STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Annual Licensure and Certification Survey	S9999		

STATEMENT OF LICENSURE VIOLATIONS:

1/2
300.610a)
300.1210b)
300.3240a)
300.3240d)

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 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

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
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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) Section 300.3240 Abuse and Neglect d)When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) These regualtions were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was free from sexual and verbal abuse from a facilty staff member. This applies to 1 of 1 (R35) residents reviewed for abuse in the sample of 29. This failure resulted in the R35 experiencing fear for her safety and anxiety. The findings include: 1. R35's Face Sheet showed she was a 60 year old female with an admission date of 11/12/21. The Face Sheet showed diagnoses to include but no limited to: end stage renal disease, morbid obesity, dialysis, diabetes type II, and anxiety. R53's Minimum Data Set (MDS), dated 11/20/21,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 showed she was cognitively intact with a Brief Interview Mental Status score of 15 out 15. The MDS showed she required extensive assistance of two people for bed mobility and transfers. The facility's investigation into an incident reported on 12/5/21 involving R35 and V29 Certified Nursing Assistant (CNA) showed, "...allegedly (V29) Nurse Aide Boosted her up in bed and she felt that his (V29) face got too close and brushed her face..." On 1/26/22 at 9:18 AM, R35 stated, "He (V29) came in and said "can I give you a hug". He (V29) then put his head on my chest, like by my breasts, then he(V29) kissed me on my head and I thought that was weird but I didn't know if he(V29) was just very friendly. He(V29) was an older gentleman and he (V29) had a wedding band on so I thought maybe he (V29) was just overly affectionate. Then it continued for days, where he (V29) would give me a hug, but put his head on my breasts. Then he started moaning when he did that and then the kisses started getting closer to my mouth. That was when I knew I had to stop it. I reported it to another CNA (V28). I reported it at night, and she (V28) said she (V28) had to go tell the nurse. The next day (V27 Admission Coordinator) came and talked to me and I told her (V28) the same story. Then some days later he (V29) came in my room... I was very scared when I saw him (V29) come in the room again. I was scared he (v29) was going to do something to me." R35 stated, during this time, when V29 entered the room, V16 R35's "boyfriend" had gone out to smoke a cigarette. R35 stated V16 returned to her room and V29 entered her room a second time. R35 stated V16 was very upset about this and told V29 to leave the room. R35 stated V16 left the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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		

room to find her nurse. R35 stated, "I could hear the nurse yelling at him (V29) that he was not supposed to go in the room and she sent him home. I said, I don't want anyone to get fired especially around Christmas time but I did not want him (V29) in my room. The moaning really bothered me that was very inappropriate. Deep down I hoped they fired him because I don't know what he would do to someone that couldn't speak up for themselves." R35 stated, V14 Licensed Practical Nurse was the nurse who sent V29 home.

On 1/26/22 at 2:46 PM, V14 stated, "...When I went in (R35) said she doesn't know why that CNA (V29) was in the room and that he was not supposed to be in the room. The boyfriend (V16) said he was upset. (R35) said (V29) knew he was not supposed to be in her room because of what happened..." V14 stated, "I asked the CNA, because I knew he wasn't supposed to go there; I said why did you go in? If I was being accused of that stuff, I would not go in there just to protect myself from allegations, I would grab another staff member. He said the call light was on and he just went in to pick up a tray." V14 stated she was told by V15 (Licensed Practical Nurse, LPN) that V29 was not to go into R35's room due to a "kissing incident with the CNA and the resident....She told me something like he kissed her on the forehead and he was not supposed to be in there because of that."

