STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E306	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Aurora Living & Rehab Ctr	310 Banbury Road North Aurora, IL 60542

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review, the facility failed to sanitize dishes during dishwashing procedure.This applies to all 99 residents that received meals prepared and served in the facility kitchen. The findings include: The CMS-671 Form dated December 1, 2025, showed the facility census was 99 residents. Facility provided information that the facility has no residents on NPO (nothing by mouth) status. On December 01, 2025, starting at 9:35 AM, during initial tour of kitchen the following observations were made:In the dry storage area, there were two dented cans placed on shelving with other cans. One of these dented can's contained Marinara sauce (6 lbs./pounds, 9 oz/ounces) with delivery date October 31, 2025, and the other dented can contained cut waxed beans (6 lbs., 5 oz) with delivery date November 12, 2025.In the kitchen, V13 (Dietary Aide) was washing dishes in the dish machine. When asked if the dish machine was a high temperature or low temperature machine, V13 stated she is not sure and that she checks the sanitation using a test strip. On request, V13 tested the sanitizer well of the dish machine with a chlorine test strip and it remained white color which showed ten on the test strip color scale. V13 stated the test strip should be 100 (ppm/parts per million) with color showing dark purple. When asked if she had tested the dish machine prior to washing the breakfast dishes, V13 stated she did and the test strip had shown white color, and she then changed the three containers (wash detergent, rinse and sanitizer) that was at the bottom of the dish machine. V13 added that she did not have a chance to report it to the V12 (Dietary Manager) as she (V12) had just come in a little while ago. A test strip was run two more times through the dish machine and the color remained white and V12 was notified of the same. Chlorine Sanitizer Test Procedure for Low Temperature Dish Machine showed that test strip range should be 50-100 ppm. Facility Policy and Procedure (Revised June 6) titled Receiving included: Policy: It is the policy of the [facility] that all food and supplies received from the vendor are delivered to the Food Service Department and shall be checked by the Food service Manager or designee. This is to ensure compliance with specifications and prices on the invoices. Procedure: 9. If after delivery, damaged product is found, the Food Service Manager or designee contact the vendor immediately, so that it can be picked up and credited on the next delivery. Facility Policy and Procedure (revised October 9) titled Ware-washing -Dish machine included:Policy: It is the policy of [facility] that utensils and dishes washed by mechanical dishwasher will be cleaned and sanitized.Procedure: 3. For Low Temperature Dish machine (temperature of wash water shall not be less than 120 degrees Fahrenheit), before washing anything, use a test strip to check the sanitizer level a. For chlorine sanitizers, the level should be 50-100 ppm.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to implement their water management program plan, failed to conduct risk assessment to identify high risk areas, failed to document description of the facility's water system, and failed to implement control measures to prevent Legionella and other opportunistic waterborne pathogens spread within the facility's water system.This applies to all 99 residents who reside at the facility.The findings include:Form CMS (Centers for Medicare and Medicaid Services)-671 (Long Term Care facility application for Medicare and Medicaid) dated December 1, 2025, showed the facility had a total census of 99 residents.During the survey, the facility did not have documentation to show water flow schematics of the facility and did not have documentation of an assessment identifying where high-risk water flow areas were in the facility. The facility did not have documented risk assessments or control measures established to handle potential hazards. The facility did not have a plan in place to assess, mitigate risk, and/or monitor for Legionella and other waterborne pathogens.On December 2, 2025, at 12:32 PM, V1 (Administrator) stated the water management program is maintained by the maintenance director. V1 said he is unsure of the components of the water management program.On December 2, 2025, at 12:55 PM V8 (Maintenance Director) said he did not have a plan in place to assess or monitor for Legionella. V8 said he is not aware of documentation needed for the facility water management program. V8 said V7 (Housekeeping Director) would have more information on the management program.On December 2, 2025, at 12:57 PM, V7 said he has been working at the facility for years and is unsure of all components of water management program and testing protocols.On December 2, 2025, at 2:13 PM, V8 said he was unable to provide documentation regarding facility water management program. V8 said he doesn't have schematics that describes the facility water system. V8 said he doesn't have a facility water management plan that includes the required risk assessment to determine where Legionella and other waterborne pathogens could grow and spread. V8 said he has not established risk assessments or control measures that could address potential hazards.On December 3, 2025, at 10:07 AM, V3 (Assisted Director of Nursing/ Infection Prevention Nurse) said he doesn't handle water management program and that V1 should know everything about the program.The facilities water management program policy dated October 1, 2020, showed the maintenance director will maintain documentation that describes the facility's water system. A risk assessment of water system components will be conducted to identify where Legionella and other opportunistic waterborne pathogens could grow and spread in the facility's water system. The risk assessment will be completed by facility leadership and the Infections Prevention with collaboration from the other facility members such as maintenance employee, risk and quality management staff. Based on the risk assessment, control measures will be established to address potential hazards.

