

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006605	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER NORTH AURORA LIVING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 12 1 of 12 300.610a) 300.610 c)2) 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. c) The written policies shall include, at a minimum the following provisions: 2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray) These requirements were not met as evidenced by:	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/14/25

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S9999	<p>Continued From page 1</p> <p>Based on interview and record review the facility failed to implement their policy on smoking assessments to determine safe and unsafe smokers.</p> <p>This applies to 6 of 15 residents (R106, R108, R113, R114, R115, R116) reviewed for smoking assessments in the sample of 16.</p> <p>The findings include:</p> <p>1. R106's EMR (Electronic Medical Record) showed R106 was admitted to the facility on June 5, 2024, with diagnoses that included bipolar disorder, current episode depressed, sever with psychotic features, Alcohol abuse, nicotine dependency, and anxiety.</p> <p>2. R108's EMR showed R108 was admitted to the facility on October 30, 2024, with diagnoses that included Schizophrenia, unspecified psychosis not due to a substance or known physiological condition, restlessness and agitation, and nicotine dependence.</p> <p>3. R113's EMR showed R113 was admitted to the facility on January 1, 2016, with diagnoses that included schizoaffective disorder bipolar type, anxiety disorder, major depressive disorder, insomnia due to mental disorder, and nicotine dependence.</p> <p>4. R114's EMR showed R114 was admitted to the facility on December 6, 2024, with diagnoses that included Paranoid schizophrenia, anxiety disorder, bipolar disorder mixed with severe psychotic features, major depressive disorder, and nicotine dependence.</p> <p>5. R115's EMR showed R115 was admitted to the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>facility on September 12, 2024, with diagnoses that included schizophrenia, auditory hallucinations, alcohol dependence, opioid abuse, major depression disorder, and nicotine dependence.</p> <p>6. R116's EMR showed R116 was admitted to the facility on October 22, 2015, with diagnoses that included obsessive-compulsive behavior, schizoaffective disorder, bipolar type, major depressive disorder, anxiety disorder, schizophrenia, and nicotine dependence.</p> <p>On May 6, 2025, V1 (Administrator) provided a list of residents in the facility that have been identified as smokers. The list contained the name of 15 residents identified as smokers and six of those 15 did not have smoking assessments.</p> <p>On May 7, 2025, at 4:07 PM, V13 (SSD/Social Service Director) said smoking assessments are to be done quarterly. The caseworkers did smoking assessments today on all residents in the facility that were identified as smokers.</p> <p>On May 7, 2025, at 4:12 PM, V2 (DON/Director of Nursing) said smoking assessments need to be completed on all residents that smoke for safety reasons.</p> <p>The facility provided their policy dated December 2024 and titled, "Facility Smoking Safety Policy." The Policy showed, "Policy Objective to provide a safe and healthy living environmentGuidelines3. Smokers will be evaluated to determine their ability to comply with safety rulesResidents requiring supervision shall receive this monitoring consistent with their assessment and plan of care."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(C)</p> <p>300.680d) 2 of 12</p> <p>300.680 Restraints</p> <p>d) The use of chemical restraints is prohibited.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure a resident's use of an antipsychotic medication was not utilized to restrict a resident's movement.</p> <p>This applies to 1 of 2 residents (R101) reviewed for antipsychotic medications in a sample of 16.</p> <p>The findings include:</p> <p>Face Sheet, dated 5/7/25, shows R101's diagnoses includes dementia, psychosis, depression, vascular dementia with agitation.</p> <p>Progress note, dated 3/17/25, shows R101 was found on the floor next to his floor mat and R101 could not recall how he fell. The note fails to show R101 exhibited target behaviors for the indication of the use of Risperdal or any psychotic behaviors.</p> <p>Progress note, dated 3/19/25, shows V2 (Director of Nursing) contacted R101's physician for an order of Risperdal because R101 was appearing "agitated." Risperdal was ordered by the physician.</p> <p>Facility fall accident investigation, dated 3/17/25,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Physician progress note, dated 3/13/25, shows R101 was receiving Risperdal for his mood disorder.