 3:30 PM, we to (Administrator) office at the was very agitated want to be watched so the meeting before [I decide if he was appropriated if he was appropriated want to be watched so the more than the very agitated want to be watched so the meeting before [I decide if he was appropriated was in the over the place. We on the place was appropriately active, we contain the place was appropriately active, and also active was appropriately active.  The facility's "3 Day A by the facility on October 1 and 1 an	al Worker) said, "We were sychiatric diagnosis or his a residents, or sexually facilities before he came to the he was not at the facility, we was. There was nothing the residents from [R4]. About it until it was too late. The beginning the was not said he was not said he was not said he was not said he was not said to Cotober 13, 2023, from [V1] (Administrator) that p in our office as a said he mad said the said on resident late in the 3, 2023. When we left at sook him up to [V1's] and he had to sit with her said said in the colosely. We never had a R4] came to the facility to	F	689			

NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  SEREET ADDRESS, CITY, STATE, ZIP CODE  310 BANBURY ROAD  NORTH AURORA, IL 60542  ID  PROVIDER'S PLAN OF CORRECTION	AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  310 BANBURY ROAD  NORTH AURORA, IL 60542  (X4) ID  PREFIX  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  STREET ADDRESS, CITY, STATE, ZIP CODE  310 BANBURY ROAD  NORTH AURORA, IL 60542  PROVIDER'S PLAN OF CORRECTION PREFIX  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			14F306				_		
PRÉFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE					310 BANBURY ROAD	CODE	11/02/2023		
	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIA			
Continued From page 24 sexual behaviors that needed to be monitored."  On October 26, 2023 at 1:37 PM, V19 (LPN) said, "No one told me to keep an eye on [R4] or monitor his behaviors. He was a touchy, feely guy."  On October 26, 2023 at 3:12 PM, V7 (Nurse) said, "I admitted [R4] on October 12, 2023 towards the end of my shift around 2:00 PM. He had just gotten here, and I was getting ready to go home. I did not receive a report from the previous facility. I briefly looked at the paperwork from his previous facility and saw he had some sexual behaviors, so I gave the information to the next nurse and told her what I read. [V1] (Administrator) or [V2] (DON) never told me anything about the resident I was going to be taking care of. There was no plan in place to keep an eye on him."  On October 28, 2023 at 9:15 AM, V8 (CNA) said, "I worked from 3:30 PM to 11:30 PM on October 12, 2023. [R4] came to the facility around 2:30 PM. No one told us we had to keep an eye on him. He was walking all around the facility, during my shift, pacing and pacing. I was never told to keep an extra eye on him. I did not know anything about his background."  On October 30, 2023 at 3:41 PM, V20 (CNA) said, "I was not told anything about [R4's] behaviors or to keep an eye on him when he came to the facility! I worked from 2:00 PM to 10:00 PM on October 12, 2023, the day he was admitted, and the following morning as well."  On October 30, 2023 at 3:45 PM, V21 (CNA) said, "I was working on the morning shift the day		Sexual behaviors that On October 26, 202 "No one told me to a monitor his behavior guy."  On October 26, 202 said, "I admitted [R4 towards the end of rhad just gotten here go home. I did not reprevious facility. I be from his previous facility anything about the representation of the following shift, pacing and keep an extra eye of anything about his benaviors or to keep came to the facility. 10:00 PM on October 30, 202 said, "I was not told behaviors or to keep came to the facility. 10:00 PM on October 30, 202 said, and the following admitted, and the following some said.	at needed to be monitored."  3 at 1:37 PM, V19 (LPN) said, keep an eye on [R4] or rs. He was a touchy, feely  3 at 3:12 PM, V7 (Nurse)  3 on October 12, 2023  The said I was getting ready to receive a report from the riefly looked at the paperwork cility and saw he had some of I gave the information to the her what I read. [V1]  2] (DON) never told me resident I was going to be re was no plan in place to make to the facility around 2:30 we had to keep an eye on grall around the facility, during pacing. I was never told to make the information to the him. I did not know ackground."  3 at 3:41 PM, V20 (CNA) anything about [R4's] an eye on him when he I worked from 2:00 PM to re 12, 2023, the day he was llowing morning as well."	F6	89				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	2		STREET ADDRESS, CITY, STATE, ZIP CODE  310 BANBURY ROAD  NORTH AURORA, IL 60542		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 689	Continued From page 25 [R4] was admitted (October 12, 2023). He came towards the end of my shift. I was not told anything about his behaviors or to follow him around."  On October 30, 2023 at 3:49 PM, V22 (CNA) said, "I worked on the 2:00 PM to 10:00 PM shift on October 12, 2023. [R4] came to the facility around 2:00 PM. I was not assigned to watch him or anything. No one told me he had sexual behaviors."  On October 30, 2023 at 4:05 PM, V24 (CNA) said, "I was working at the facility on Thursday, October 12, 2023. [R4] was admitted that day. We had a COVID outbreak that day and I was helping to move residents around to different rooms. I was never told about [R4] having sexual behaviors or that I had to observe him and report any concerns."  On October 26, 2023 at 2:15 PM, V9 (RN) said, "After midnight, I came out from the nurse's station, and I see this guy (R4) outside the door of [R1]. His room was across the hall from hers, and I said what are you doing there, because the door was cracked open, and it is usually always closed. He moved away from the door, and I said go back to your room. I closed [R1's] door. I did not check on [R1] or [R5]. [R4] was a new admit, and I did not know him or anything about him. I told the other nurse working with me that night		F 68	9		
	that the new resider After a while, [R1] at and they asked me is a guy that is lookii that night that he too I told [V1] (Administr	it was wandering around.  Ind [R5] tried to use the toilet to watch them because there are at them. I did not know uched the resident's breasts. Fator) the next morning that the guy because he kept				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_ C 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID: (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) F 689 Continued From page 26 F 689 looking into the female resident's rooms. He kept wandering around. About an hour after that, another lady, [R2] woke up and said a man came in her room and scared her. She said I just woke up and he was there. I said okay, I'll tell [V1] (Administrator) in the morning about this. I saw him go in [R3's] room too. I said you should stay in your own room, and he said she's my friend. 1 said you should not go around, and he said if you keep on following me, I need privacy too. I am not sure about his mental capacity. He was admitted on the other side of the building, and I did not get report on him. Nobody told me about him having a history of sexual abuse. Administration did not give me any warning." On October 26, 2023 at 12:35 PM, V10 (Director of Psychosocial Rehab) said, "We did not want to take this guy (R4), we could not meet his needs. [V11] (Regional Marketing Director) and [V12] (Corporate Hospital Liaison) said they were at [psychiatric hospital]. He [V11] put in an email and said we needed to do this as a favor. I tried to explain to him we could not take this guy. I emailed the owner of the company. [R4's] referral was awful, and he was not stable. [V11] (Regional Marketing Director) overrode us and said we had to take him. I am very upset with them. They keep sending us people and we are next to a grade school. We asked for a denial and [V11] said it was a favor. They told [V1] (Administrator) that she cannot deny his referral." An email thread provided by V1 (Administrator) on October 26, 2023 shows: On October 5, 2023 at 8:16 AM, V12 (Hospital Liaison) sent an email to V1 (Administrator), V2 (DON), and V11 (Regional Marketing Director), as well as others. The email shows: [R4] is slow to respond and has