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident must receive and the facility must provide necessary behavioral health care and services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to provide behavioral health services to residents with SMI (severe mental illness).This applies to 4 of 4 residents (R4, R12, R85 and R97) reviewed for behavioral health services in the sample of 23.The findings include:1. R12 was admitted to the facility on [DATE]. R12 had multiple diagnoses including severe bipolar disorder with psychotic features, recurrent severe major depressive disorder without psychotic features, attention-deficit hyperactivity disorder and suicidal ideations, based on the face sheet. R12 is [AGE] years old. R12's admission MDS (minimum data set) dated October 22, 2025, showed the resident was cognitively intact. The MDS showed R12 had no functional limitation in range of motion, and he required supervision from the staff with his ADLs (activities of daily living). Further review of the same MDS showed R12's primary SMI (severe mental illness) diagnosis are recurrent major depression and bipolar disorder I mixed, manic and depressed. On December 1, 2025 at 11:01 AM, R12 was in bed and was awaken from his nap. R12 claimed he does not attend any in-house or outside psychosocial program. According to R12 he spends most of his days reading and taking naps. On December 2, 2025 at 9:52 AM, R12 was in bed and was awaken when he heard the knocking on the door, claimed he was napping. R12 was asked what his plans were for the day. R12 responded later he wants to read a book inside his room, walk outside for fresh air and eat his meals. R12 plans to be discharged from the facility to the community and he wanted to live with his family when his medications are stable and when his physician thinks he can function outside of the facility safely. According to R12, he does not attend any psychosocial and/or behavioral health services/groups at the facility or outside of the facility. R12 stated he wants to join any group at the facility to discuss programs to learn how to manage and cope with stress and behavior symptom, manage money, and talk to someone on a one-on-one basis to discuss his feelings to be able to manage his behaviors. During the same interview, R12 stated since his admission at the facility he had spoken to V4 (PRSD, Psychiatric Rehabilitation Service Director/SS, Social Service) once. At 1:26 PM, R12 was in bed and was awaken from his nap, when he heard the knocking on his door. R12 stated he will go outside to walk around or read a book later. On December 3, 2025 at 10:03 PM, R12 was reading a book inside the solarium. R12's PASRR (Preadmission Screening and Resident Review) summary of findings dated October 16, 2025 showed the resident had serious mental illness. The PASRR summary showed, You are in need of support for your medical and mental health care, You are not able to care for yourself in the community at this time and You said your long-term goal is to have your own apartment. It was documented, A nursing home will be able to provide you with the medical care you need and make sure your mental health needs are being met. The PASRR summary of findings listed multiple services and/or supports needed to be provided to R12, under rehabilitative services including, Consistent implementation during resident's daily routine and across settings, of systematic plans which are designed to change inappropriate behaviors. You would benefit from taking part in social activities to help with depression and anxiety. You would benefit from creating a daily routine or schedule you could follow at the nursing facility. Development, maintenance, and consistent implementation across settings of those programs designed to teach individuals daily living skills necessary to become more (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skill, health, drug therapy, mental health education, money management, and maintenance of the living environment. It was documented the above service and/or support was selected because, You may benefit from programs, such as skilled therapies, designed to improve your ability to complete daily skills and tasks, and improve your overall independence and health. Another rehabilitative services needed to be provided to R12 included, crisis intervention services plan, You would benefit from crisis intervention planning to prevent behaviors and thoughts impact you safety and individual, group and family psychotherapy, You would benefit from individual counselling to help improve your mental well-being, adjust to the changes in your health, and help you learn new coping strategies for managing your mental health symptoms. You would benefit from group therapy to better understand behaviors