On 1/27/22 on 9:13 AM, V15 LPN stated she is a night nurse and worked on R35's unit. V15 stated she did not know V29 because he worked days. V15 stated, V28 CNA reported to her "she did not want (V29) to be her CNA because something like he hugged her and kissed her on the forehead, but the patient does not want anyone to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 know because she doesn't want V29 to get in trouble and to lose his job... It was a very serious allegation...I endorsed it to (V14.) I told (V14) the same thing and that he (V29) should not be in the room because of the hugging and kissing issue..." On 1/26/22 at 1:01 PM, V7 Nursing Supervisor when she spoke with R35, "that's what the resident said, that there was hugging and kissing issues." On 1/27/22 at 10:10 AM, V1 stated she is the abuse coordinator. V1 stated it is not appropriate for staff to kiss a resident. On 1/27/22 at 12:52 PM, R35 stated "I never mentioned anything like that; that he was repositioning me and he brushed up against me. I never minimized or changed my story to protect him (V29). I never said anything about him boosting me; I am too big (R35 weighs approximately 350 pounds) there is no way he is strong enough for him to reposition me. I never made an allegation that he repositioned me and he got too close to me; I only made the allegation about kissing and hugging." The facility's Abuse and Neglect policy (reviewed 1/17/22) showed an example of sexual abuse to be "Implied or actual contact between a caregiver and resident of sexual nature. Any sexual behavior or relationship instigated by a staff member with a resident will be viewed as an allegation of sexual abuse..." 2. R35's Face Sheet showed an admission date of 11/12/21 with diagnoses to include but not limited to: end stage renal disease, morbid obesity, dialysis, diabetes type II, and anxiety.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 R35's Minimum Data Set (MDS), dated 11/20/21, showed she was cognitively intact with a Brief Interview Mental Status score of 15 out of 15. The MDS showed she required extensive assistance of two people for bed mobility and transfers. R35's current room has a refrigerator stocked with miscellaneous drinks and snacks. On 1/26/22 at 8:55 AM, R35 stated, V22 Certified Nursing Assistant (CNA, R35 knew V22's first name, the facility later verified who the CNA was.) R35 stated V22 was in her room and as V22 was leaving the room she said, "excuse me, I wanted something out of my fridge, then she started screaming. Yes, she was yelling loudly. My boyfriend heard her and he said what is going on. She said what do you want? I'm not doing anything for you it's time for me to go home. Then she said forget it; I'm leaving and she walked out the door. I did tell someone, but I don't remember who. I think it was one of the CNA's I really liked. That happened in my old room (R35 had a recent room change.) She (V22) did not get me what I wanted. I do need help to get stuff out of my fridge." R35 could not recall the exact date this occurred. On 1/26/22 at 9:08 AM, V16 R35's boyfriend stated the incident occurred in the evening, after R35 had returned from dialysis. V16 stated he was on the phone with R35 when the incident occurred and he could not hear the entire exchange; however, "she was talking real loud and screaming; real loud and she was saying what do you want now? It was abusive and loud and then she said something about she was going to leave."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 6 On 1/27/22 at 10:10 AM, V1 stated "I would expect the CNA to provide the resident with their request. It's not okay to yell at the resident and we strive to provide high quality customer service and to provide that assistance; that is why we are here." The facility's Abuse and Neglect policy (reviewed 1/17/22) showed verbal abuse "includes but not limited to the use of oral, written, or gestured language." The policy showed examples of verbal abuse include yelling at residents. (B) 2/2 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.1810c)3) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 7 b)The facility shall provide the necessary care 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. Section 300.1210 General Requirements for Nursing and Personal Care 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b)The DON shall supervise and oversee the nursing services of the facility, including: 3)Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 8 months. Section 300.1810 Resident Record Requirements c) Record entries shall meet the following requirements: 3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports. These regulations were not met as evidenced by: Based on observation, interview, and record review the facility failed to provide supervision for a resident with a history of falls while she was outside of the facility smoking and failed to have a plan in place for residents exiting the facility during inclement weather. These failures resulted in R55 exiting the facility unsupervised while the outside temperature was 14 degrees Fahrenheit (F) below zero and experiencing an unwitnessed fall. This applies to 16 of 129 residents (R55, R12, R64, R4, R5, R109, R77, R51, R50, R56, R21, R3, R47, R378, and R48) reviewed for safety and supervision. The findings include: R55's Face Sheet dated 1/26/22 showed diagnoses to include, but not limited to congestive heart failure, diabetes, chronic kidney disease	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 9 (Stage 3), major depressive disorder, and dementia without behavioral disturbance. R55's Facility Assessment dated 11/23/21 showed R55 had moderate cognitive impairment; required supervision with locomotion off unit; and required extensive assistance of two staff for bed mobility and transfers. R55's Care Plan initiated 8/15/20 showed R55 has a dementia diagnosis with interventions to include: "Cue, reorient, and supervise [R55] as needed." R55's Care Plan initiated 6/3/20 showed R55 is at risk for falls related to unsteady balance, weakness, multiple medical conditions/diagnosis and medication. The interventions include: "Remind and encourage resident to propel self on wheelchair in the middle of patio walkway as a safety precaution to prevent wheelchair imbalance and prevent a fall." R55's Medical Professional Progress Note dated 1/4/22 showed R55 was admitted on 6/5/2020 and was previously hospitalized from 5/24/20 - 6/2/20 after suffering a fall at home and sustained a right humerus fracture. R55's Fall Risk Evaluation dated 10/9/21 showed R55 was a "High Risk" for falls with a score of 18 (a score of 8 or above = High Risk). The facility's Incident Report dated 7/7/21 showed, " ... At 9:10 AM on 7/7/21, a male resident told the writer that [R55] was on the ground [in the outside smoking area]. This same report showed R55 is oriented to person, situation and place, but had a lack of safety awareness ..."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 10 The facility provided an undated list of R55's falls. This list showed 3 falls since 2/4/21 and did not include the fall in the outdoor smoking area on 7/7/21 or the fall that occurred on 1/26/22 (again in the outdoor smoking area). R55's General Progress Note dated 1/26/22 showed, "At 8:10 AM VP (Vice President) of clinical services overheard resident calling out for help and immediately responded. Upon approach, resident was noted sitting upright with both legs extended in front of her near the door of the patio/smoking area. Resident stated she was propelling her wheelchair to go back inside when she slid off from the wheelchair and landed on her buttocks ... At 8:15 AM the resident was assisted back to the wheelchair with mechanical lift with 4 person assist and transported back to her room ... A small abrasion was noted to right ring finger and redness to left knee ..." (According to timeandate.com the temperature at 7:52 AM was -14 degrees Fahrenheit) On 1/26/21 at 2:49 PM, V4 (Vice President of Nursing Services) said she was sitting at the nurses' station and heard someone calling for help around 8:10 AM. V4 said it was R55 yelling, "Help me!" V4 said R55 was sitting on her butt, just outside the door to the courtyard, with her wheelchair next to her. V4 said she did not see R1 fall. V4 said R1 was outside by herself. V4 said there were no residents or staff with R55 when she fell. On 1/26/22 at 10:02 AM, V5 (Licensed Practical Nurse - LPN) said R55 went outside this morning, in her wheelchair, and slid out of her chair. V5 said the staff had to use a mechanical lift to get her off the ground. V5 said he had not seen staff outside, supervising the residents, while they	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 11	S9999		