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_ 14E306 B. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 689 | Continued From page 27 F 689 a cognitive deficit. He was aware why he was at the [Psychiatric Hospital]. I did not have the referral yet and the C/M (Case Manager) did share some info with b/4 (before) I did the bedside. He stated he went into a girl's room and tried to kiss her. I asked him if she wanted to be kissed. He said that she didn't like it too much ..... He is African American, and he states to me that he wants to go in facility where there is a majority of white people. He stated that male staff do not respect him and would prefer white female CNAs and white female nurses. Diagnoses, 160 pounds, bipolar disorder severe w/psychosis, schizophrenia." On October 5, 2023 at 10:39 AM, V1 (Administrator) responded to V11 (Regional Marketing Director), V12 (Hospital Liaison), and V2 (DON), "I'm concerned about this referral and his request for a staff of a different gender and race. Most of my CNAs are African American, Latino, African, and Filipino, same thing with my nurses. I don't want him trying to kiss some of our residents that cannot tell him no." On October 5, 2023 at 2:43 PM, V11 (Regional Marketing Director) responded to V1, V2, and V12, "Is patient ambulatory?" To which V12 (Hospital Liaison) responded at 2:48 PM, "Yes." On October 5,2 023 at 3:00 PM, V11 (Regional Marketing Director) replied to V12 (Hospital Liaison), V1 (Administrator), and V2 (DON), "Proceed with admission. Spoke with [V1] via phone at 1459 (2:59 PM)." On October 26, 2023 at 3:11 PM, V1 (Administrator) said, "I told corporate I did not think he was appropriate for our facility. They told

