

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 11/15/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39182</p> <p>Based on interview and record review, the facility failed to have clear resident care policies to ensure a resident's neurological evaluations were completed and monitored after an unwitnessed fall.</p> <p>This applies to 1 of 3 residents (R1) reviewed for quality of care in a sample of 5.</p> <p>Findings include:</p> <p>R1's Face Sheet showed she was admitted on [DATE] with diagnoses that included personal history of pulmonary embolism, other pulmonary embolism with acute cor pulmonale, personal history of transient ischemic attack (TIA) and cerebral infarction without residual effects. R1's MDS (Minimum Data Set) showed moderate cognitive impairment.</p> <p>R1's 10/4/2024 progress note written by V13 (on-call Physician) from 9:00 PM showed she experienced an unwitnessed fall and was on a blood thinner. The Orders section showed Assess pain per protocol and Monitor with neuro-checks per protocol.</p> <p>The facility's Post-Fall policy (revised 5/2023) showed If the resident reports hitting head, if there is any indication of head injury, or if ANY incident is un-witnessed, the neuro check protocol will be implemented, and reported to the physician.</p> <p>The facility's Neurological Assessment policy (reviewed 9/2023) showed Neurological assessments are done upon physician order when indicated for a change of resident condition, unwitnessed fall, and head injuries. The policy continues to outline elements for neurological assessment as observations for pain, behaviors, level of consciousness, orientation, speech, strength, pupil size and reaction to light, and vital signs. The policy then showed 10. Determinations of how often to check above are based on physician or nurse practitioner order or change of resident condition.</p> <p>On 11/14/2024 at 4:00 PM, V13 (on -call MD/Medical Doctor) stated a resident with an unwitnessed fall has to have neuro-checks regularly. V13 stated R1's neuro-checks should have been completed all through the night with specific times, and he expects the facility protocol to be used to monitor for changes. V13 stated only checking once is not appropriate, as neuro-checks can show signs of a head injury, such as brain bleeding. Or intracranial pressure.</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
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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>R1's Electronic Medical Records (EMR) showed an initial Post-Fall Neurological Evaluation form was completed after her fall on 10/4/2024 at 8:40 PM. A progress note in R1's EMR showed neuro-checks (with notation of pupil size) were completed only one more time on 10/5/2024 at 2:00 PM.</p>