related to your mental health, practice coping skills, and promote personal strength and flexibility. R12's Social Services-Psychosocial history addendum completed by the facility on October 22, 2025 showed the resident was oriented with guarded behaviors when in social situations. Under the rehabilitation and discharge potential it showed, Refer to individual psychotherapy. Under the client interests and strengths, it showed in-part, skill development needs and problem areas for which the resident expresses interest in receiving psychiatric rehab, resident's beliefs and confidence in his capacity to develop increased skills and independence, and willingness to participate in recommended treatment. Under the brief life skills assessment, it showed R12 had decreased skills related to social skills, community living and symptom management. The same social service-psychosocial history addendum showed R12's rehabilitation focus are basic skills training and supports with opportunities for community integration, coping/support/ adjustment, social skills/behavior management, orientation/connections, psychotherapy, empowerment/self-esteem, community living and symptom management. It was documented R12 needed one-on one intervention in the areas of coping/support/ adjustment, psychotherapy, symptom management, orientation/connections and community living. Review of the facility's behavioral health/psychotherapy services provided at the facility showed R12's name was not on the list to receive one-on one behavioral health service from an outside licensed social worker. R12's name was not on the list to receive group or one-on one behavioral health services/psychosocial programs provided by an outside company. However, R12's name was included on the list to receive one-on one with the psychologist. On December 2, 2025 at 3:00 PM, V6 (SSD (Social Service Director)) was asked to provide documentation regarding R12's one-on one with the psychologist. At 3:45 PM, V6 presented documentation from the psychologist showing R12 was seen on October 17 and November 11, 2025 for 20 minutes each time. The psychologist documented, I did this as a courtesy because my understanding was, he had no insurance that would pay for my services. V6 confirmed R12 had received one-on-one with the psychologist only twice since admission, and no further visits thereafter due to insurance issues. On December 3, 2025 at V4 (PRSD/SS) stated she is the case manager to R12. V4 stated she had referred R12 for one-on-one with the psychologist, however, she was not informed the psychologist had seen the resident only twice since admission and stopped due to insurance issues. V4 acknowledged R12 does not receive one-on-one behavioral health service from an outside licensed social worker at the facility and R12 does not receive group or one-on one behavioral health services/psychosocial programs at the facility which are provided by an outside company. During the same interview, V4 was asked if she had provided any one-on-one discussions with R12 to address the resident's identified rehabilitation focus as identified on the resident's social (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	service-psychosocial history addendum. V4 stated she had no documentation of any one-on-one she had with R12. According to V4, she would check in with R12 to ask how he was doing and if he needed anything. 2. R85 was admitted to the facility on [DATE]. R85 had multiple diagnoses including, schizoaffective disorder depressive type, major depressive disorder and generalized anxiety disorder, based on the face sheet. R85 is [AGE] years old. R85's admission MDS dated [DATE], showed the resident was cognitively intact. The MDS showed R85 had no functional limitation in range of motion, and she required supervision from the staff with her ADLs. Further review of the same MDS showed R85's primary SMI diagnosis was schizoaffective disorder. On December 1, 2025 at 10:51 AM, R85 was in bed. Stated she was taking a nap. According to R85 she does not attend any psychosocial rehab/program in-house or outside the facility. R85 stated she does not do much at the facility, she just takes naps, eat and smoke. On December 2, 2025 at 9:58 AM, R85 was in bed awake and oriented. R85 was staring at the ceiling. R85 was asked what her plans are for the day, and she responded, Nothing really, I might take my shower today, take naps and eat my meals. R85 added she might go outside to smoke, if she has any cigarette left inside the facility's smoking cart. R85 stated she does not attend any psychosocial and/or behavioral health services/groups at the facility or outside of the facility. R85 stated when her Physician thinks she can be discharged to the community, she plans to live with her family. During the same interview, R85 stated she is currently on probation because she got incarcerated due to drugs. At 1:24 PM, R85 was in bed sleeping. On December 3, 2025 at 10:00 AM, R85 was in bed and was awaken by the knocking on the door. R85 stated she was taking a nap and she had no planned activity for the day. R85's PASRR summary of findings dated September 18. 