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OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 14E306 B. WNG 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 689 | Continued From page 28 F 689 me I had to take him and that was that." On October 30, 2023 at 10:53 AM, V1 (Administrator) said they did not do any advance planning for R4's admission to the facility to ensure residents would be kept safe. "In this instance, Corporate told me we had to take the resident, but did not give us any tools or ideas on how we should take care of him." On October 30, 2023 at 11:11 AM, V17 (Psychiatrist) said, "The way you protect other residents from a resident with [R4's] history is don't admit a guy like that! I would not have admitted him in the first place because of his history. I saw him on October 13, 2023 via telehealth, and I was aware he already crawled into bed with some female residents. I could not even talk to him about it. He would not engage in an interview. This facility is not set up to take care of psychiatric patients like [R4]. I have been told by [V10] (Director of Social Services) that the facility does not have programming in place. Each time a patient like [R4] has a psychotic exacerbation, it changes their brain chemistry, and they are less likely to respond to their medications. He is a very sick man. The decision to accept him at the facility was made higher up in the corporate ladder. I know the staff at the facility did not want him. I was never asked for suggestions or involved in any advance planning on how to handle him once he got there so other residents were protected from his behaviors." The Immediate Jeopardy began on October 12, 2023. The facility presented a removal plan to remove the immediacy on October 31, 2023 at

4:01 PM. The survey team reviewed the removal

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**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING \_ 14E306 9. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 689 Continued From page 29 F 689 plan and was unable to accept the plan to remove the immediacy. The removal plan was returned to the facility for revisions. The facility presented a revised removal plan to remove the immediacy on November 1, 2023 at 9:49 AM. The survey team reviewed the removal plan and was unable to accept the plan to remove the immediacy. The removal plan was returned to the facility for revisions. The facility presented a revised removal plan to remove the immediacy on November 1, 2023 at 12:27 PM, and the survey team accepted the removal plan on November 1. 2023 at 12:34 PM. The Immediate Jeopardy was removed on November 1, 2023 when the facility took the following actions to remove the immediacy. On October 31, 2023, the following was initiated: 1. The Administrator, Director of Nursing, Social Services, Regional Clinical Director, and Hospital Liaison will establish a plan for notifying staff of new resident's behaviors which will impact other residents right to privacy, safety, and freedom from abuse. Resident Bio form to be used for new resident admissions. 2. The Administrator, Director of Nursing, Social Services, Regional Clinical Director and Hospital Liaison will have an individualized plan for any new resident requiring individual centered interventions to ensure the residents are appropriately supervised upon admission. 3. Direct care staff will be in-serviced prior to and upon admission of a new resident and given a plan to ensure that staff are aware of resident's

behaviors which would impact other residents' right to privacy, safety, and freedom from abuse.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  NORTH AURORA CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 310 BANBURY ROAD NORTH AURORA, IL 60542	DOE	11/02/2023	
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 30 Information will be provided in the Agency staffing binder. Completion date: November 2, 2023.  The following systemic measures have been implemented to ensure all alleged deficient practices do not recur:  A) The facility will notify staff of any needed plans in place for residents who are high risk for interventions. Facility will have resident centered interventions put in place to supervise and prevent residents from being abused. Residents will be monitored for behaviors and reported immediately to Administrator/Director of Nursing.  B) Facility will inform direct care staff of new residents' history before and upon admission with Resident Bio  For Quality Assurance (QA) Measures:  Administrator/Director of Nursing/Designee will monitor compliance through the QA process as new residents are admitted one time a week for 3 months.  Administrator/Director of Nursing/Designee will contact additional assistance from the physician, and [Corporate] Management as needed.  The Quality Assurance team including the Regional Clinical Manager will monitor compliance through the quarterly Quality Assurance meetings by reviewing the audit tool.		PREFIX	689			
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