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 01/05/2025

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 FRI of 12/9/2024/IL183334 & Complaint Survey: 2570041/IL183520	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6 300.3210t) 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 care and personal care shall be provided to each	S9999		

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 01/05/2025

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		

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:

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 300.3210 General

t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.

These Requirements were NOT MET as evidenced by:

Based on interview and record review the facility failed to protect a resident's rights to be free from sexual and physical abuse by another resident in accordance with facility policy.

This applies to 2 of 5 residents (R2 and R5) reviewed for abuse in the sample of 8.

This failure resulted in psychological harm to R2 and R5. Both R2 and R5 expressed being scared of their peer who was the perpetrator of the abuse.

The findings include:

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 01/05/2025

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		

1). R2's EMR (Electronic Medical Record) showed R2 was 20 years old, admitted to the facility on September 3, 2024, with diagnoses of schizoaffective disorder, bipolar type, and tachycardia.

On January 3, 2024, at 4:06 PM, R2 stated on December 9, 2024, a female peer R1, came to his room uninvited and would not leave when asked. R1 was a 54-year-old female. R2 stated while he was escorting R1 out of his room, while they were both walking toward the door, R1 turned and grabbed R2's genitals through his clothing. R2 stated he pushed R1's hand away. R2 stated he felt scared because after R1 left his room, R1 remained in the hallway outside R2's room and kept staring at him. R2 stated he did not know what R1 would try to do next. R2 stated on previous days, R1 had been following him in the facility and came to his room uninvited at different times, while he was brushing his teeth or laying in his bed at different days and times. R2 stated he felt uncomfortable and felt "weirded out" because R1 was an "old lady" and R2 was trying to nicely ask R1 to leave him alone. R2 stated he went to report to V8 (Activity Director) after R1 had touched him inappropriately on December 9, 2024. R2 stated when he saw R1 in the common day room on December 12, 2024, R2 wanted the police to be called to ensure R1 would not follow him and try to grab him again. R2 stated he was scared R1 would try and grab him again.

On January 2, 2025, at 4:06 PM, V4 (Police Detective) stated the police officer came to the facility on December 12, 2024, at the request of R2. V4 stated R1 admitted to grabbing R2. V4 stated R2 declined to press criminal charges against R1.

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 01/05/2025

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		

2). R5 EMR showed R5 was admitted to the facility on July 25, 2023, with multiple diagnoses including schizoaffective disorder, psychotic disorder with delusions, type 2 diabetes, chronic obstructive pulmonary disease, foot drop, right foot, essential hypertension, hyperlipidemia, and dry eye syndrome of unspecified lacrimal gland.

R5's MDS (Minimum Data Set) dated October 21,2024 showed R5 was cognitively intact.

On December 31, 2024, at 4:35 PM, R5 stated she was scared of a male peer, R3. R5 stated about a week ago, while R5 was sitting in the day room, she was startled awake by R3 who had slapped her in the face for no reason. R5 stated she told staff the next day she wanted to be discharged from the facility to get away from R3. R5 stated she told staff she was scared to live in a place that had residents hit people for no reason.

R3's medical record showed a progress note written by V2 (Director of Nursing) dated December 17, 2024, that showed R3 had raised a hand towards a female peer, and the female peer had a red mark on her cheek. V2 identified the female peer as R5. R5 stated R3 had slapped her while she was resting on the couch in the day room.

R5's medical record showed a progress note written by V6 (Social Services Director) on December 18, 2024, that showed R5 was requesting discharge from the facility. There was no assessment in R5's medical record of R5's reddened cheek or any injury after December 17, 2024, and no assessment of reason R5 was requesting a discharge from the facility.

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 01/05/2025

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 The facility's policy titled "Illinois Abuse Prevention Policy" showed ..."The facility is committed to protecting our residents from abuse ...by anyone including but not limited to facility staff, other residents ...Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means ...the term willful in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm." (B)	S9999		