

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  North Aurora Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  310 Banbury 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 0559</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 share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29562</p> <p>Based on observation, interview, and record review, the facility failed to notify residents in advance and the reason for room changes or room transfer.</p> <p>This applies to 2 of the 3 residents (R1, R2) reviewed for room transfer in the sample of 4.</p> <p>The findings include:</p> <p>1. R1 is [AGE] years-old, who has multiple medical diagnoses which include Bipolar Disorder, Rheumatoid Arthritis and Sjogren syndrome. Minimum Data Set (MDS) dated [DATE] shows that R1 is alert and oriented.</p> <p>On April 8, 2024, at 10:06 AM, V6 (family member) stated that R1 was transferred to another bedroom without prior notice. R1 tried to ask V2 (Director of Nursing/DON) why R1 was being transferred to another bedroom, however, V2 refused to tell anything and continue with the process of transferring R1 to another bedroom. R1 stated that this was upsetting since R1 had been in the same room for more than two years.</p> <p>On April 9, 2024, at 9:08 AM, R1 stated that V2 (DON) told her to move out of her bedroom for deep cleaning, however, R3 (roommate) did not move out and remained in their bedroom. They were roommates for about two and a half years.</p> <p>On April 8, 2024, at 2:00 PM, V2 (DON) stated that she asked R1 to transfer to another bedroom, but V2 could not explain the truth due to confidential reasons.</p> <p>On April 8, 2024, environmental observation was conducted which started at 11:40 AM. It was observed that R1's present bedroom was in Hall 1, while former bedroom was in Hall 5. R3 is still occupying this bedroom, and now has a new roommate. R1's progress notes from March to April 2024 does not show documentation of prior notification for room transfer and reason for the room change.</p> <p>2. R2 is [AGE] years-old who has multiple medical diagnoses which include Major Disorder and Panic Disorder. MDS dated [DATE] shows that R2 is alert and oriented.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On April 8, 2024, at 4:40 PM, R2 stated that prior to her transfer to her new room, she was in another bedroom where she stayed for many years. At that time, it upset her that they transferred her without prior notification. They told her right there and then that she had to move to another room without telling her the reason.</p> <p>R2's Progress Notes dated 3/27/24 shows that R2 had a room change and they attempted to call her brother, but they were unable to reach him. There was no further documentation that they notified R1 prior to room transfer. A Social Service progress note dated 4/10/24 shows why R2 was transferred to another room.</p> <p>On April 8, 2024, at 12:08 PM, V4 (Social Services Staff) stated that they must notify a resident in advance as well as the power of attorney (POA) if they have one or family members who visits frequently. They also write it down on a form and post the room changes at the nurses' station. V4 also said that she was not aware of the reason why R1 had to move and why he was not notified in advance of the room change.</p> <p>Facility's Policy and Procedure with regards to Room and Roommate Assignments shows: The facility reserves the right to assign and transfer the resident within the facility to an available room or roommate as needed. However, the resident shall be given notice before the room or the roommate is changed. The facility will provide reasonable accommodation of individual needs and preferences regarding room and roommate, except where the help and safety of the individual or other residents would be endangered.</p>		