</p> <p>Facility Restraints Policy and Procedure Restraint Free Environment, undated, shows The facility is a restraint-free facility and prohibits the use of physical and chemical restraints that may only consider their use in extreme care situations to allow for the treatment of the resident's medical symptoms. The resident has a right to be free from any physical and chemical restraint used for the purposes of discipline or convenience and not required to treat the resident's medical symptom Chemical restraint is any drug that is used for discipline or staff convenience and not required to treat medical symptom. Convenience is defined as the result of any action that has the effect of altering a resident's behavior such that the resident requires a lesser amount of effort or care and is not in the resident's best interest</p> <p>(B)</p> <p>300.696a) 3 of 12 300.696b)</p> <p>Section 300.696 Infection Prevention and Control</p> <p>a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to adhere to hand hygiene practices during medication administration and failed to follow Enhanced Barrier Precautions (EBP) during indwelling catheter care.</p> <p>This applies to 3 of 4 residents reviewed for infection control within a sample of 16.</p> <p>The findings include:</p> <p>1. The Electronic Medical Record (EMR) identified R103 as a 68-year-old male with diagnoses including schizophrenia, generalized weakness, abnormal gait and mobility, dyskinesia, neuroleptic-induced parkinsonism, unsteadiness, sepsis, and urinary retention. According to the Minimum Data Set (MDS) dated April 17, 2025, R103 was cognitively intact and required substantial staff assistance with hygiene,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>incontinence management, and catheter care.</p> <p>On May 6, 2025, at 11:30 A.M., R103 was observed lying in bed and reported experiencing discomfort and pain in the pubic region and catheter area, with occasional blood in the urine. Upon prompting from the surveyor, V10 (Registered Nurse) assessed R103. There was a sign posted on R103's entrance door that indicated an Enhanced Barrier Precautions were required. The signage outlined that EBP measures included hand hygiene before room entry, donning gloves, and a gown, and wearing appropriate personal protective equipment (PPE) when providing resident care. V10 entered R103's room, donned gloves without performing hand hygiene, and did not wear a protective gown. V10 proceeded to unfasten R103's incontinence brief, assess the indwelling catheter, provided incontinence care and empty approximately 600 cc of dark, concentrated urine from the catheter drainage bag.</p> <p>The care plan dated May 6, 2025, documented that R103 was on Enhanced Barrier Precautions due to the presence of an indwelling catheter, as part of infection control measures.</p> <p>The facility's EBP policy, dated March 1, 2023, specifies that staff are required to perform hand hygiene before entering and upon leaving the resident's room, and that both gown and gloves must be worn when providing indwelling catheter care.</p> <p>2. R104's EMR showed R104 was admitted to the facility on October 26, 2023, with diagnoses that included Parkinson's disease without dyskinesia and type 2 diabetes.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>R104's POS showed Humulin R Regular insulin 100 units/ml injection solution, give 10 units subcutaneously three times a day.</p> <p>On May 7, 2025, at 8:38 AM, V10 (RN/Registered Nurse) said she was going to check R104's blood sugar level. V10 pulled out the glucometer, lancet, and alcohol. V10 put on gloves without using hand sanitizer. V10 cleaned R104's finger with alcohol and collected a blood sample. V10 removed her gloves and did not use hand sanitizer or soap and water. V10 put on new gloves and continued with preparation of R104's scheduled morning medications for administration.</p> <p>3. R109's EMR (Electronic Medical Record) showed R109 was admitted to the facility on October 1, 2005, with diagnoses that included chronic obstructive pulmonary disease, hypertension, and diabetes type 2.</p> <p>On May 7, 2025, at 9:07 AM, V12 (LPN Licensed Practical Nurse) prepared R109's scheduled morning medications for administration. V12 was not wearing gloves and had not used hand sanitizer on his hands before preparing the medications. During the time when V12 was pulling out the medications, one of the pills fell out of the packet and onto the surveyor's clipboard. V12 picked up the pill with his bare hands and placed it into the medication cup and administered the medication to R109.