smoke. V5 stated, "There isn't anyone monitoring their smoking. I am busy passing medications." At 3:17 PM, V5 said he saw R55 self-propel her wheelchair past him this morning around 8 AM. V5 said he asked R55 where she was going and she said to get coffee. V5 said he told R55, "I hope you are not going outside. It's freezing." V5 said he went to administer medications and he did not see R55 go outside or fall. V5 said he does not have the authority to decide if the residents cannot go outside, but he would not have recommended it today.

On 1/26/22 at 1:04 PM, V9 (Certified Nursing Assistant - CNA) said she was the CNA assigned to R55. V9 said most of the smokers will take themselves outside and they do not always tell the staff they are going outside. V9 said she did not know that R55 was outside this morning and had not seen her fall. V9 said she was coming from the dialysis center and V4 (Vice President of Nursing Services) had the door open and R55 was on the ground, outside. V9 said V10 and V11 (CNAs) assisted her with the use of the mechanical lift to get R55 off the ground. V9 stated, "It could have been bad. She could have had frostbite because it was cold." V9 said when R55 came into the building her hands were cold and reddened.

On 1/26/22 at 10:42 AM, R55 was seen unsupervised in the outdoor smoking area. (Approximately 3 hours after she fell outside in the same area.) At 10:42 AM, V6 (LPN) was seated at the nurses' station, across from the exit door to the outdoor smoking area. V6 said she was unsure of where R55 was at the time. V6 stood from the nurses' station and walked toward the dining room. V6 then pointed outside to R55 who was out on the patio unsupervised and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 12 smoking. (According to timeanddate.com at 10:52AM the temperature was 0 degrees Farenheit.) V6 said the staff do not go outside with the residents. V6 stated, "It's cold outside, but they want to go out." V8 (Social Services) was seated inside the dining room, near the door to the outside smoking area, with his back to the door and windows. (V8 could not see R55 the way he was positioned.) On 1/26/22 at 10:44 AM, R55 entered the building and self-propelled her wheelchair to her room. R55 said, "Ooh, its cold out there." R55 had frozen nasal drainage noted on her nostrils and her eyes were watering. R55 did not have gloves on. R55 stated, "I fell outside this morning." R55 said she scraped her right knee and her right hand was hurting. R55 pointed to the inside of her right ring finger and a half circle abrasion was noted. R55 stated, "I went over a big bump and I slipped out of the chair as I was reaching for the door, to come back in. I landed on my rear-end. No one was out there. I was out there 15 minutes. I had to bang on the door and yell to get their attention. They had to come out with the lift to help me up. I don't think anyone even saw me go out." R55 said the staff does not go outside with her when she smokes. R55 said she usually transfers herself and self-propels her wheelchair. R55 said she has had falls in the past. On 1/27/22 at 10:31 AM, V12 (Registered Nurse) said if a resident fell in the morning, then I would put them under close supervision to prevent another fall. V12 said it can be hard to see outside to the courtyard from the nurses' station. V12 said you would have to go into the dining room to see well. V12 said if a resident fell outside in the morning, then they should be in closer supervision that day.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 13 On 1/26/22 at 12:47 PM, R56 stated, "Yes, I am a smoker. I go out on the patio by the dining room. It's the designated area. I can go out whenever; there aren't any designated times." R56 said staff do not go outside with him and never supervise smoking. R56 stated, "We can go out whenever we want to. I have seen people fall outside. One of us will just go inside and let whoever is working know that someone fell outside. I don't have to tell anyone when I go out to smoke." R56's facility assessment dated 11/24/21 showed R56 was cognitively intact. On 1/25/22 at 10:15 AM, R47 said he smokes every couple of hours, no staff go out with him, and smoking is not supervised. R47's facility assessment dated 1/11/22 showed he is cognitively intact. On 1/26/22 at 11:02 AM, V7 (Nursing Supervisor) said the door from the dining room to the outside smoking area is always accessible to the residents. V7 said a staff member should go outside with the residents to observe for safety while they are smoking. On 1/26/21 at 1:37 PM, the outdoor smoking area was observed. The exit door had a keypad but the alarm had been disabled and the door was able to be opened without the alarm sounding. The area was a large, shoveled, concrete slab and there was a large metal grate just off to the side of the doorway which