2025 showed the resident has serious mental health condition. The PASRR summary showed, You are in need of nursing home for rehabilitation. The summary under PASRR determination Explanation showed, You are diagnosed with mood affective disorder which significantly impacts your daily life. You may benefit from medication management and psychiatric support. The PASRR summary of findings listed multiple services and/or supports needed to be provided to R85, under rehabilitative services including, Development, maintenance, and consistent implementation across settings of those programs designed to teach individuals daily living skills necessary to become more independent and self-determining including, but not limited to, grooming, personal hygiene, mobility, nutrition, vocational skill, health, drug therapy, mental health education, money management, and maintenance of the living environment. It was documented the above service and/or support was selected because, You may benefit from programs to teach daily living skills to help improve independence. Another rehabilitative service needed to be provided to R85 included Individual, group, and family psychotherapy. You may benefit from psychotherapy to decrease mental health symptoms and develop healthy coping skills. R85's Social Services-Psychosocial history addendum completed by the facility on October 7, 2025 showed the resident was alert and oriented to all aspects and was able to communicate herself effectively and can engage in conversation. Under the rehabilitation and discharge potential it showed R85 plans to return home with her mother when she is mentally stable, and her court issues are resolved. Under the client interests and strengths showed in-part, skill development needs and (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	problem areas for which the resident expresses interest in receiving psychiatric rehab, resident's beliefs and confidence in her capacity to develop increased skills and independence and willingness to participate in recommended treatment. Under the brief life skills assessment, it showed R85 had decreased skills related to self-maintenance, community living, occupational skills, symptom management and substance abuse management. The same social service-psychosocial history addendum showed R85's rehabilitation focus is to provide one-on-one intervention related to coping/support/adjustment, psychotherapy, substance abuse treatment, empowerment/self-esteem, self-maintenance and symptom management. On December 2, 2025 at 12:47 PM, V14 (Social Service/Case Manager) stated R85 is depressed with suicidal ideation. R85 was homeless and currently on probation in this State for mental health concerns. V14 stated since R85's admission at the facility, the resident was not assigned to attend the group or one-on-one psychosocial and/or behavioral health services provided in-house by an outside company. During the same interview V14 was asked if she had provided one-on one intervention to R85 to address the resident's identified rehabilitation focus as identified on the resident's social service-psychosocial history addendum. V14 responded, she was not sure, and she will check R85's EMR (electronic medical records). At 1:30 PM, V14 presented one documentation of a one-on one discussion with R85 dated October 3, 2025, addressing the resident's adjustment to the facility. V14 acknowledged there are no other one-on one discussion/intervention documented to address R85's mental health rehabilitation focus areas, since admission, except on October 3, 2025. Review of the facility's behavioral health/psychotherapy services provided at the facility showed R85's name was not on the list to receive one-on one behavioral health service from an outside licensed social worker. R85's name was not on the list to receive one-on one with the psychologist and R85's name was not on the list to receive group or one-on one behavioral health services/psychosocial programs provided by an outside company. On December 2, 2025 at 2:00 PM, V4 (PRSD/Social Service) stated she just started a women's psychosocial group to meet every Thursdays at 3:00 PM until 3:45 PM. V4 stated R85 attended the first women's psychosocial group on November 20, 2025. V4 presented the attendance sheet for the women's psychosocial group held on November 20, 2025 at 3:00 PM. The said group was attended by eight residents, including R85. On December 2, 2025 at 4:10 PM, V6 (Social Service Director) confirmed based on the facility's behavioral health and psychotherapy services program listing, R85 does not receive any one-on-one with the outside licensed social worker. R85 does not receive one-on one with the psychologist and R85 does not receive either group or one-on one behavioral health services/psychosocial programs in-house, provided by an outside company. 