</p> <p>The facility provided their undated policy titled, "Hand Hygiene." The policy showed the purpose, "Effective hand hygiene reduces the incidence of healthcare-associated infections ...All members of the healthcare team ill comply with the current Centers for Disease Control and prevention</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>(CDC) hand hygiene guidelines. Procedure ...A. Indication for handwashing ...3. Handwashing may be also used for routinely decontaminating hands in the following clinical situations: before having direct contact with patients,after contact with a patient's intact skin (when taking a pulse or blood pressure, and lifting a patient) ...</p> <p>...B. Indications for Hand rubbingIf hands are not visibly soiled, an alcohol-based hand rub may be used for routinely decontaminating hands in the following situations before having direct contact with patients,after contact with a patient's intact skin (when taking a pulse or blood pressure, and lifting a patient)</p> <p>(C)</p> <p>300.700a) 300.700b(1)2)3) 4 of 12</p> <p>Section 300.700 Testing for Legionella Bacteria</p> <p>a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)</p> <p>b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:</p> <p>1) A procedure to conduct a facility risk assessment to identify potential Legionella and</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>other waterborne pathogens in the facility water system.</p> <p>2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and</p> <p>3) A system to document the results of testing and corrective actions taken.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to implement a comprehensive water management program to address the risk of Legionella.</p> <p>This has the potential to affect all 91 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's roster, dated May 6, 2025, showed a census of 91 residents.</p> <p>During an environmental tour conducted on May 7, 2025 from 11:21 a.m. to 1:30 p.m., with V6 (Maintenance Director), V7 (Environmental Director), and V1 (Administrator), all parties stated that the facility did not have an active or completed water management plan for Legionella. V6 and V7 were unable to identify or describe the control measures regarding water management strategy. V1 further stated that the facility's water supply had not been tested for Legionella for an undetermined period.</p> <p>As of May 8, 2025, the facility lacked documentation demonstrating a water</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>management plan that included:</p> <ul style="list-style-type: none"> " Identification of areas at risk for Legionella growth, " Control measures for those areas, " Procedures for responding when control measures are not met, and " Routine safety logs for monitoring those measures. <p>The facility's policy, dated May 7, 2025, titled "Water Management Program/Testing of Legionella Bacteria," states that:</p> <p>"The facility shall develop a policy for testing its water supply for Legionella bacteria, including:</p> <ol style="list-style-type: none"> 1. A procedure to conduct a facility risk assessment to identify potential Legionella and other waterborne pathogens in the water system, 2. A water management program that identifies specific testing protocols and acceptable control ranges, and 3. A system to document the results of testing and corrective actions." <p>(C)</p> <p>300.1210 b) 5 of 12</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews and record reviews, the facility failed to prevent significant weight loss for a resident at risk for weight loss.</p> <p>This applies to 1 of 1 residents (R102) reviewed for weight loss in a sample of 16</p> <p>This applies to:</p> <p>Face sheet, dated 5/7/25, shows R102's diagnoses include abnormal weight loss, chronic obstructive pulmonary disease, dementia, major depressive disorder, bipolar disorder, dysphagia, alcohol dependence, muscle weakness, alcoholic hepatitis, psychosis, folate deficiency anemia, Vitamin B12 deficiency anemia, and pain.</p> <p>Dietitian note, dated 4/17/25, shows R102 experienced significant weight loss within 30 and 90 days. The note shows R102 weighed 150 (12/17/24), 147 (1/10/25), 128.7 (3/10/25 and 128.7 (4/15/25). The nutrition note shows R102 was skipping meals and R102 was receiving mighty shakes twice daily which she sometimes refused. The note shows R102's new interventions to prevent further weight loss included providing milk with meals and magic cups to be provided twice daily with lunch and dinner.</p> <p>POS (Physician Order Sheet), printed 5/7/25, shows R102 had a physician order for mighty shake every day at 9:00 AM, 1:00 PM and 5:00 PM for abnormal weight loss (ordered 3/3/25), and Magic Cup twice daily with lunch and dinner every day at 12:00 PM and 5:00 PM for abnormal</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>weight loss (ordered 4/21/25).</p> <p>On 5/6/25 at 12:13 PM during lunch service, R102's diet tray card at her table showed R102 was to be served a mighty shake two times a day. R102 was served pureed chili, pureed salad, pureed desert, and thickened milk. R102 took only a few bites of pureed chili and then ate 100% of her pureed desert. R102 drank 100% of her thickened milk and stated she did not want to eat her meal because she was not hungry. No magic cup or mighty shake were served to R102 during lunch.