STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation #2074089/IL123279	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210 b) 300.1210 d)2) 300.3240 a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These regulations were not met as evidenced by: Based on interview and record review, the facility	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

failed to perform straight catheterization of a resident with a history of chronic urinary tract infections (UTIs), as prescribed by the physician, for 1 of 3 (R1) residents reviewed for urinary tract infections in the sample of 7. This failure resulted in R1 being admitted to the hospital for UTI, sepsis, and dehydration.

The findings include:

R1's Facesheet, printed September 8, 2020, showed R1 had diagnoses to include, but not limited to, Parkinson's, dementia with Lewy bodies, myelodysplastic syndrome, congestive heart failure, neuromuscular dysfunction of the bladder, benign prostatic hyperplesia with lower urinary tract symptoms, and urinary tract infection.

R1's facility assessment, dated February 4, 2020, showed R1 had severe cognitive impairment; was totally dependent on two or more staff members for bed mobility, transfers, and toilet use; and had external catheter with intermittent catheterization.

R1's Laboratory Report, dated January 30, 2020 and February 21, 2020, showed R1 had Klebsiella pneumoniae >100,000 Col/ml in his urine (indicative of a UTI).

R1's Physician Order Sheet (POS), printed on September 8, 2020, showed an order for, "Bladder scan two times a day for monitoring straight cath if above 300 cc... Condom cath. Dx (diagnosis of) neurogenic bladder... Catheter output every shift for monitoring." These orders showed an order date of January 28, 2020.

R1's Treatment Administration Records (TARs) were reviewed for January 2020 - March 2020.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

The TARS showed Bladder scan two times a day for monitoring, straight cath if above 300 cc. These documents showed blank boxes (not completed) for 5 separate occasions, and showed an amount greater than 300 cc (ml) entered on 10 occasions. There is no separate treatment entry for the straight catheterization treatment, including amount of urine drained from R1's bladder at the time of catheterization.

R1's progress notes were reviewed from January 28, 2020 (date of admission) through March 26, 2020 (date of transfer to hospital). The only entries related to R1 having a straight catheterization completed were on January 28, 2020 and January 30, 2020. R1's General Progress Note, dated March 26,2020 at 9:13 AM, showed R1 was sent to the emergency room due to the CNA reporting R1 was unresponsive. This note showed R1 was responsive to pain/sternal rub, his blood pressure was 57/33, heart rate 30, and required oxygen at 5 liters to maintain an oxygen saturation of 92%. This noted showed R1 was sent via ambulance to the local emergency room. R1's General Progress Note, dated March 26, 2020 at 4:28 PM, showed the local emergency room was called and R1 was admitted for UTI (urinary tract infection), dehydration, and sepsis.

On September 9, 2020 at 1:46 PM, V17 (Assistant Director of Nursing - ADON) said she was looking at R1's record and did not see an entry for R1's straight catheterization on the TAR. V17 said normally the straight catheterization will show up as a treatment and the nurse can sign their initials to show it was done and the amount of urine removed would be documented, but she did not see this on R1's record. V17 said the nurse might chart the straight catheterization in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000574	A. BUILDING: _____ B. WING _____	C 09/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE OF FOX VALLEY,THE	1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

the progress notes too. V17 said if the straight catheterization was not charted in the TAR or the progress note, then there would be no way to know it was actually done. V17 stated, "If the bladder is not emptied, then it can worsen infections or cause a new infection."

On September 8, 2020 at 12:28 PM, V14 (Nurse Practitioner - NP) stated, "I expect my orders to be followed." On September 9, 2020 at 2:03 PM, she said R1 had urinary retention and chronic urinary tract infections. V14 said there was the order for the bladder scan and to straight catheterize if greater than 300 ml. V14 said the straight catheterization would remove the residual urine in R1's bladder and the nurses should be documenting that. V14 said she was not aware that the nurses were not documenting the straight catheterization. V14 stated, "If the bladder is not drained, then it can cause problems with the kidneys and bladder. V14 said she was not notified of R1 having urine retention issues. V14 said if she had been notified of urinary retention, then she would have followed-up to make sure he did not continue to retain urine and change R1's orders if needed.

The facility's Physician's Orders Policy reviewed August 5, 2020 showed, "It is the policy of this facility to ensure that all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the POS (physician order sheet)..."

(A)