created an uneven surface. On 1/27/22 at 10:59 AM, V17 (Nurse Practitioner) said all kinds of problems could happen if a resident fell outside in -14 degree temperatures: they could develop frostbite, lose consciousness,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 14 or experience a fracture from the fall. V17 said it would all depend what happened. V17 said when the temperature is -14 degrees outside, we make recommendations for the residents not to go outside. On 1/27/22 at 9:45 AM, V1 (Administrator) said the facility has an "open smoking policy." V1 said the door to the 300/400 courtyard is set to automatically unlock from 8:00 AM to 8:00 PM. V1 said she was not aware of a facility policy related to assessing for resident smoking outdoors in inclement weather. V1 was asked if -14 degrees would be considered inclement weather. V1 replied, "I'm not sure what the temperature cutoff is for inclement weather." At 1:25 PM, V1` said the facility does not have a policy related to inclement weather and when residents are not allowed to go outside. V1 said the facility would try to follow any weather advisories. On 1/27/22 at 1:30 PM, V21, Medical Director said the facility should have a policy to assess for going outdoors in inclement weather. V21 said inclement weather in the winter would include below freezing temperatures, freezing rain, and gusting winds. V21 stated, "I would consider -14 degree weather yesterday (1/26/21) to be an inclement weather concern." V21 said if a resident went outside unsupervised, and experienced an unwitnessed fall, then the resident could get caught in the extreme temperatures and they could get confused. V21 stated, "I think good common sense prevails." V21 said if a resident was a high fall risk or experienced repeated falls, then it would not be a good idea to allow them to go outside unsupervised.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 15 The facility provided a list of residents who actively smoke dated 1/21/22 which showed 14 residents to include R12, R64, R4, R5, R109, R77, R51, R50, R56, R21, R3, R55, R47, and R378. On 1/28/22 the facility identified R17 and R48 as additional residents that actively smoke. The facility's Fall Occurrence Policy (revised 7/28/21) showed, "It is the policy of the facility to ensure that residents are assessed for risk for falls and interventions are put in place to prevent them from falling. Procedure ... 3. If a resident had fallen, the resident is automatically considered as high risk for falls ..." The facility's Smoking Policy (revised 7/28/21) showed, "It is the facility's policy to monitor and assess residents that smoke to promote smoking in a safe manner ..." II. Based on observation, interview, and record review the facility failed to complete a smoking assessment for a resident that smokes; and failed to provide smoking for a resident assessed as an unsafe smoker. This applies to 2 of 16 residents (R48, R56) reviewed for safety and supervision in the sample of 29. The findings include: 1.On 01/25/22 at 11:49 AM, R48 ambulated to his room with a steady gait. R48 stated, "I do smoke. I'm trying to quit, so I haven't been smoking as much. We just go outside the dining room door (courtyard). I was just out there, but I only took a couple puffs." On 1/26/22 at 1:02 PM, R48 said, "I had part of a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 16 cig this morning. I didn't smoke the whole cigarette because it was too cold." R48's Face Sheet dated 1/27/22 showed diagnoses to include, but not limited to: hypertension, heart failure, diabetes, major depressive disorder, chronic obstructive pulmonary disease (COPD), gastro-esophageal reflux disease (GERD), arthritis, kidney failure and lung cancer. This document showed R48 was admitted to the facility. R48's EMR (Electronic Medical Record) did not contain a Smoking Program (Evaluation for Risk) document or a smoking care plan completed prior to 1/27/22 (20 days after admission). On 1/26/22 at 2:49 PM, V4 (Vice President of Nursing Services) said smoking assessments should be completed on admission and as needed. V4 said the purpose of the smoking assessments is to make sure ensure the resident's safety. On 1/27/22 at 12:46 PM, V8 (Social Services) said R48 was not on his list of active smokers. V8 stated, "I haven't seen him go out." V8 said R48 sent him to purchase some cigarettes, but he was unable to complete the purchase. V8 stated, "So, I didn't put him down as a smoker. He doesn't have a smoking assessment. I just assume, if I don't get them their cigarettes, they don't smoke. The purpose of the assessments is to determine safety. The facility's Smoking Policy (revised 7/28/21) showed, "It is the facility's policy to monitor and assess residents that smoke to promote smoking in a safe manner ..."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 17	S9999		

