

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 11/15/2024
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 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** 34410</p> <p>Based on observation, interview, and record review, the facility failed to follow the administration guidelines while administering eye drops. The facility also failed to obtain an uncontaminated blood sample for blood glucose monitoring.</p> <p>This applies to 2 of 9 residents (R24 and R46) reviewed for medication pass observation.</p> <p>The Findings Include:</p> <p>1 R46 is a [AGE] year-old female admitted on [DATE]. A record review on R46's physician order sheet (POS) document Refresh eye drops, one drops each eye three times a day.</p> <p>On 11/13/24 at 01:22 PM, R46 was observed in her room sitting on her chair, and V4 (Licensed Practical Nurse/LPN) administered eye drops to R46's right eye while sitting on the chair. V4 pulled R46's right corner of the right upper eyelid and administered eye drops (Refresh) to the right eyeball. The eye drops fell on the eyeball and dripped onto her cheeks.</p> <p>On 11/14/24 at 9:23 AM, V2 (DON-Director of Nursing) stated the eye drop should have been instilled into the lower eyelid by pulling it down.</p> <p>The facility presented the Eye Drop Administration procedure dated 11/2020, documented: With a gloved finger, gently pull-down lower eyelids to form a pouch while instructing the resident to look up. Place the other hand against the resident's forehead to steady. Hold the inverted medication bottle between the thumb and index finger and press gently to instill the prescribed number of drops into the pouch near the outer corner of the eye. If the resident blinks or drops lands on the cheek, repeat administration.</p> <p>2. R24 is a [AGE] year-old female admitted with an admitting diagnosis, including type 2 diabetes.</p> <p>On 11/13/24 at 10:44 AM, observed V5(LPN) checking R24's blood glucose level after cleansing the right middle finger. V5 discarded the first drop using an alcohol wipe and didn't wait for air to dry the wetness from the alcohol wipe to collect the blood specimen. The blood glucose check resulted in a reading of 160.</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: 14E306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/15/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/13/24 at 11:10 AM, V5 stated that she should have used gauze to wipe off the first drop of blood. She continued that using an alcohol wipe to discard the first drop can alter the blood glucose reading.</p> <p>On 11/13/24 at 11:00 AM, V2 added that the nurse shouldn't use an alcohol wipe to discard the first drop of blood, as it can alter the blood glucose reading.</p>

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 11/15/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410</p> <p>Based on observation, interview, and record review, the facility failed to securely store medications by having them at the bedside and failed to discard expired medications from the medication cart. The facility also failed to label and date insulin vials after initial use.</p> <p>This applied to 3 of 3 residents (R1, R16, and R50) reviewed for medication storage and label/date in a sample of 19.</p> <p>The Findings Include:</p> <p>1 R1 is a [AGE] year-old male admitted with an admitting diagnosis, including type 2 diabetes.</p> <p>On 11/13/24 at 11:04 AM, V6 (Licensed Practical Nurse/LPN) was unable to locate the insulin (Novolin R) vial to administer the scheduled 10 units of insulin to R1. V6 opened a new insulin vial to administer 10 units of insulin to R1's left shoulder and put the vial back into the medication cart without labeling the vial with an open date.</p> <p>On 11/13/24 at 1:20 PM, observed V6's medication cart with V2 (Director of Nursing) and the Novolin R insulin vial was observed without having an open date.</p> <p>On 11/13/24 at 1:25 PM, V6 stated that she should label the insulin vial with an open date.</p> <p>On 11/14/24 at 09:23 AM, V2 (Director of Nurse/DON) stated that the insulin vial should have an open date.</p> <p>A review of the facility-presented policy on vials and ampules of injectable medications revised on the November 2020 document:</p> <p>Expiration Date: Unopened vials expire on the manufacture's expiration date. Opening a vial triggers a shortened expiration date that is unique for that product. The date opened and this triggered expiration date are both important to be recorded on multidose vials on the vial label or an accessory label affixed for that purpose. At a minimum the date opened must be recorded.</p> <p>2 On 11/14/24 at 11:23 AM, during medication cart (middle cart) check with V8 (Registered Nurse), observed Brimonidine and Timolol eye drops for R16 with an open date 10/13/24.</p> <p>On 11/14/24 at 11:25 AM, V8 stated that those eye drops were expired and that she would remove them from the medication cart. According to our policy, ophthalmic products are good for only 28 days once they are opened.</p> <p>A review of the facility presented Medication Storage Guidance document: Date when opened and discard unused portion after 28 days or in accordance with the manufacturer's recommendations or facility policy.</p> <p>(continued on next page)</p>		