3. R97 face sheet showed R97 was [AGE] years old and was admitted to the facility on [DATE], with the diagnoses of schizophrenia, essential hypertension, and unspecified asthma. The MDS dated [DATE], showed R97 was cognitively intact. R97's PASRR level II screening dated October 10, 2025, showed R97 may choose to live in a nursing facility now but should return to the community (home or residential center) when your medical condition improves. The screening also showed R97 previously worked as an EMT and used to participate in [NAME] arts and playing basketball and managing finances are important to R97. The screening showed the services R97 needed to return to the community included one to one with psychiatrist and/or social worker to assist R97 to learn about the symptoms of mental illness, (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	manage medications, and educate R97 on strategies to cope with symptoms. The screening showed additional services need to return to the community included socialization groups or programs, regular follow up by psychiatrist, case management services could provide assistance and support, coordinate services and provide discharge planning. The screening to approve Nursing facility services was short term and expires on January 8, 2026. R97's Social Services -Psych Social History Addendum dated September 17, 2025, showed R97 needed intensive skills in training and supports with an increasing focus on community integration through group intervention for coping/support/adjustment, social skills /behavior management, orientation/connections, psychotherapy, self-maintenance, symptom management, and medication education. On December 1 and 2, 2025, R97 stayed in his room and came out for meals and went back to his room. On December 3, 2025, at 11:20 AM, V6 (Social Services Director & R97s case manager) stated R97 does not go to groups and often stays in his room, only coming out for meals. V6 stated she is unsure about R97's medication education and R97 could benefit from symptom management education. V6 stated R97 has delusions and hallucinations. V6 stated R97 does not have an incentive program in place to encourage participation, but R97 may benefit from an incentive program to participate. V6 stated R97's goal is to get a job and an apartment and R97 needs assistance to obtain his identification documents to proceed to get a job. V6 stated the facility's program for groups such as symptom and medication management are under development with their consultant and currently not available to residents. V6 stated residents could sit in on the ADAPT program groups if they desire. On December 3, 2025, at 11:30 AM, V21 (ADAPT program manager) stated R97 had not attended any of the scheduled groups available on the calendar and is not part of the ADAPT program. 4. R4 was admitted to the facility on [DATE], with multiple diagnoses including major depressive disorder, hallucinations, unspecified, insomnia, and hypertension. R4's MDS dated [DATE], showed R4 was cognitively intact. On December 1, 2025, 10:21 AM, R4 was alert and oriented in her room sitting on top of her bed. R4 was observed with long facial hair on her upper lip and chin. R4 stated she does her own grooming and bathing without staff assistance. R4 stated she does not go to activities except on rare occasion and does not attend any psychosocial groups and primarily stays in her room playing games on her phone and comes out of her room only to eat her meals. R4's PASRR level II screening dated September 10, 2025, showed R4 would benefit from medication monitoring and education, participating from programs targeted to improve daily living activities and self-care tasks, and would benefit from structured social activities to promote healthy social interactions and moods and decrease social isolation. The screening also showed R4 had been hospitalized on [DATE], for thoughts of self-harm and had an unstable living situation and lacked family support and anticipated stay was long term. R4's Social Services-Psych Social Addendum, assessment dated [DATE], showed R4 was in need of Basic skills training and support with opportunities for community integration, using a one-to-one approach in the topic areas of coping/support/adjustment, psychotherapy, empowerment (continued on next page)