</p> <p>On 5/7/25 at 12:20 PM during lunch service, R102 failed to be served a mighty shake or a magic cup with her lunch. R102 drank her thickened milk as well as her neighbor's thickened milk. V5 (Food Service Manager) stated they kitchen did have magic cup dietary supplements in the freezer. At 12:20 PM, R102 pushed her plate back after eating only her pureed dessert.</p> <p>On 5/7/25 at 12:23 PM, V2 (Director of Nursing) stated she receives recommendations from the dietitians, obtains a physician order for the recommendations, and communicates the physician orders to managers during the morning interdisciplinary team meetings.</p> <p>Care plan, dated 4/17/25, shows R102 was at risk for weight loss and interventions included magic cups twice daily with lunch and dinner.</p> <p>On 5/8/25 at 11:27 AM, V4 (Registered Dietitian) stated she was aware that R102 lost another 1.2 pounds in the past week. V4 stated she recommended the magic cup supplements twice a day at lunch and dinner to try to prevent further</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>weight loss because she was told R102 liked to eat sweets. V4 stated it was her expectation that the magic cup was listed on R102's diet card and was provided twice a day at lunch and dinner as a nutritional intervention for weight loss. V4 stated providing the magic cup could have possibly prevented further weight loss for R102.</p> <p>Facility policy Unintended Weight Loss, revised 9/2024, fails to show dietitian recommendations/interventions will be implemented and evaluated for effectiveness.</p> <p>(B)</p> <p>300.1210b)3) 6 of 12</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide timely incontinence and indwelling catheter care in a manner that would prevent urinary tract infections and potential catheter-related injuries.</p> <p>This applies to 3 of 3 residents (R101, R103 and R104) reviewed for incontinence care, from a total sample of 16 residents.</p> <p>The Findings includes:</p> <p>1. The Electronic Medical Record (EMR) identified R103 as a 68-year-old male with diagnoses including schizophrenia, generalized weakness, abnormal gait and mobility, dyskinesia, neuroleptic-induced parkinsonism, unsteadiness, sepsis, and urinary retention. The Minimum Data Set (MDS), dated April 17, 2025, documented that R103 was cognitively intact and required substantial assistance from staff with hygiene, incontinence management, and catheter care.</p> <p>On May 6, 2025, at 11:30 A.M., R103 was observed lying in bed. R103 informed surveyor that he has been having discomfort and pain in the pubic and catheter area, along with occasional blood in the urine. The surveyor immediately prompted V10 (Registered Nurse) to assess R103. Upon unfastening R103's disposable brief by V10, there was a thick,</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>creamy, curdled substance around the penile tip and bilateral groin. R103 stated that he had not received perineal care in over two days. V10 proceeded to clean the groin area and shaft of the penis using moistened wipes but failed to cleanse the heavily crusted penile tip. Additionally, there was no anchor device securing the indwelling catheter, increasing the risk of dislodgment or injury.</p> <p>The care plan, dated May 6, 2025, established a goal for R103 to remain free of symptomatic urinary tract infections through provision of catheter care every shift.</p> <p>2. R101 is an 81-year-old male with diagnoses including cerebral infarction, psychosis, and vascular dementia. The MDS dated March 17, 2025, documented that R101 has severely impaired cognition and needed maximum assistance with activities of daily living, including incontinence care.</p> <p>On May 6, 2025, at 2:30 P.M., R101 was observed receiving incontinence care from V8 and V9 (Certified Nursing Assistants). Upon V9 removing R101's brief, it was noted that R101 was heavily saturated with urine and had a moderate amount of soft stool. While the rectal area was cleaned and dried, V8 and V9 failed to cleanse the frontal pubic and penile areas.</p> <p>According to the care plan dated February 6, 2025, R101 was to receive incontinence care after each episode. V9 stated that the last time R101 received care was at 8:00 A.M., indicating a gap of over six hours.</p> <p>3. R104 is a 65-year-old female with diagnoses including Parkinson's disease, hydrocephalus,</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>muscle weakness, abnormal gait and mobility, cerebral infarction, psychosis, and vascular dementia. The MDS dated March 17, 2025, indicated that R104 was cognitively intact and dependent on staff for hygiene, toileting, and incontinence care.