STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145944	A. Building B. Wing	05/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Aurora	400 West Sullivan Road Aurora, IL 60506

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain the building environment and plumbing equipment in good repair by ensuring water pipes connected to resident toilets were free from leaks. This applies to 2 of 3 residents (R1 and R3) reviewed for toilet leaks. The findings include:Review of the Electronic Medical Record (EMR) showed that R1 was an [AGE] year-old female admitted to the facility on [DATE], with diagnoses including reduced mobility, neuropathy, polyarthritis, and a stage 2 sacral pressure ulcer. R1 resided in room [ROOM NUMBER] until she was hospitalized on [DATE], and subsequently transferred to another facility.On May 19, 2026, at 10:30 A.M., an environmental tour of room [ROOM NUMBER] was conducted with the V2 (Assistant Director of Nursing). The room was occupied by a new resident, R4, who was observed in a reclining wheelchair wearing a cervical collar. R4 stated he was wearing the collar due to a broken neck sustained from a recent fall and noted that he independently uses the room's bathroom and toilet.During the tour, the following conditions were observed in room [ROOM NUMBER]'s bathroom: -The floor tiles surrounding the base of the toilet were severely warped. -There was a heavy accumulation of dark brown stains on and around the warped tiles.When questioned, V2 could not provide an explanation for the stained and warped flooring. V2 summoned V3 (Maintenance Director) to the room. V3 stated that the warped tiles and staining were caused by an ongoing water leak originating from the water pipe tubing connected to the toilet, which leaked every time the toilet was flushed. V3 stated the leak was finally repaired on the morning of May 19, 2026, adding that the replacement parts had been ordered, shipped, and delivered to the facility on April 17, 2026.On May 19, 2026, at 11:00 A.M., the Administrator (V1) stated that R1's family member had originally reported the toilet leak to administration on April 2, 2026. Both V1 and V3 failed to provide an explanation as to why the repair was delayed for over a month after receiving notification, and for over a month after the necessary repair parts had arrived at the facility.2. On May 19, 2026, at 11:15 A.M., an interview and environmental assessment were conducted in R3's room alongside V2. R3 was observed lying in bed. R3 stated he had a history of falls, including a prior fall that resulted in a forehead laceration. R3 stated that he uses a cane for ambulation and frequently utilizes his private bathroom. R3 reported that the water pipes connected to his toilet leaked every time the toilet was flushed, stating, The water goes down the toilet floor and becomes slippery. I'm worried I might fall again. To verify the report, V2 flushed the toilet. Active water leaks were observed pooling downward from both the top and the middle sections of the water pipe connected to the toilet structure.The facility's policy titled Equipment and Building Environment Maintenance dated July 2, 2025, was reviewed. The policy mandates that the facility must maintain all resident equipment and the physical building environment in safe, good repair. The policy explicitly dictates that the maintenance department is responsible for addressing and repairing building environment issues as soon as possible.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE