FORM APPROVED Illinols Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6006605 B. WING 07/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Post Visit to Survey date 8/31/2022, Complaint 2276619/IL150339 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.810a) 300.1210b) 300.1210d)1) 300.1220a) Section 300.810 General a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times. 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 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

Illinois Department of Public Health

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

hypodermic, intravenous and intramuscular, shall

and shall be practiced on a 24-hour.

1) Medications, including oral, rectal,

seven-day-a-week basis:

be properly administered.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION COMPLETED A. BUILDING: IL6006605 07/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300.1220 Supervision of Nursing Services a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a full-time Director of Nursing (DON) and to ensure a sufficient amount of nursing staff were available to provide physician ordered medications. This applies to all 85 residents residing at the facility. The findings include: The Facility Data Sheet dated 7/7/2023 documents the facility census as 85 residents. On 7/7/2023 at 9:30 AM the facility had 3 Licensed Practical Nurses (LPN's) working at the facility and no DON. On 7/7/2023 at 9:38 AM V3 (Social Services Director) stated the facility does not have a DON working at the facility. V3 stated V16 (DON) was contracted through a staffing agency which ended 6/30/2023. The agency Term Staffing Agreement signed 1/3/2023 documents V16 was contracted for nursing services 1/24-6/30/2023. 2. The facility 3 Day Assignment Sheet shows on 7/9/2023 between 7 AM-3:30 PM (AM shift) V7 (Licensed Practical Nurse/LPN) was the only nurse working at the facility and between 3:30 PM-10 PM (PM Shift) V6 (LPN) was the only nurse working at the facility for a total of 2 nurses

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006605 07/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 working on 7/6/2023 for the AM and PM shifts. On 7/7/2023 at 10:50 AM V4 (Staffing Coordinator) stated nurse staffing for the 85 residents at the facility on 7/6/2023 between 7 AM-10 PM requires a minimum of 5 nurses solit between the 2 shifts. On 7/7/2023 at 2:00 PM V7 confirmed she was the only nurse on 7/6/2023 between 7 AM-3:30 PM after 2 nurses called off. V7 stated she did the best she could to pass medications and provide for nursing care needs. V7 stated as she administered medications, she documented what medications she administered on the residents individual Medication Administration Record's (MAR). On 7/7/2023 at 3:25 PM V6 stated she was only nurse 7/6/2023 between 3:30 PM- 10 PM and was able to pass her medications although many were administered later than time ordered. R3's Admission Record dated 7/7/2023 documents R3 with diagnoses to include Schizoaffective Disorder, Heart Disease and Kidney Failure. R3's July 6, 2023 MAR shows R3 did not receive medications scheduled for 9 AM as follows: Amiodipine 10 mg daily for Hypertension, Aspirin 81 mg daily for prevention, Fluoxetine 40 mg daily for Schizophrenia, Haloperidol 5 mg daily for Schizophrenia, Myrbetrig 25 mg daily for urinary spasms, and Metoprolol 50 mg twice daily for Hypertension. R4's Admission Record dated 7/7/2023 documents R4 with diagnoses to include Schizoaffective Disorder, Obsessive Compulsive Behavior, Anxiety Disorder, and Major

Illinols Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006605 07/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 Depression. R4's July 6, 2023 MAR shows R4 did not receive medications scheduled for 8 and 9 AM as follows: Bupropion 75 milligrams (mg) daily for Depression, Divalproex 250 mg daily for Schlzophrenia, and Clonazepam 1 mg daily for Anxiety. R5's Admission Record dated 7/7/2023 documents R5 with diagnoses to include Schizoaffective Disorder, Anxlety Disorder, Suicidal Ideation, Hypertension and Major Depression. R5's July 6, 2023 MAR shows R5 dld not receive medications scheduled for 9 AM as follows: Amlodipine 10 mg dally for Hypertension, and Fluoxetine 20 mg daily for Depression. On 7/7/2023 at 10:50 AM V4 (Staffing Coordinator) stated the facility does not have a DON employed and working at the facility. V4 stated when an unresolved staffing shortage occurs the DON will cover the shortage. V4 further stated without a DON there is no back-up for nursing shortages. The facility policy Medication Administration 11/18/2017 documents medications must be prepared and administered within one hour of the designated time or as ordered. The undated facility Nurse Staffing Policy documents the facility is to provide sufficient licensed and unlicensed nursing staff on each shift of the day to attain or maintain the highest practical physical, mental and psychosocial wellbeing of each resident. Nurse staffing shall be based upon resident evaluation by the Administrator and Director of Nursing as specified by the Illinois Department of Public Health.

Illinois Department of Public Health

PRINTED: 08/01/2023 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED IL6006605 B. WING 07/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S9999 Continued From page 4 S9999 (B) illinois Department of Public Health