</p> <p>The care plan dated March 6, 2025, showed that R104 was to receive incontinence care after each episode.</p> <p>On May 6, 2025, at 3:00 P.M., R104 was observed lying in bed with her clothing soaked through with urine. Upon removal of her brief by V9, there was a stool noted. V8 and V9 cleaned only the rectal/buttocks area with a wet towel. The vagina and labial areas were not cleansed, omitting essential perineal hygiene to prevent infection.</p> <p>Facility policy, dated October 2024, requires complete cleansing of the catheter insertion site and removal of any debris. It also showed the anchoring of the catheter tubing to prevent pulling, tugging, or dislodgment. For male residents, policy specifies cleansing of the shaft and penile tip, including gentle retraction of any foreskin. For female residents, the labia must be separated for thorough perineal cleansing.</p> <p>(B)</p> <p>300.1210 d)1) 7 of 12</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to follow a physician order when obtaining a resident's blood sugar and failed to provide privacy to a resident when administering insulin subcutaneously.</p> <p>This applies to 1 of 5 residents (R104) reviewed for medication administration in the sample of 91.</p> <p>The findings include:</p> <p>R104's EMR showed R104 was admitted to the facility on October 26, 2023, with diagnoses that included Parkinson's disease without dyskinesia and type 2 diabetes.</p> <p>R104's POS showed "Blood glucose monitoring before meals and at bedtime", Humulin R Regular insulin 100 units/ml (milliliter) injection solution, give 10 units subcutaneously three times a day, and Lantus Solostar U-100 insulin 100 units/ml. Inject 24 units subcutaneously twice a day for diabetes mellitus.</p> <p>1. On May 7, 2025, at 8:38 AM, R104 was sitting in the dining room with other residents after breakfast had finished. V10 (RN/registered Nurse) prepared to give R104 her morning medications. V10 said she needed to check her blood glucose level first. V10 used a glucometer and obtained her blood glucose level.</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>2. V10 drew up 10 units of Humalog insulin and asked R104 where she wanted the injection. R104 said she wanted it in her "tummy." V10 lifted up R104's shirt and injected the insulin into her right upper abdomen in the dining room with other residents in the same area. R104 was also had an order for Lantus insulin to be administered at this time. V10 lifted R104's shirt and injected Lantus into her left upper abdomen in the dining room and with other residents in the area.</p> <p>On May 7, 2025, at 4:12 PM, V2 (DON/Director of Nursing) said the nurses are to follow physician orders so if the physician order said to check the blood glucose level before breakfast, then it should be checked before breakfast. When a nurse is administering insulin or any injectable, they should not do so in front of other residents. In this case, the resident should have been taken to her room and the insulin should have been administered in private.</p> <p>Facility provided their policy that was updated January 2024, and titled, "Medication Administration Policy" which showed, "Policy Specifications: 1. Drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates21. Residents shall be provided privacy during the administration of medications such as injections and treatments."</p> <p>(C)</p> <p>300.1630a)1) 8 of 12</p> <p>Section 300.1630 Administration of Medication</p> <p>a) All medications shall be administered only by</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.</p> <p>1) Medications shall be administered as soon as possible after doses are prepared at the facility and shall be administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to administer all medications as ordered resulting in a 7.4% medication error rate.</p> <p>This applies to 1 of 5 residents (R109) reviewed for medication administration in the sample of 16.</p> <p>The findings include:</p> <p>R109's EMR (Electronic Medical Record) showed R109 was admitted to the facility on October 1, 2005, with diagnoses that included chronic obstructive pulmonary disease, hypertension, and diabetes type 2.