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 11/15/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/14/24 at 11:45 AM, V2 stated that nurses are supposed to check expired medications in the medication cart and should have discarded the expired medications.</p> <p>46409</p> <p>3. On November 12, 2024 at 10:43 AM, there was a yellow, ovular pill in a medication cup sitting on R13's (R50's roommates') bookshelf. R50 was not in his room and R13 was sleeping in his bed. On November 12, 2024 at 12:48 PM, the yellow, ovular pill was sitting on the bookshelf. On November 13, 2024 at 11:52 AM, the yellow, ovular pill was sitting on the bookshelf. R50 was sleeping in his room, and R13 said it was his bookshelf but not his medicine. R13 said the medicine belonged to his roommate and had been there since yesterday.</p> <p>R50's face sheet showed he was admitted to the facility with diagnoses including hypothyroidism, bipolar disorder, depressive disorder, and anxiety disorder. R50's MDS (Minimum Data Set) dated September 9, 2024, showed R50 was cognitively intact. R50's EMR (Electronic Medical Record) did not show an assessment to store medications at the bedside, and his POS (Physician Order Sheet) also did not show an order for resident to keep medications at the bedside.</p> <p>On November 14, 2024 at 9:25 AM, V7 (RN/Registered Nurse) said none of the residents were allowed to keep medications at the bedside. V7 said if she went to pass medications and the resident was not in his room, she would take it back to the cart. V7 said she needed to be present when the resident took the medications. V7 said if a resident asked to keep medications at the bedside, she would tell them they have to take the medications with a nurse present and would not be allowed to keep it at bedside.</p> <p>On November 14, 2024 at 9:28 AM, V5 (LPN/Licensed Practical Nurse) said she only had one resident who was allowed to keep medicine at the bedside. V5 said if she went to pass medications and the resident was not in his room, she would take the medicine back as they were not allowed to leave it in their room. V5 said the nurses have to watch the residents take their medications.</p> <p>On November 13, 2024 at 1:13 PM, V2 (DON/Director of Nursing) said the nurses have to observe the residents to make sure they are taking their medications. V2 said if the resident was sleeping, if the resident had orders to leave medications at bedside, then only would the nurse be allowed to keep it at the bedside. V2 said if there weren't any orders, they would not be allowed to keep it at bedside. V2 also said the nurses should not leave medications at bedside if the resident was not in his room. V2 said if the medications were left at bedside, other residents can come and take the medications as the facility was a psychiatric facility. V2 said none of the residents were allowed to store medications at the bedside.</p> <p>The facility's Storage of Medications Policy dated November 2020 shows Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p>		

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 11/15/2024
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</p> <p>Based on interview and record review, the facility failed to provide influenza and pneumonia vaccines to residents residing in the facility.</p> <p>This applies to 3 of 5 residents (R1, R59, R70) reviewed for immunizations in a sample of 19.</p> <p>The findings include:</p> <p>On November 14, 2024 at 9:34 AM, V2 (DON/Director of Nursing/Infection Preventionist) said they had a vaccine day prior to her starting as the DON of the facility and was unable to speak to why all the residents did not have their vaccines. V2 said she was not sure if the residents came to the previous DON and requested vaccines instead of the facility offering the vaccines to all the residents.</p> <p>1. R1's immunization record was reviewed. On November 14, 2024 at 11:09 AM, V2 presented a consent form for the influenza vaccine, which showed R1 consented to receiving the influenza vaccine on November 13, 2024 (during the survey). V2 also presented a consent form to receive the pneumococcal vaccine, dated November 13, 2024 (during the survey).</p> <p>R1's face sheet showed he was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease, pneumonia, chronic respiratory failure, type 2 diabetes mellitus, pneumonia, hypertension, and asthma.</p> <p>2. R59's immunization records were reviewed. On November 14, 2024 at 11:07 AM, V2 presented consent forms for the influenza vaccine and pneumococcal vaccine. R59's consent forms dated November 13, 2024 (during the survey) showed she agreed to receiving both vaccines.</p> <p>R59's face sheet showed she was admitted to the facility on [DATE] with diagnoses including hydrocephalus, type 2 diabetes mellitus, weakness, mood disorder, blastomycosis, hypertension, and osteoarthritis.</p> <p>3. R70's immunization records were reviewed. On November 14, 2024 at 11:10 AM, V2 presented consent forms for the influenza vaccine and the pneumococcal vaccine. R70's consent forms dated November 13, 2024 (during the survey) showed she agreed to receiving the vaccines.</p> <p>R70's face sheet showed she was admitted to the facility on [DATE] with diagnoses including bipolar disorder, type 2 diabetes mellitus, hypertension, hypothyroidism, and major depressive disorder.</p> <p>The facility's undated Immunization policy showed In order to minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza and pneumococcal pneumonia, it is the policy of this facility to offer influenza and pneumococcal vaccinations to all residents.</p>