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F 0740 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	self-esteem, symptom management, and medication management. On December 3, 2025, 11:35 AM, V4 (PRSD R4's case manager) stated R4 was supposed to start attending the new women's group however R4 had not attended the group yet just started on November 20, 2025. V4 stated R4 does exhibit symptoms of anxiety and worrying about her roommate and expresses unrealistic worry and concerns. V4 stated R4 is aware of her overgrown facial hair and does let the hair grow to a certain length before she asks for a razor and to be assisted with the removal of her facial hair. V4 stated R4 struggles with her peers due to the long facial hair and her style of dress, her peers thought she was a male instead of a female. V4 stated R4 could benefit from symptom management for anxiety and self-care training. V4 was unable to provide any documentation of one to one intervention sessions being provided to R4. On December 3, 2025, at 11:30 AM, V21 (ADAPT program manager) stated R4 had not attended any of the scheduled groups available on the calendar and is not part of the ADAPT program. The facility's policy titled Behavior Management Symptom Evaluation Policy, dated January 2019, showed Introduction.It is the policy and philosophy of this long term care organization to enable each resident to engage in quality of life opportunities to the best of his or her ability.group therapy is generally the preferred treatment methodology.Behavior interventions .are individualized, non-pharmacological approaches to care are provided as part of a supportive physical and psychosocial environment, directed toward understanding, preventing, relieving, and/or accommodating a resident's distress or loss of abilities as well as maintaining or improving a resident's mental, physical, or psychosocial well-being.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review, the facility failed to ensure that resident bathroom had a clean and working toilet. This applies to 2 of 3 residents (R78 and R91) reviewed for environmental concerns in the sample of 23. The findings include: On December 1, 2025, at 1:15pm both R78 and R91 were lying on their beds in their room. R78 and R91 were alert and oriented. R78 pointed towards a sign posted on the bathroom door that read, Temporarily Out of Order. R78 said the toilet has not been working for a few weeks. R78 stated, The toilet does not flush and whatever is in there just sits there. Eventually it may go down but the next time you try to flush it again it won't flush. R78 said the sign was put on the door last week by the maintenance staff who said they would fix it. R91 said the toilet had been broken for about three weeks. R91 said that maintenance was informed again at the resident council meeting on November 25, 2025. The note was placed after resident council, but the toilet was still not fixed. R91 said they have been using different restrooms throughout the facility for the past few weeks. This is not the first issue regarding the toilet. According to R78 the toilet needed to be fixed a few months ago because it was leaking. On December 2, 2025, 12:20pm V8 (Maintenance) said he was made aware of toilet not working during resident council meeting on November 25,2025. V8 did not fix or replace toilet when notified on November 25, 2025. V8 instructed R78 and R91 to use community bathrooms until toilet was fixed and placed sign on door. R78 and R91 did not have a functional toilet in their room from November 25, 2025, to December 2, 2025. V8 said that because residents informed him directly during the resident council meeting there was no work order put in place for the malfunction. Review of resident council minutes from November 25, 2025, did not show discussion of the non-functional toilet or plan for repair. Council minutes stated, Maintenance is making sure residents' rooms are kept up in order.On December 3. 2025 at 10:35am V1 (Administrator) stated communication for maintenance concerns need improvement. V1 said in instances of a non-functioning toilet, repairs should be made immediately. Supplies can be purchased same day from the local home improvement store. V1 said he had attended the resident council meeting on November 25, 2025, and heard R91 voice concerns to V8 regarding the toilet and that it should have been repaired sooner. V1 said both residents should have been offered the chance to move to a new room. If they did not want to move, they should have been informed to use community facilities temporarily while repairs were made the same day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E306	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Aurora Living & Rehab Ctr	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)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.