(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2)		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			
		IL6005912	B. WING		04/1	1/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AVANTA	RA AURORA	400 WEST AURORA,	SULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	Survey				
S9999	Final Observations		S9999			
	Nursing and Person b) The facility shall and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal or resident to meet the care needs of the re- 4) All nursing prencourage resident in activities of daily circumstances of the demonstrate that di This includes the re- dress, and groom; the eat; and use speec functional community	General Requirements for hal Care provide the necessary care hin or maintain the highest l, mental, and psychological sident, in accordance with highensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal				
	c) Each direct care-	eming, and personal hygienegiving staff shall review and about his or her residents' care plan.				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

05/01/24 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
AVANTA	RA AURORA		ΓSULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
S9999	d) Pursuant to substance shall include, a and shall be practice seven-day-a-week left 1) Medications hypodermic, intrave be properly administed as ore 3) Objective ob resident's condition emotional changes, determining care refurther medical evaluation	pection (a), general nursing at a minimum, the following ed on a 24-hour, basis: , including oral, rectal, enous and intramuscular, shall stered. s and procedures shall be dered by the physician. servations of changes in a , including mental and , as a means for analyzing and quired and the need for luation and recorded in the	S9999			
	Based on observati review, the facility fa orders and weigh a also failed to impler residents with weigl	on, interview, and record ailed to follow physician's resident weekly. The facility ment interventions for ht loss. This failure resulted nificant weight loss. This				
	applies to 5 of 7 res and R53) reviewed of 20. The findings include 1. The EMR (Election R76 was admitted to 2024, with multiple)	sidents (R76, R40, R13, R10, for weight loss in the sample				

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STATE FORM SMN811 If continuation sheet 2 of 13

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		-
AVANTA	AVANTARA AURORA 400 WES			ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	dysphagia, and gas	trostomy status.				
		um Data Set) dated March 23, had moderate cognitive				
	showed, "Resident nutritional status rel dysphagia." The ca	plan dated March 28, 2024, is at risk for alteration in lated to tube feeding, are plan continued to show his dated March 28, 2024, eight as ordered."				
	showed an order da "weight upon admis times four, then mo	ary report dated April 10, 2024, ated March 20, 2024, for esion/readmission, weekly nthly, every day shift every s weekly times four."				
	2024, at 10:15 AM, at 2:12 PM and 4:3 pounds. The facility	/itals Summary dated April 10, showed on March 20, 2024, 7 PM, R76 weighed 141.1 y does not have how R76 was weighed weekly				
	(CNA/Certified Nurs her wheelchair on the including the weight pounds. V4 said R	at 2:21 PM, V4 irector of Nursing) and V8 sing Assistant) weighed R76 in he scale. R76's weight, t of her wheelchair was 196.8 76's wheelchair weighed 64.6 eighed 132.6 pounds.				
	on April 10, 2024, R	, R76 weighed 141.1 pounds, R76 weighed 132.6 pounds ercent) weight loss.				
		at 1:22 PM, V17 (Physician) oss could have been				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
AVANTA	RA AURORA	400 WEST AURORA,	SULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	prevented if facility orders and weighed continued to say int put in place to previous. On April 10, 2024, a Dietician) stated R7 oral diet. V13 continued to say interest of the put in place to previous. On April 10, 2024, a Dietician) stated R7 oral diet. V13 continued to make the provided that the put in the put i	staff followed physician's d R76 weekly as ordered. V17 derventions could have been ent R76's significant weight at 11:26 AM, V13 (Registered of 6 is on tube feeding and an used to say she assessed 2024, and has not seen R76 24. V13 said R76 only has a sion and should have been des four weeks. At 2:19 PM, V2 (DON/Director of expectation is facility staff ders for weighing a resident of at risk for malnutrition. At the resident of the 26, 2024, with multiple of 126, 2024, showed of 126, 2024, is at risk for alteration in lated to the apeutic diet." The of 126 show multiple of 126 march 5, 2024, including ordered." Vitals Summary dated April	\$9999			
		AM, showed on February 26, 140 pounds. On March 19,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
AVANTA	RA AURORA	400 WEST AURORA,	SULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	2024, R10 weighed % weight loss. A progress note dat PM, by V13 showed after hip surgery-flicause of weight los noted. Suggest [nu (milliliter) three time (Kidney, Ureter, Bla (Registered Dieticia March 21, 2024, what is a progress note dat PM, by V13 showed time four weeks to R10's Order Summ 2024, showed an on "Weights weekly time day every Monday for the Weights and 10, 2024, at 10:14 was obtained on Madoes not have document weighed after March 2024. V13 confiniter ventions in response was weekly we said the facility did weights as ordered 3. R53's EMR showed.	121 pounds which is a 13.57 ted March 19, 2024, at 2:17 d "Noted resident had emesis aid shifts could also be the s. Variable oral intake also attritional supplement] 237 mL as a day. Notes labs, KUB adder X-Ray) ordered. RD and to follow up with resident men in facility." ted March 21, 2024, at 7:32 d "Please start weekly weights monitor." ary Report dated April 10, and reder dated March 26, 2024, for mes three weeks, one time a for three weeks." Vitals Summary dated April AM, showed R10's last weight arch 26, 2024. The facility amentation to show R10 was th 26, 2024. at 11:23 AM, V13 said she was unificant weight loss on March tinued to say one of R10's ponse to the significant weight sights for four weeks. V13 not obtain R10's weekly ared R53 was admitted to the	S9999			
		er 9, 2022, with multiple g respiratory failure, chronic ary disease, severe				

