

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  12/04/2025
NAME OF PROVIDER OR SUPPLIER  North Aurora Living & Rehab Ctr		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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review, the facility failed to repair a gap between the outside wall and the air conditioner unit on the exterior wall in a residents room, that caused cold air from the outside to flow directly into the room and failed to implement a system to notify maintenance staff of needed repairs. This applies to 1 of 3 resident (R31) reviewed for environmental concern in the sample of 23. The findings include: R31's medical record showed R31 was [AGE] years old. R31 was admitted to the facility on [DATE]. R31 had multiple diagnoses including schizophrenia, alcohol induced psychosis, anxiety disorder and nicotine dependence unspecified. R31's MDS (Minimum Data Set) dated October 29, 2025, showed R31 was cognitively intact. On December 1, 2025, at 10:33 AM, there was a gap in the exterior wall, on the left side, next to the air conditioner in R31's room and the parking lot was visible through the gap. The room was noted to be chilly, and a breeze was noted coming from the gap. R31 stated he thought the gap had been there for about a month and stated it was a little chilly in the room. R97 (R31's roommate) was observed fully dressed lying under the blankets in bed. V9 (Housekeeper) entered the room at 10:40 AM and stated she had worked in the facility for about 3 months and this room was one of her primary assignments and stated she had not noticed the gap in the wall prior to the observation today. On December 2, 2025, 10:40 AM, V7 (Housekeeping Supervisor) stated V9 had informed him yesterday of the gap in the wall in R31's room and prior to yesterday he was unaware of it. On December 2, 2025, 10:49 AM, V8 (Maintenance Director) stated he was unaware of the gap in the exterior wall in R31's room prior to yesterday. V8 stated there is a maintenance request form that staff or residents can fill out and leave in the mailbox outside V8's office door. There was no record of a maintenance request form completed for the gap in the wall in R31's room. V8 stated the last maintenance request form he had received was dated October 7, 2025. On December 3, 2025, 11:26 AM, V8 stated he put a new air conditioner unit in R31's room around the end of summer but could not remember exactly when he had installed it and did not have any record regarding the installation date. V8 stated prior to the onset of cold weather, he checks all the windows in all resident rooms to be sure they are closed to prevent any drafts because some residents open their windows from the top. V8 stated again he had not been aware or saw the gap in the exterior wall adjacent to the air conditioner unit prior to being informed on Monday December 1, 2025. On December 2, 2025, 12:04 PM, V1 (Administrator) stated there was no facility policy regarding reporting maintenance issues or requesting repairs. V1 also stated residents can tell staff and staff can complete the maintenance request form on their behalf. V1 stated the expectation is for staff to request needed repairs on the maintenance request form and he is unsure why staff stopped using the form.</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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