</p> <p>R109's POS (Physician Order Set) showed the following scheduled morning medications included:</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>Advair Diskus 250 mcg (micrograms)-50 mcg/dose powder for inhalation Aspirin 81 mg chewable tablet Januvia 50 mg (milligram), one tablet given Metoprolol Succinate ER 50 mg, one tablet given Glipizide 10 mg, one given Fluoxetine 40 mg, one given Fish Oil 1000 mg, two given Divalproex 500 mg, one given Clozapine 200 mg, one given Amlodipine 2.5 mg, one given Metformin 500 mg, one given</p> <p>On May 7, 2025, at 9:07 AM, V12 (LPN Licensed Practical Nurse) prepared R109's scheduled morning medications for administration. V12 was instructed to notify surveyor if there were any medications he would not administer and the reason why prior to administration. V12 pulled out R109's medications from the medication cart and placed medications in a medication cup. V12 provided surveyor with the medication card that showed the name of the medication and the dose. At the end of the preparation, V12 had 10 medication tablets/capsules in his medication cup. V12 did not mention he was not administering any of R109's scheduled medications. Surveyor's medication administration sheet showed the following medications were administrated:</p> <p>Januvia 50 mg (milligram), one tablet given Metoprolol Succinate ER 50 mg, one tablet given Glipizide 10 mg, one given Fluoxetine 40 mg, one given Fish Oil 1000 mg, two given Divalproex 500 mg, one given Clozapine 200 mg, one given Amlodipine 2.5 mg, one given Metformin 500 mg, one given</p>	S9999		

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S9999	<p>Continued From page 22</p> <p>Total: 10 pills</p> <p>On May 7, 2025, medication reconciliation was completed and showed V12 did not administer R109's Advair Diskus or Aspirin 81 mg.</p> <p>On May 7, 2025, at 3:01 PM, V12 said he administered the Advair Diskus at a later time and said he administered the Aspirin 81 mg when he was being observed by the surveyor. V12 admitted the surveyor had asked him to count the number of pills in the medication cup which totaled 10 pills and Aspirin was not a medication he placed in the medication cup.</p> <p>On May 7, 2025, at 4:14 PM, V2 (DON/Director of Nursing) said medications are to be administered as ordered.</p> <p>(C)</p> <p>300.1640e) 9 of 12</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>e) The key or access code to the medicine cabinet, medicine room, or mobile medication cart shall be the responsibility of, and in the possession of, the persons authorized to handle and administer medications, at all times.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations and interviews, the facility failed to ensure that residents' medications were accessible only to personnel authorized to handle and administer them.</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>This has the potential to affect all 91 residents in the facility.</p> <p>Findings include:</p> <p>The facility's census roster, dated May 6, 2025, documented a total of 91 residents.</p> <p>On May 6, 2025, at 11:50 A.M., in the presence of V2 (Director of Nursing), a review of the medical supply room was conducted. V2 retrieved a set of keys from the employee break room, which was found to be unlocked. The employee break room and the keys stored within were accessible to any staff or residents who might enter. Using a key taken from the set of keys, V2 unlocked the central medical supply room. Inside the supply room, multiple medical supplies were observed, including approximately 30-40 bottles of medications. These included, but were not limited to: Aspirin, Ibuprofen, Acetaminophen (Tylenol), laxatives, cough suppressants, and various vitamins such as Iron Sulfate, Vitamin D, and Zinc. These medications were stored near ancillary medical supplies such as indwelling catheters, oxygen tubing, and wound dressings. During this observation, V11 (Medical Supplies Clerk) came over and stated that he had access to the supply room and that the key was routinely kept in the unlocked break room. V11 said he had access to the medications stored alongside other medical supplies. The tablets were stored in bottles containing approximately 30-60 tablets, and liquid medications such as cough suppressants and laxatives were stored in containers holding approximately 200-250 cc.</p> <p>On May 7, 2025, at 11:30 A.M., an environmental tour was conducted with V6 (Maintenance</p>	S9999		

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S9999	<p>Continued From page 24</p> <p>Director), V7 (Environmental Director), and V1 (Administrator). V6 retrieved the same set of keys from the unlocked employee break room and used them to open the medical supply room. The same unsecured medications were observed. V6 and V7 both stated that the keys were kept in the break room and accessible to any employee, regardless of whether they were authorized to handle medications. V1 initially stated that the employee break room was locked; however, upon inspection, the keypad lock was found to be non-functional, and the door was unsecured. Observations during the tour showed that several ambulatory residents routinely passed by the break room, creating a potential risk for residents to access the keys and, subsequently, the medications.</p> <p>(C)</p> <p>300.2010 a)1)2) 10 of 12</p> <p>300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>2) The person responsible for the food service may assume some cooking duties but only if these duties do not interfere with the responsibilities of management and supervision.</p> <p>b) If the person responsible for food service is not a dietitian, the person shall have frequent and regularly scheduled consultation from a dietitian. Consultation, given in the facility, shall include</p>	S9999		

