STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING: _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investgation #1871501/IL100849	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)3) 300.3240a) (1of 1) 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING: _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S9999	Continued From page 1	S9999		

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.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements were not met as evidencded by:

Based on observation, interview, and record review, the facility failed to protect a resident from physical abuse. This situation resulted in R1 recieving a nose contusion and psycho-social harm of fearfullness of the threat of further harm.

This applies to 1 of 3 residents (R1) reviewed for abuse in a sample of 6.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING: _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S9999	Continued From page 2	S9999		

The findings include:

POS (Physician Order Sheet), dated March 1-31, 2018, shows R1's diagnoses include bipolar disorder, dementia, generalized muscle weakness, Parkinson's disease, colostomy, hallucinations, schizo paranoid personality. MDS (Minimum Data Set), dated February 1, 2018, shows R1's cognitive status as modified independence. On March 12, 2018 at 10:00 AM, R1 stated that while he was lying in bed sleeping, R1's radio alarm turned on and began making noise. R1 stated R2's room was close to R1's room. R1 stated R2 entered R1's room, began punching R1 in R1's face without warning, and caused injury to R1's nose and R1's nose to bleed. R1 stated he was sent to the hospital for examination of his injuries. R1 stated the episode was the second of two times R2 had punched R1 in the face at the facility. R1 stated he felt the facility was not addressing/punishing R2 for hitting R1 to prevent further attacks. On March 13, 2018 at 12:15 PM, R1 stated, "I have a fear, but there is nothing I can do about it! He [R2] sits behind me and he could do anything! He could probably break my neck. I just try to accept it." R1 also stated he felt like V2 (Former Administrator) was not doing anything to protect R1.

Nursing notes, dated March 4, 2018 at 11:45 PM, show, "Incident, see SBAR." Nursing notes, dated March 5, 2018 at 12:30 AM, show R1 was transported by ambulance to the hospital. Hospital Emergency Department summary, dated March 5, 2018 at 1:41 AM, shows R1 was examined for a nose contusion.

Face sheet, dated March 23, 2017, shows R2's diagnoses include diabetes, bipolar disorder,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S9999	Continued From page 3	S9999		

vascular dementia, hypothyroidism, dysthymic disorder, and insomnia. MDS, dated January 19, 2018, shows R2 was cognitively intact. On March 13, 2018 at 9:58 AM, R2 stated at the time of the altercation with R1, R1's radio was making noise and the noise bothered R2. R2 stated because the radio volume was high, "I hit him." R2 stated he said nothing to R1 prior to hitting R1. R2 stated he did not first ask R1 to turn down the radio. R2 also stated he hit R1 one additional time in November 2017 when R1 and R2 were roommates. R2 stated he hit R1 in November after asking R1 to turn down R1's radio. R2 stated during both altercations R2 hit R1 first. R2 stated he and R1 are supposed to be separated at all times since the incident March 4, 2018.

Social Service documentation, dated March 6, 2018, shows V10 attended a care plan for R1 and a decision to move R1's room across the building, and away from R2, was made at that time. The note shows R1 was very angry with V10 and V10 reassigned R1 a new case worker. The note shows, "R1 and R2 are now on opposite sides of facility and should have minimal contact. As of March 13, 2018, no further documentation was available in R1's clinical record indicating R1 had any follow up assessment after the incident with R2.

Facility Investigation: Resident to Resident Altercation, dated March 6, 2018, shows, "Conclusion: R2 became upset when R1 was playing his radio too loud. R2 then entered R1's room and struck him in his face. R1 and R2 were both sent out for evaluation. R1 and R2 returned to the facility and were both calm.... R1's room was moved and no other incidents have occurred. R1 and R2 don't get along and R2 has been directed to stay away from R1. A police report

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING: _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S9999	Continued From page 4	S9999		

was filed by V13 (Police Officer)."

On March 13, 2018 at 1:58 PM, V10 (Social Services Director) stated since the March 4, 2018 altercation, V10 witnessed an incident of R1 screaming at R2 in the dining room on March 5, 2018.

On March 13, 2018 at 11:18 AM in the main dining room during the first of two lunch seatings, R1 sat eating his lunch at the table next to R2 who was sitting eating his lunch. R2 finished his lunch, stood up, took his walker, and walked past R1 who was still sitting and eating his lunch. At 11:25 AM, V11 (CNA - Certified Nursing Assistant) was the only CNA in the dining room with the dining residents and was standing at the kitchen window across the dining room from R1 and R2. V11 stated she was not beem made aware of any residents who should not interact together in the dining room. At 11:18 AM, V12 (Dietary Aide) stated all residents sit at assigned tables in assigned seats. V12 showed a resident tray card which had the table and dining seating assigned to the resident.

On March 13, 2018 at 2:45 PM, V1 (Administrator) stated R1 and R2 should not be seated near each other at meals.

Facility Abuse Prevention Program Policy, dated Nonmember 28, 2016, shows, "This facility affirms the right of our residents to be free from abuse.... This will be done by: Immediately protecting residents involved in identified reports of possible abuse; Implementing systems to investigate all reports and allegations of mistreatment, exploitation, neglect, abuse of residents and misappropriation of resident property' promptly and aggressively, and making

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006605	A. BUILDING: _____ B. WING _____	C 03/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH AURORA CARE CENTER	310 BANBURY ROAD NORTH AURORA, IL 60542

(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) COMPLETE DATE
S9999	Continued From page 5 the necessary changes to prevent future occurrences...." (B)	S9999		