2. On 1/26/22 at 12:47 PM, R56 stated, "I am a smoker. I go out on the patio by the dining room. It is the designated area. I can go out whenever; there are no designated times." R56 stated staff do not go outside with him and there isn't any staff supervising smoking. R56 stated today was different than normal in regards to staff are monitoring smoking. R56 stated the patio door is kept unlocked and he go outside anytime he wants to. R56 stated, "I have seen people fall outside. One of us will just go inside and let whoever is working know that someone fell outside."

The Smoking Program (evaluation for risk) for R56 dated 11/17/21 showed, "Dependent smoking program, facility will develop a smoking schedule with the resident. Resident is not considered a safe smoker and requires smoking management and supervision consistent with facility policy and may not have access to smoking materials outside of supervised smoking."

On 1/27/22 at 11:56 AM, V20 (Restorative Aide) stated, "R56 is on a supervised smoking program. I don't know if he keeps his cigarettes and lighter on him. I don't know. V8 from social services handles all of that."

On 1/27/22 at 11:58 AM, V8 (Social Services) stated, "I buy R56 his cigarettes but he is independent with walking so he can go smoke. We follow the smoking assessment. We also try to link it to community skills. We are supposed to follow the smoking assessment."

R56's Care Plan dated 12/4/21 showed, "The resident is a smoker and expresses the desire to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(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 18	S9999		

smoke at this facility. The resident will demonstrate compliance with safe smoking policies as evidenced through the next review. Educate the resident concerning: where smoking may occur, times of smoking sessions, using ashtrays properly, not discarding ashes or butts on the floor, not lighting peers' cigarettes, not giving or trading cigarettes to peers, and the health and safety-related risks associated with smoking."

The facility's Smoking policy (7/28/21) showed, "Smoking is only permitted in designated areas. Facility staff may keep the residents smoking materials when not being used by the resident. Those that are assessed as unsafe smokers will be provided supervision during smoking."

R56's Face Sheet dated 1/27/22 showed medical diagnoses including covid 19, major depressive disorder, wernickes encephalopathy, anxiety, chronic pancreatitis, hypertensive heart disease, type 2 diabetes mellitus, long term use of insulin, panic disorder, alcoholic hepatitis, alcohol induced pancreatitis, other specified depressive episodes, and alcohol dependence with withdrawal unspecified.

The Medical Professional's Progress Note dated 12/29/21 for R56 showed the patient has a history of alcoholism and wernicke's dementia. R56 needs frequent redirecting. R56 denies drinking alcohol. R56 has diabetes mellitus and can be labile. In house psychiatrist to follow up with patient as needed. Monitor blood sugar; abstain from alcohol. Redirect patient as needed. (B)