Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING: _ B. WING IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$ 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations 1 of 2: 1. 300.615 f) 300.625 c)1)2) 300.661 Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.ll.us to determine if the individual is listed as a registered sex offender. This requirement was not met as evidenced by: Based on interview and record review the facility failed to check the Illinois Department of Corrections (IDOC) website and check the Illinois State Police (ISP) website within 24 hours of admission for 2 of 10 residents (R55, R200) reviewed for background checks in the sample of 10. The findings include: Attachment A The facility's Resident Matrix dated 9/26/23 Statement of Licensure Violations shows R55 was admitted on 8/28/23 and R200 was admitted on 9/14/23.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6006605 B. WING 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL. 60542 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 R200's ISP and IDOC website checks are dated 9/27/23 (13 days after admission). R55's ISP and IDOC website checks are dated 9/27/23 (30 days after admission). On 9/27/23 at 10:18 AM, V1 Administrator said resident background checks should be done within 24 hours of admission. On 9/27/23 at 2:30 PM, V1 said she didn't have a policy emailed to her from corporate for resident background checks. Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following: 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 inquiry under this subsection (c)(2), any criminal history record information contained in its files. This requirement was not met as evidenced by: Based on interview and record review the facility failed to identify an identified offender, schedule fingerprinting, and report to the Identified Offender Program within 72 hours of admission for 3 of 10 residents (R94, R95, and R200) reviewed for identified offenders in the sample of 10. The findings include: R200's name based background check dated 9/8/23 shows "HIT." R94's name based background check dated 8/11/23 shows "HIT." R95's name based background check dated 8/11/23 shows "HIT." On 9/27/23 at 10:18 AM, V1 Administrator said she was not aware of the "HITS" and did not notify the state police or schedule fingerprints. Section 300.661 Health Care Worker **Background Check** A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. This requirement was not met as evidenced by: Based on interview and record review the facility failed to complete background checks for new employees within 10 days of hire.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
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| (X4) ID | SI BAMARY STA | TEMENT OF DEFICIENCIES | | | | | |
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| S9999 | S9999 Continued From page 3 | | 59999 | | | | |
| | This applies to all 9 facility. | 5 residents residing in the | | | | | |
| | The findings include: | | | | | | |
| | The facility's Reside Form (CMS 672) de census of 95. | ent Census and Condition ated 9/27/23 shows a resident | | | | | |
| | surveyor shows V1 (CNA) was hired or on 8/14/23, V14 La | ed employee list provided to 2 Certified Nursing Assistant n 8/30/23, V13 CNA was hired undry was hired on 8/30/23, vices was hired on 8/23/23. | | | | | |
| | Manager said he ra yesterday (9/26/23) V12's file. V16 said employee file and h and V15 Social Ser | AM, V16 Business Office in V12 CNA background check because he could not find it in the can't find V13's CNA will look for V14 Laundry vices background check. V16 necks should be done within 10 | | | | | |
| | background checks employee is offered | AM, V1 Administrator said the sare done before the I the position. V1 said the should be printed out and in | | | | | |
| | to locate V13's emp | PM, V1 said they were unable cloyee file and presented (just printed) for V14 and | | | | | |
| | | round Check Policy dated e policy to request a on all employees." | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED. B. WING IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 (B) 2 of 2 Violations 300.610a) 300.1210b) 300.1210d)2 300.1210d)3 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 10/04/2023 | | |
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| NORTH . | AURORA CARE CENT | TER 310 BAN | BURY ROAD | | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | URORA, IL 60542 ID PROVIDER'S PLAN OF CORRECTION | | | | |
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| S9999 | Continued From page 5 | | S9999 | | | | |
| | care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: | | | | | | |
| | All treatments and procedures shall be administered as ordered by the physician. | | | | | | |
| | resident's condition, emotional changes. | vations of changes in a including mental and as a means for analyzing and | | | | | |
| | Turtner medical eval | quired and the need for uation and treatment shall be aff and recorded in the accord. | | | | | |
| | These Requirement by: | s were not met as evidenced | | | | 1 | |
| | railed to obtain week and review for weigh recommendations for resident (R90) that no loss of 23.83% (percontent of 23.83% (percontent of 23.83% (percontent of 23.83%) and also failed to complet assessment for 1 resignificant weight lost reviewed for weight I | and record review, the facility kly weights, failed to monitor at loss, and failed to make or nutritional support for 1 esulted in a severe weight eent) over 4 months and ospitalization for treatment of hypokalemia. The facility the a quarterly dietary sident (R33) with a history of s. Four residents were oss in the sample of 20. | | | | | |
| 1 | The findings include: | | | | | | |
| ((| s a serious medical of esult in permanent of lamaged muscle tisselectrolytes into the b | CDC.gov, "Rhabdomyolysis condition that can be fatal or lisability [that] occurs when sue releases its proteins and blood. These substances can didneys and cause | | | | | |

