

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146170	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/16/2026
NAME OF PROVIDER OR SUPPLIER Asbury Gardens Nsg & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 212 Airport Road North Aurora, IL 60542	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to provide a comfortable environment. This applies to 2 of 3 (R15 and R29) residents reviewed for environment in a sample of 23. The findings include: 1. R15's MDS (Minimum Data Sheet) dated 12/08/2025 said she was cognitively intact. On 1/13/2026 at 10 AM, R15 was in her room wearing a shawl (clothing wrap) covering her upper body. R15 said she was upset because she was cold. R15 said the room's heating unit had not been working since 1/10/2026. R15's room felt cool, and the unit was unplugged. R15 said she reported it to the staff on duty on 1/10/2026, and V11 (Maintenance Assistant) came to assess it on 1/12/2026. R15 said the unit could not be fixed and no one had returned to reassess it. R15 said she was concerned because the weather was expected to get colder. R15's progress note dated 1/13/2026 (during the survey) said R15 was moved to another room due to the current room's heater not functioning properly. 2. R29's (R15's roommate) MDS dated [DATE] said she was severely cognitively impaired. On 1/13/2026 at 10:35 AM, R29 was severely cognitively impaired and nonverbal. R29 was unable to be interviewed regarding the room's heating unit and temperature. R29's progress note dated 1/13/2026 (during the survey) said R29 was moved to another room due to the [NAME] not working properly and requiring repair. On 1/14/2026 at 11 AM, V10 (Receptionist) said the nursing staff on duty notified her on 1/12/2026 at 3 PM that R15's heating unit was not working. V10 said she notified V11 (Maintenance Assistant) directly and did not make a work order. V10 said the reception staff enters maintenance work orders in the computer system, and then the maintenance department logs in the completed work. On 1/13/2026 at 11:15 AM, V11 (Maintenance Assistant) said V10 (Receptionist) notified him via telephone of R15's heater unit not working on 1/12/2026. V11 said he assessed the unit, and it was not working. V11 said he was unable to repair it and left it unplugged. V11 confirmed that no work order was completed. On 1/13/2026 at 11 AM, V9 (Maintenance Director) said he was not aware of R15's heating unit not working, and there was no active maintenance order. V9 assessed the unit, and it made a loud, muffled sound. V9 confirmed the unit's motor was not working, and the outside vendor would need to be notified for repair. V9 said the room felt cool and the temperature was around 71 Fahrenheit degrees. V9 said confirmed the forecasted weather was a drop in the temperature, and the residents (R15 and R29) would need to be moved to another room. V9 said residents' rooms needed proper operating heating units to ensure they can adjust the temperature to their comfort level. V9 said staff was expected to notify him of open work orders to ensure they were completed accordingly. The National Weather Service website said the current (11 AM-12 PM) temperature on 1/13/2026 was around 44 Fahrenheit degrees, and with a forecasted drop in temperature between 16-19 Fahrenheit degrees. The facility's policy titled Safe and Homelike Environment dated 2025, said the facility would provide a safe, clean, comfortable, and homelike environment to all residents in accordance with residents' rights. Including, ensuring Comfortable and safe temperature levels, meaning that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk for hypothermia/hyperthermia, and is comfortable for the resident. Temperature levels will be maintained if and when a resident (continued on next page)</p>

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
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>prefers his or her room temperature be kept below 71 degrees Fahrenheit or above 81 degrees Fahrenheit, the facility will assess the safety of this practice on the resident and the resident's roommate.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Based on observation, interview, and record review, the facility failed to ensure a dependent resident received timely incontinence cares. This applies to 1 of 5 residents (R67) reviewed for activities of daily living. The findings include: On 1/13/2026 at 10:10 AM, R67 was in bed wearing a gown. R67 was severely confused and fidgeting in her bed. There was a strong foul urine smell in R67's room. R67 had incontinence products on the bedside table. On 1/13/2026 at 11 AM, R67 was still in bed. There was still a strong foul urine smell. V14 (Registered Nurse/RN) said it was difficult to provide incontinence care to R67 because she had the tendency to resist due to her severe dementia. V14 assessed R67's incontinence brief and said it was soiled with urine, and there was a strong foul odor. R67 had two cloth pads underneath her, and the top pad was soiled with a dark yellow stain. V14 said the pad's urine stain was dry. V14 said he was unsure when R67 was last provided with incontinence care. On 1/13/2026 at 11:20 AM, V12 (Certified Nurse Assistant/CNA) and V13 (CNA) said they were going to provide incontinence care to R67. V12 said she last provided