

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  06/28/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40054</p> <p>Based on record review and interview, the facility failed to ensure staff used the wheelchair's footrests during transportation. This failure resulted in R4 falling from the wheelchair to the floor sustaining a forehead laceration and transfer to the emergency department.</p> <p>This Applies to 1 of 3 residents (R4) reviewed for falls and accidents in a sample of 10.</p> <p>A care plan revised on 04/24/2024 showed that R4 has risk factors that require monitoring and intervention to reduce the potential for self-injury. The updated care plan on 06/19/2024 instructed staff to instruct and help R4 use footrests when he is in his wheelchair. The MDS (Minimum Data Set), dated 05/27/2024, showed that R4 was cognitively severely impaired and dependent and required substantial assistance for ADLs, requiring two or more staff members to complete activities such as transfers, dressing, personal hygiene, bathing and ambulation or walking required moderate to partial assistance, and activity was not attempted.</p> <p>A review of R4's face sheet showed R4 was an [AGE] year-old admitted to the facility initially on 11/25/2023 with diagnoses including cerebral infarction, vascular dementia with behavioral problem psychosis, depression, and cardiac diseases. On 06/25/2024 at 11:30 AM, R4 was in a specialized chair and awake and minimally interviewable. R4 said while V11(Certified Nursing Assistant) was wheeling him in a wheelchair, he stepped his feet on the floor.</p> <p>Nursing progress notes and post-fall assessment dated [DATE] at different times showed R1 was confused due to dementia, R4 had forehead laceration, new onset of pain observed, complained of headache with a pain level of 6/10, and was sent to the hospital, and returned to the facility same day with two inches of stitches on the left side of the forehead and black and bluish discolorations under residents' eyes.</p> <p>On 06/26/2024 at 11:49 AM, V11 (Certified Nursing Assistant) said he was wheeling R4 in his wheelchair to his room from the dining hall after breakfast, and R4 braked his wheelchair by putting his feet on the floor and fell out of the wheelchair and onto the floor. V11 said all residents should have footrest while wheeling, and he did not attach the footrest to the wheelchair at the time of R4's transfer to his room. V11 said from now on, he will ensure residents will have footrests while transferring and further said, That is a big lesson for me.</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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F 0689  Level of Harm - Actual harm  Residents Affected - Few	On 06/25/2024 at 12:00 PM, V2 (Director of Nursing) said staff should ensure residents' feet are rested on the footrest during any transport in a wheelchair.