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Illinois Department of Public Health						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			SULLIVAN			
AVANTA	RA AURORA	AURORA,		NOAS		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)N	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	protein-calorie malr	nutrition, and dysphagia.				
	R53's MDS dated J was cognitively inta	anuary 18, 2024, showed R53 ct.				
	2024, showed "Unir [R53] has the follow that put him at risk loss/gain: COPD (CDisease), malnutriti plan continued to sl March 28, 2024, indeet the nutritional Liberalize the diet; 22 R53's order summa showed an order da "[Nutritional supplementaries a day." R53's April 2024 March 202	are plan dated March 28, ntended weight loss/gain, ving conditions and risk factors for unintended weight chronic Obstructive Pulmonary on/failure to thrive." The care now multiple interventions date cluding "Provide regular diet to needs of the resident by: 1. 2. Providing supplements." ary report dated April 10, 2024, ated August 24, 2023, forment] three times a day, sent] or equivalent, 237 mL, AR (Medication Administration 6 (RN/Registered Nurse) id not received his nutritional				
	supplement being u April 4, 2024, at 9:0 supplement being u April 8, 2024, at 9:0 supplement being u April 9, 2024, at 9:0 supplement being u On April 9, 2024, at sometimes [nutrition stock. V6 continue	O AM and 1:00 PM due to the inavailable. O AM and 1:00 PM due to the inavailable. O AM and 1:00 PM due to the inavailable.				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005912	B. WING		04/	11/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
AVANTA	RA AURORA		SULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$9999	more [nutritional su On April 9, 2024, at nutritional supplem- room. V19 opened nutritional supplem- supply room. On April 10, 2024, a had ongoing weight facility. V13 continua nutritional supplem- said if the facility do nutritional supplem- will receive an equi V13 continued to sa supplement and R5 house supplement supplement. V13 s supplement. V13 s supplement has no month of April. A progress note da AM, by V13 showed (Underweight) R supplement] 237 m [mirtazapine] to inc by family. Encoura 100% of supplement 4. Face sheet, date diagnoses included pancreas, dysphag disorder, cerebral in	pplement] to be restocked. 1:57 PM, V19 (RN) said the ents are kept in the supply the supply room and multiple ents were stocked in the at 11:30 AM, V13 said R53 has at loss while residing in the used to say R53 should receive ment three times a day. V13 bes not have R53's ordered ent, V13's expectation is R53 walent nutritional supplement. Bay the facility stocks a house B3 should have received the in place of the ordered aid the facility's house to been out of stock in the ted March 14, 2023, at 11:03 de "BMI (Body Mass Index) 16.7 desident has [nutritional by the times a day, rease appetite, food brought in ged resident to consume 75 to	S9999			
	February 22, 2024, alteration in nutritio	May 21, 2022 and resolved on showed R13 was at risk for nal status related to her tube et. Care plan, initiated				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AVANTA	AVANTARA AURORA 400 WES AURORA			ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	1 0		S9999			
	R13 has experience continued weight lo progressive weight March 9, 2024, incli	showed "Actual weight loss: ed weight loss and is at risk for ss. Has experienced loss" Interventions, initiated uded "Determine food n one-to-one interview and/or				
	POS (Physician Order Sheet), printed April 9, 2024, showed R13 had physician orders for the following nutrition supplements: 1. (Nutritional supplement) to be provided twice daily since May 23, 2023 2. (Nutritional supplement) or equivalent to be provided twice daily since October 24, 2023 The POS also showed R13 had physician orders for her g-tube (gastrostomy tube) to be flushed with water daily.					
	151.6# (Pounds) A 146.2# Septembe 137.2# October 9	er 21, 2023 , 2023 r 3, 2023 - 13% weight loss in r 20, 2023 r 11, 2023 , 2024 5, 2024				
	dated August 2023 R13 had an order for feedings to supplen The MARs show R' nutrition feedings A 30, 2023 however F	Administration Records), to February 2024, showed or enteral nutrition g-tube nent her oral nutritional intake. 13 received the enteral ugust 2023 until September R13 intermittently refused her al nutrition feedings during				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AVANTA	RA AURORA		SULLIVAN	ROAD		
	T	AURORA,	IL 60506			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	those months. The nutrition feedings w October 1 to Novem resumed Novembe 2024 when all g-tub and R13 was place Physician note, date R13 lost significant diagnosed with failuinstructed the dietiti Review of R13's PC progress notes, dat April 10, 2024, show interventions were a for R13 to prevent fassessment, dated began refusing her nutrition intervention prevent further weig January 31, 2024, smeals was reported assessment, dated R13 had good oral	MARs show R13's enteral tere placed on hold from other 16, 2023 and then of 17, 2023 until February 11, the feedings were discontinued don hospice. The defendance of the february 5, 2024, shows weight in six months, was arre to thrive, and the physician				
	on April 9, 2024, at Practical Nurse) stated R13 did eat I much as she used staff assistance to 6 refuse meals. At 12					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AVANTA	RA AURORA	400 WEST AURORA,	SULLIVAN IL 60506	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	receive milkshakes Attorney) but the Pomilkshakes to R13. chocolate or vanilla able because R13 I On April 10, 2024, Vaugust 12, 2023, shweights to monitor V13 reviewed R13's facility did not weigh when R13 began redid not implement aprevent further weigh not talk to R13 during weight and did not discuss R13's mentowere several different facility could off nutritional supplement. V13 sonutritional supplement adifferent supplement adifferent supplement and option of placing restheir meal trays to be stated if the CNAs of fill out resident means resident food preference ach meal. On April 10, 2024 a stated the facility haddressing resident weight addressing resident with significant weight.	ents. V14 stated R13 used to from her POA (Power of DA no longer brought V14 stated she gives R13 pudding as much as she is	\$9999			

