

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Thrive of Fox Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 E New York Street Aurora, IL 60504	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48308</p> <p>Based on interview and record review the facility failed to resolve Resident Council and individual resident's concerns regarding extended wait times for call light response.</p> <p>This applies to 3 of 3 residents (R1, R2, and R4) reviewed for improper nursing care related to call light response times, in the sample of 4.</p> <p>The findings include:</p> <p>The Resident Council Meeting Minutes dated May 23, 2024, showed . 7. Guests (residents) voiced they take a long-time answering call light. Resolution: This was communicated to Director of Nursing and Administration There were 6 patients (residents) in attendance at the meeting.</p> <p>The Resident Council Meeting Minutes dated June 26, 2024, attended by 5 patients (residents), showed under New (business) .1. Guest (resident) complained about the call lights not being answered quickly and voiced she understands the aides have a lot of people to take care of, but facility can get more help for CNAs and nursing would be great.</p> <p>The Resident Council Meeting Minutes dated July 24, 2024, attended by 5 patients (residents), showed . Old Items .1. Guest complained about call lights not being answered quickly and voiced she understands the aides have a lot of people to take care of, but if the facility can get more help for CNAs and Nurses then would be great. Resolution: This was addressed to all management team and to Nursing and in IDT. In resolution a training was given in to all Nursing staff and other department staff to be responsible to answer call lights as long as they are able to address concerns .and .New Items: .4. A couple guest (resident) addressed concerns on call light response time. They agreed that .they would like to have a quicker response time especially when needing help to use the restroom .</p> <p>V1 (General Manager/Administrator) provided documentation of an all staff in service regarding call lights was completed on July 11, 2024, prior to the July 24, 2024, Resident Council Meeting, where residents again voiced concern regarding the need for staff to respond to the call light more quickly.</p> <p>(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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Thrive of Fox Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 E New York Street Aurora, IL 60504	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the grievance log for the months of June, July, and August, showed R1's daughter filed a grievance with V9 (Rehab Director) that showed call lights are on too long and need to be answered quicker. On August 29, 2024, at 4:18 PM, when concern form was first reviewed, there was no response written on the concern form section Immediate Response Taken.</p> <p>On August 29, 2024 at 4:52 PM, V1 was asked about where grievance resolution would be documented. V1 stated the resolution would be under the Immediate Action Taken section on the concern form, and was unsure why R1's August 11, 2024, concern form regarding call lights did not have a resolution documented. R1 returned with the form at 5:15 PM that included an undated, documentation on R1's August 11, 2024, concern form regarding call lights, Immediate Action Taken. R1's concern regarding call lights dated August 11, 2024, now had undated documentation showed Ongoing education regarding call light response was conducted for all nursing staff in section 1000 (R1's nursing unit). V1 provided in service documentation dated August 12, 13, and 14, 2024. V1 stated what else can be done? regarding extended wait times for call light response.</p> <p>On August 29, 2024, at 2:42 PM, R1 stated she continues to have concerns with her call light not being answered timely especially on the night shift and weekends. R1 stated she hears the staff talking in the hallway while her call light is on but is unsure why staff don't come into her room. R1 stated she has waited so long, at least 30 minutes that she has urinated on herself because she couldn't hold it any longer waiting for her call light to be answered. R1 demonstrated she was able to activate her call light.</p> <p>R1's EMR (Electronic Medical Record) showed R1 was admitted to the facility on [DATE], with multiple diagnoses including nondisplaced condylar fracture of the humerus, chronic kidney disease, history of falls, osteoporosis, malignant neoplasm of the esophagus, and cognitive communication deficit.</p> <p>R1's MDS (Minimum Data Set) dated August 9, 2024, showed R1 had moderate cognitive impairment, and required assistance with ADLs including dependent on staff for transfer, bathing, toileting and lower body dressing, partial assistance with personal hygiene, and set up assistance with eating.</p> <p>On August 29, 2024, at 2:35 PM, R2 stated she has a concern regarding her call light being answered promptly especially on the night shift and weekend shifts. R2 stated she is unsure of the exact date, but she has waited for an hour for her call light to be answered during the night shift.</p> <p>R2's EMR showed R2 was admitted to the facility on [DATE], with multiple diagnoses including acute cystitis without hematuria, cellulitis of left upper limb, chronic pancreatitis, difficulty walking and vascular dementia.</p> <p>R2's MDS dated [DATE], showed R2 was cognitively intact, and required assistance with ADLs including dependent on staff for toileting, transfer and lower body dressing, partial assistance with oral and personal hygiene and upper body dressing, substantial assistance with bathing and bed mobility and set up assistance with eating.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146194	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Thrive of Fox Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 4020 E New York Street Aurora, IL 60504	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On August 29, 2024, at 2:47 PM, R4 stated she had concerns with her call light not being answered promptly, especially when she had a migraine headache and was waiting for her call light to be answered to ask for her medication. R4 stated she has waited for what seemed like 30 minutes but did not recall a specific date of when that occurred. R4 stated and her husband who was at her bedside agreed, since she first arrived at the facility, she has had a problem with her call light being responded to timely.</p> <p>R4's EMR showed R4 had admitted to the facility on [DATE], with multiple diagnoses including enterocolitis due to clostridium difficile infection, generalized weakness, protein calorie malnutrition, anxiety disorder, and migraine, unspecified.</p> <p>R4's MDS dated [DATE], showed R4 was cognitively intact, and required assistance with ADLs including partial assistance with toileting, bathing, lower body dressing, bed mobility and transfer, and set up assistance with personal hygiene and independent with eating.</p> <p>The Facility's policy titled Grievances dated April 2023, showed Purpose .and respond with prompt efforts to resolve while keeping the resident and/or resident representative appropriately apprised of progress toward resolution .Resident Council and filing a Grievance .All grievances identified during the Resident Council meeting will be submitted immediately to the Grievance Official for investigation and resolution .As necessary, the Grievance Official and facility leadership will take immediate action to prevent further potential continuations of any additional or like resident concerns while a grievance is being investigated .and .QAPI . Our facility will track and analyze the grievance process and findings for trends, performance gaps, and opportunities for individual education, system and systemic improvement. The facility will incorporate the Grievance process into the Quality Assurance and Performance Improvement program.</p>