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S9999	<p>Continued From page 25</p> <p>training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to employ a qualified, full time director of food services and failed to provide dietitian supervision of the clinical nutrition management of resident.</p> <p>This applies to all 91 residents residing in the facility.</p> <p>The findings include:</p> <p>Facility Census Detail Report, dated 5/6/25, shows the facility census was 91.</p> <p>On 5/6/25 at 10:00 AM, V5 (Food Services Manager) stated she had not yet signed up for the dietary manger course but was aware she needed to complete the course.</p> <p>On 5/7/25 at 10:15 AM, V5 stated she performs all of the annual and quarterly nutrition al assessments and V4 did not provide any oversight of V4's work.</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER NORTH AURORA LIVING & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA, IL 60542		
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S9999	<p>Continued From page 26</p> <p>On 5/6/25 at 10:15 AM, V1 (Administrator) stated he just became aware that V4 had not yet taken the dietary manager's course and planned to enroll V5 in the course.</p> <p>Receipt, dated 5/8/25, shows R5 was initially enrolled int the Dietary Manager Training course on 5/8/25.</p> <p>On 5/7/25 at 10:00 AM, V4 (Dietitian) stated she spent approximately 5-6 hours on site in the facility and spent the remaining of her 12 billed hours per month to the facility conducting providing phone consultation outside of the facility. V4 stated she was not aware that V5 was not qualified to conduct annual/quarterly nutritional assessments of residents and was not aware of anyone in the facility that had the qualifications to conduct the assessments. V4 stated she only saw residents at the facility who experienced significant weight changes or had tube feedings and also assessed kitchen sanitation.</p> <p>Facility document Nutrition Care Process, shows "The Nutrition Care Process (NCP) was developed by the Academy of Nutrition and Dietetics to provide a consistent framework and language to use when providing nutritional care to individual. It is a four-step process with Nutrition Assessment as the first step. The second step of the process is to determine a Nutrition Diagnosis. To make a Nutrition Diagnosis, the registered dietitian assesses data including alterations in nutrition status, organizes the signs and symptoms, and analyzes relevant information to identify and label a nutrition problem that then can be treated independently by a nutritional intervention.</p>	S9999		

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S9999	<p>Continued From page 27</p> <p>(C)</p> <p>300.2050 c)1)A)B)C) 11 of 12 300.2050d)1)2)3)4)5)6)7)8)9)10)11)</p> <p>300.2050 Meal Planning</p> <p>c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables.</p> <p>1) A serving consists of:</p> <p>A) $\frac{1}{2}$ cup chopped raw, cooked, canned or frozen fruit or vegetables;</p> <p>B) $\frac{3}{4}$ cup fruit or vegetable juice; or</p> <p>C) One cup raw leafy vegetable.</p> <p>d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals:</p> <p>1) One slice of bread,</p> <p>2) $\frac{1}{2}$ cup of cooked cereal, rice, pasta, noodles, or grain product,</p> <p>3) $\frac{3}{4}$ cup of dry, ready-to-eat cereal,</p> <p>4) $\frac{1}{2}$ hamburger or hotdog bun, bagel or English muffin,</p> <p>5) One 4-inch diameter pancake,</p> <p>6) One tortilla,</p> <p>7) Three to four plain crackers (small),</p> <p>8) $\frac{1}{2}$ croissant (large), doughnut or danish (medium),</p> <p>9) 1/16 cake,</p> <p>10) Two cookies, or</p> <p>11) 1/12 pie (2-crust, 8").</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to serve residents food in sufficient amounts daily.</p>	S9999		