incontinence care to R67 around 8 AM. V12 assessed the soiled cloth pad underneath R67 and said she believed it was not present prior, and it was now dry. R67's care plan said she was cognitively impaired and required assistance with her ADLs (Activities of Daily Living), including toileting. The care plan's interventions included for staff to provide total incontinence and hygiene care. On 1/14/2026 at 2:45 PM, V2 (Director of Nursing/DON) said she expected nursing staff to check at a minimum every two hours and as needed for incontinence care. V2 said R67 should have been provided with timely incontinence care. And, if needed, she should have been premedicated with her as-needed antianxiety medication to ensure staff could provide her basic toileting care needs. The facility's policy titled Incontinence care dated 05/2025, said all residents who are incontinent will receive appropriate treatment and services based on the resident's comprehensive assessment.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, interview, and record review, the facility failed to follow physician orders for fluid management. This applies to 3 of 4 (R15, R29, R34) residents reviewed for nursing care services in a sample of 23. The findings include: 1. On 1/14/2026 at 2 PM, R15 was in bed. R15's bilateral lower extremities were swollen with non-pitting edema. R15 said she had CHF (congestive heart failure), which caused her lower extremities to swell with fluid. R15 said her cardiologist was managing her condition and adjusted her diuretic as needed. R15 continued to say the nursing staff was to obtain her weight daily but recently it had not been done and was unsure why. On 1/16/2026 at 9:40 AM, V15 (RN) said R15's CHF management required her to be on a fluid restriction and for the nursing staff to monitor her weight daily as ordered. V15 said R15's weight had to be monitored closely to ensure she did not go into fluid overload. V15 said if a weight gain was identified, R15's cardiologist had to be notified and may require an adjustment of her diuretic medication or fluid restriction. R15's Order Summary Report showed multiple active orders for her CHF management, including Daily Weight-Notify MD/NP if weight gain of 2-3 lbs. overnight or if weight gain >5 lbs. in 1 week every day shift for CHF. R15's care plan said she required management of her CHF condition, including monitoring weights as ordered. R15's Weights and Vitals Summary report for January 2026 showed no daily weight recording on 1/10/2026, 1/12/2026, and 1/13/2026. On 1/16/2026 at 10:30 AM, V2 (DON) said nursing staff was expected to follow CHF orders, including daily weights and the application of edema compression stockings to ensure the proper fluid monitoring and management of residents with the condition. 2. On 1/13/2026 at 10:35 AM, R29 was sitting in her wheelchair. R29's lower extremities had generalized edema. R29 was wearing regular ankle socks and shoes. On 1/14/2026 at 12 PM, R29 was sitting in her wheelchair again. R29 was wearing regular ankle socks with slippers. On 1/16/2026 at 9:40 AM, R29 was again wearing regular ankle socks with slippers. On 1/16/2026 at 10:15 AM, V16 (RN) said R29 had chronic edema in her lower extremities related to her CHF and required the use of compression stockings to manage the swelling. V16 said R29 was dependent on the nursing staff apply her compression stockings. V16 said nurses were expected to follow physician's orders for applying compression stockings as ordered. R29's Order Summary Report showed an active order for Compression stockings, put on in the morning, take off at night for edema. R29's care plan said she required management of her CHF condition, including for the nursing staff to monitor for edema in her legs and feet. 3. On 1/13/2026 at 10:35 AM, R34 was in her wheelchair. R34's lower extremities had generalized edema. On 1/16/2026 at 9:45 AM, V15 (RN) said R34 had CHF and required her weight to be monitored daily. V15 said nurses were responsible for obtaining daily weights and entering them into the EMR (Electronic Medical Record). V15 continued to say it was important to monitor for weight changes as ordered and ensure the physician was notified accordingly. V15 said that if needed, the physician could then adjust the residents' weight management plan to prevent further CHF complications. R34's Order Summary Report showed an active order for Daily Weight, Notify MD/NP if weight gain of 2-3 pounds overnight or 5 pounds in 5-7 days every day shift. R34's care plan said she required management of her CHF condition, including obtaining and monitoring weights as ordered. R34's Weights and Vitals Summary report for January 2026 showed no daily weight recording on 1/01/2026, 1/03/2026, 1/04/2026, 1/05/2026, 1/08/2026, 1/10/2026, 1/11/2026, and 1/15/2026. The facility's policy titled Weight Monitoring, dated 5/01/2025, said the facility would monitor residents' weight status based on their comprehensive assessments. The gathering assessment information included the resident's general appearance, weight, fluid intake, fluid loss or retention, and laboratory/diagnostic data. Then the facility would develop an individualized care plan to address specific needs based on professional standards to maintain acceptable parameters of nutritional status.</p>		