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 According to www.merckmanuals.com, "A low potassium level can make muscles feel weak, cramp, twitch, or even become paralyzed, and abnormal heart rhythms may develop Potassium is needed for cells, muscles, and nerves to function correctly." On 9/27/23 at 9:05 AM, V3, Dietitian, said she goes to the facility every month and reviews the residents' weights. If a significant weight loss is identified, she starts treatment with a supplement and initiates weekly weights. V3 said she would definitely investigate a resident with significant weight loss and would follow up the next month once weight loss was identified. V3 said she would notice the weight loss when it first starts and would document each month when a resident triggers for weight loss. V3 said she looks at the weight reports every month and addresses any area of concern. On 10/3/23 at 11:57 AM, V3, Dietitian, said even if she recommends weekly weights, she still follows up at her next monthly visit. If the resident continues to lose weight with the weekly weights, the facility would need to contact the physician directly for those concerns. V3 said there was no weight recorded in June 2023 for R90. V3 said it. is up to the facility to initiate her recommendations. V3 said she does not contact the physician directly and does not collaborate with the physician, she gives her recommendations to the dietary manager and the Director of Nursing, and they pass her recommendations to the physician. On 9/27/23 at 10:31 AM, V8, Nurse Practitioner (NP), said, "I'm sure she (R90) went into rhabdomyolysis due to her poor intake." V8 said

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FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING IL6006605 10/04/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **310 BANBURY ROAD NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL **EACH CORRECTIVE ACTION SHOULD BE** COMPLETE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) Continued From page 7 S9999 S9999 R90's poor intake of food and fluids likely caused her low potassium. A Physician's Order dated 5/25/23 started R90 on Remeron (an antidepressant medication) 15 milligrams (mg) at bedtime. A Physician's Order dated 6/23/23 increased R90's Remeron to 30 mg at bedtime. A Physician's Order dated 7/5/23 decreased R90's Remeron to 15 mg at bedtime. On 10/3/23 at 6:18 PM, V17, Psychiatrist, said when a resident is put on Remeron, which is an anti-depressant, the increased appetite will happen right away, within a week or two. V17 said Remeron is not really an appetite stimulant, that is just a side effect of the medication. V17 said if the Remeron did not increase R90's appetite, they need to go to the primary care provider (physician or NP) and try other medications or consult with the Dietitian for other interventions. On 10/3/23 at 12:18 PM, V9, Dietary Manager, said the Dietitian makes recommendations for residents with weight loss and relays them to her. V9 said she then gives the recommendations to the DON and the Administrator, and one of them give the recommendation to the nurse. The nurse is supposed to fax them to the doctor. V9 said once the doctor gives an order, they relay the order to her so she can implement whatever recommendations are ordered. V9 said if weekly weights are recommended, she would tell the

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CNAs to obtain the weights. V9 said she keeps track of residents on weekly weights on the Weekly Weight Meeting Report which she keeps in the kitchen. V9 said she will email the Dietitian about residents with weight loss. Copies of the

FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6006605 10/04/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 emails between V9 and the Dietitian were requested, and none were provided. On 5/22/23 (no time) the Registered Dietitian, V3, documented R90's weight at 171 pounds which was a decrease of 11.40% (percent) in 30 days. V3 recommended weekly weights for four weeks. R90's Weekly Weight Meeting Report shows the resident weighed: 193.0 pounds on 4/5/23. 171.0 pounds on 5/5/23 (11.40% weight loss). 165.0 pounds on 5/28/23 (an additional weight loss of 3.51% in 23 days). R90's Weights and Vitals Summary dated 9/27/23 shows the next time R90 was weighed was on 7/6/23 and she weighed 147 pounds (a further weight loss of 14.04%). R90 lost 23.83% of her body weight in four months. R90's Weekly Weight Meeting Reports show her average food intake was: 100% for the weeks of 4/5/23 and 4/12/23. 75% for the weeks of 4/19/23 and 4/27/23. 25-50% for the weeks of 5/3/23 and 5/10/23. 25% for the weeks of 5/28/23, 6/1/23, and 6/8/23. No other intake records were provided for R90. R90's Physician's Orders (printed 9/27/23) show R90 had blood work ordered for 6/17/23, and an order to send R90 to the ER for evaluation due to critical labs on 6/27/23. R90's laboratory results from 6/27/23 show a critically low potassium level (hypokalemia) of (2.7 mEq/L). R90's Health Status Notes dated 6/27/23

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between the hours of 2:12 PM and 8:35 PM, show nursing contacted R90's Nurse Practitioner, V8, with critical lab results, an order was received