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S9999	<p>Continued From page 28</p> <p>This applies to all 91 residents residing in the facility.</p> <p>The findings include:</p> <p>Facility Census Detail Report, dated 5/6/25, shows the facility census was 91.</p> <p>Review of facility general menus, dated Weeks 1-4, show the facility failed to provide the minimum daily servings of breads/grains or fruits/vegetables on the following days:</p> <p>Week 1 Sunday - only 5 grains/breads</p> <p>Week 2 Monday - only 5 grains/breads</p> <p>Week 3 Tuesday - only 5 grains/breads</p> <p>Week 3 Friday - only 4 fruits/vegetables</p> <p>Week 4 Monday - only 5 grains/breads</p> <p>Week 4 Tuesday - only 5 grains/breads</p> <p>Week 4 Thursday - only 5 grains/bread</p> <p>On 5/7/25 at 11:14 AM, V14 (Food Company Dietitian) stated the facility menus were planned according to the State of Illinois menu planning regulations which required 5 servings of fruits/vegetables and 6 servings of grains/breads. V14 reviewed the facility menus and stated Week 2 Monday, Week 3 Tuesday, and Week 4 Monday/Tuesday/Thursday were all short either fruits/vegetables or grains/breads per the State of Illinois meal planning regulations. V14 stated the Week 1 Sunday triple berry buckle should be served with cake and the Week 3 Friday fruited gelatin should contain no less than a half cup of fruit per serving.</p> <p>On 5/7/25 at 10:15 AM, V5 (Food Service Director) stated the servings of fruited gelatin prepared at the facility and served on Week 3 Friday do not contain at least 1/2 cup of fruit. V5</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>stated the triple berry buckle served on Sunday Week 1 was not served with any cake and only served with berries.</p> <p>(C)</p> <p>300.2210 b)1)2)4)6) 12 of 12</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall: (B)</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in the floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken windowpanes; and any other similar hazards. (B)</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean, and functioning condition. This shall include regular inspections of these systems. (A, B)</p> <p>4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance).</p> <p>6) Maintain the grounds and other buildings on the grounds in a safe, sanitary, and presentable condition. (B)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews and record review, the facility failed to maintain a clean,</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>sanitary, safe, and home-like environment.</p> <p>This has the potential to affect all 91 residents residing in the facility.</p> <p>The Findings Include:</p> <p>The facility's census roster dated May 6, 2025, documented a total of 91 residents.</p> <p>During the initial facility tour on May 6, 2025, at 10:00 A.M., the following conditions were observed throughout resident hallways, resident rooms, dining areas, and shower rooms:</p> <ul style="list-style-type: none"> - Excessive clutter in resident rooms, including clothing on the floor, multiple clear plastic bags containing unidentified items, and disorganized footwear. - Furniture in disrepair, including dressers off their tracks and missing baseboards in multiple locations. - Holes in walls and deep scratches on resident room doors and hallway surfaces. - Cracked tiles in resident rooms and common areas. - Heavy accumulation of black substances at the base of toilets. - Shower rooms with cracked and missing wall tiles, shower heads were detached from the wall, and significant dust and debris accumulation, particularly in room corners. <p>On May 7, 2025, from 11:21 A.M. to 1:30 P.M., an environmental tour was conducted with V1 (Administrator), V6 (Maintenance Director), and V7 (Environmental Services Director). The following conditions were validated:</p> <ul style="list-style-type: none"> - All 6 of 6 bath/shower rooms exhibited severe 	S9999		

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S9999	<p>Continued From page 31</p> <p>rust, missing caulking, and open gaps between cracked tiles and shower floors.</p> <ul style="list-style-type: none"> - Shower heads were detached from the wall; toilets showed thick accumulations of black substance. - Water temperature in all tested shower rooms ranged between 82°F and 84°F, below the facility's policy which showed compliant range was 100°F to 110°F. - Handrails in numerous resident hallways were loose and unsecured. - Ceiling vents in dining and shower rooms contained heavy debris build-up. - Four of four exit doors to the enclosed courtyard had monitoring alarms that were not activated, allowing unmonitored resident movement. - Several windows and a door in the dining room lacked proper curtain rods; curtains were affixed using string. - The sunroom, a primary resident social area, showed black/greenish substance on window frames, deep wall scratches, and required drywall repair. <p>Review of the facility's policies revealed the following:</p> <ul style="list-style-type: none"> - An undated housekeeping policy requiring daily cleaning, monthly deep cleaning of resident rooms and common areas, and dresser cleaning every three months. - An undated water temperature policy mandating shower water temperatures between 100°F and 110°F. - A December 2024 policy for outdoor enclosed courtyard requiring staff monitoring of resident activity and prompt response to activated alarms. <p>(B)</p>	S9999		

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