6899

Illinois Department of Public Health STATE FORM

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING	B. WING		1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AVANTAI	RA AURORA	400 WEST AURORA,	SULLIVAN	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 10		S9999			
	On April 10, 2024 a and V2 (Director of nutrition at risk meethey discuss reside significant weight lodietitian should be rassess what foods resident food prefer the resident meal to the CNAs (Certified on resident meal to selecting the daily not	t 01:38 PM V1 (Administrator) Nursing) stated they conduct stings at the facility. V1 stated into who had experienced iss. V1 stated the facility meeting with the residents to they like to eat. V2 stated rences should be provided on ays at meals and not be left to Nursing Assistants) to write in exets when CNAs assistmenus. Ited April 10, 2024, shows cluded depression and legally and plan of care. Offer rents as ordered and monitor plan, dated August 11, 2023, it high risk for development of are plan interventions includes utrition and hydration in order				
	following physician supplements: Nutritional supplem August 24, 2023 Nutritional supplem	o, 2023, shows R40 had the orders for nutrition ent three times a day since ent AWC (Advanced Wound ay 30 milliliters since March				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005912	B. WING		04/1	1/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AVANTA	RA AURORA	400 WEST AURORA,	SULLIVAN	ROAD		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	- N	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	Review of R40's we 144.6# August 12, 133.6# August 17, 144.6# August 19, 140.0# September 135.2# October 9, 131.0# November three months 131.0# November 131.9# November 131.9# November 132.4# December 134.2# January 5, 120.8# February 4 six months 122.0# February 121,0# March 7, 2 120.2# April 3, 202	eights showed the following: 2023 2023 2023 6, 2023 6, 2023 6, 2023- 9.4% weight loss in 11, 2023 20, 2023 27, 2023 13, 2023 2024 4, 2024 - 16% weight loss in 2, 2024 024 024				
	approximately 75% approximately half	1:28 PM during lunch, R40 ate of her lunch and drank of her nutrition supplement. byed her lunch that day.				
	POS, dated August showed no new nut recommended/impl further weight loss. August 12, 2023, sh recommended R40 Review of R40's we weighed weekly. N 2024, shows R40 w of her meals howev showed R40 contin	11:22 AM, V14 (Licensed				
		ated R40 did not always drink dipreferred them served on				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
IL6005912		B. WING		04/	04/11/2024		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
AVANTARA AURORA 400 WEST SULLIVAN ROAD AURORA, IL 60506							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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		S9999				
	ice. R40 used to have a visitor who brought her outside food she liked, but no longer received the food from her visitor. V14 stated R40 was always fed by staff.						
		ed March 26, 2024, showed I with severe protein calorie					
	stated R40 was rec as ordered during the but V13 did not rece interventions for R4 loss between Augus V13 stated she requ during the time she	t 10:50 AM, V13 (Dietitian) eiving nutritional supplement he course of her weight loss, ommend any new nutrition to to prevent further weight st 2023 and February 2024. Lested to have R13 reweighed was losing weight. V13 discussed food preferences turses recently.					
	"B"						

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