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6006605 B. WING 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ED. (XS) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 9 \$9999 to send R90 to the Emergency Room (ER), and R90 was admitted to the hospital with a diagnosis of rhabdomyolysis. R90's Health Status Note dated 6/28/23 at 12:28 PM shows the nurse on duty received a call from the dietitian at the hospital regarding R90's diet and weight as she noticed a tremendous weight decline and advised the facility to give R90 meal supplements to manage the weight per dietitian orders. R90's Health Status Note dated 7/5/23 at 1:37 PM shows R90 returned from the hospital for re-admission to the facility. R90's Physician/Practitioner note dated 7/7/23 at 9:06 AM shows R90 was seen following her hospitalization for altered mental status. hypokalemia, rhabdomyolysis, and urinary retention. R90's diet beginning 6/1/23 was a regular diet, regular texture, regular/thin consistency and no meal supplements were ordered between 5/5/23 and 9/26/23. R90's Electronic Medical Record shows no Dietitian Review or dietary notes between 5/22/23 and 7/31/23. Medical records from R90's hospitalization include a History and Physical (H&P) Exam dated 6/27/23 which shows she presented with altered mental status (AMS). Her potassium in the ER was 2.3 mEq/L, she received Intravenous (IV) potassium, an anti-anxiety medication, and two liters of IV fluids. The H&P shows R90's altered mental status was complicated by dehydration and electrolyte abnormalities. The H&P shows an Assessment and Plan included, but is not limited to, the following medical conditions:

PRINTED: 10/17/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL(A (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREEIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 Hyponatremia (low sodium) dehydration, metabolic acidosis likely due to dehydration. hypokalemia due to low oral intake, and rhabdomyolysis with the plan to recheck lab work, give IV hydration, and to monitor her vital signs (blood pressure, heart rate, respiratory rate, temperature, and oxygen saturation levels). R90's Discharge Instructions from her hospitalization dated 7/5/23 show R90 was sent back to the skilled nursing facility on 7/5/23. R90's Minimum Data Set (MDS) dated 7/12/23 shows she has moderate cognitive impairment. R90's Admission Record printed 9/26/23 for her 7/5/23 readmission to the facility shows her diagnoses include, but are not limited to, major depressive disorder, anxiety disorder, obsessive compulsive disorder, eating disorder, rhabdomyolysis, affective mood disorder, hypokalemia (low potassium), and altered mental status. R90's current care plan provided by the facility shows R90 has cognitive loss including poor decision making, impulsivity, memory loss, inattentiveness, and distractibility. R90 has impaired cognitive function/dementia or impaired thought processes and need guidance and support to make decisions. The facility's Resident Weight Monitoring Policy (Revised last on 3/19) shows it is the policy of the facility that resident weights are recorded and monitored at least monthly, if the monthly weight

shows a significant change in 30 days (i.e. 5% gain or loss (+/-) the resident will be re-weighed. The dietician shall review and document all significant weight changes (i.e. +/- 5% in one month, +/- 7.5% in three months, +/- 10% in six months), along with any recommended nutritional

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6006605 10/04/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 \$9999 interventions in the dietary progress notes in the medical record monthly. The same policy also shows residents re-admitted to the facility will be weighed weekly for at least four weeks. 2. R33's Weight Summary report showed on 4/5/23 R33 weighed 267 pounds (lbs) and on 5/5/23 weighed 251 lbs (a significant weight loss of 6.3% in one month). On 09/26/23 at 9:55 AM, there were no documented quarterly dietary assessments found in R33's electronic medical record. R33's quarterly assessments were requested from V1 (Administrator). On 09/26/23 at 11:40 AM, V1 provided dietary quarterly assessments from R33's paper chart. The last documented quarterly assessment from the paper chart was dated 1/4/23. On 09/26/23 at 12:07 PM, V1 was asked if there were more recent dietary assessments for R33. V1 deferred to V9 (Dietary Manager). On 09/26/23 at 12:12 PM, V9 said R33's dietary quarterly assessment was due in July. V9 showed in R33's electronic medical record there was a dietary quarterly assessment dated 7/4/23. When the document was open it had a lock date of 09/26/23 at 10:33 AM. V9 said the quarterly assessment that was dated 7/4/23 was done on 9/26/23. R33's Dietary Admission/Quarterly Evaluation assessment dated 7/4/23 had a most recent weight from 9/12/23 (two months after the evaluation was dated) and a most recent height from 8/3/23 (one month after the evaluation was dated).

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: ___ B. WING_ 1L6006605 10/04/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **310 BANBURY ROAD NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4)10 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 12 On 09/27/23 at 09:08 AM, V3 (Dietitian) said quarterly assessments are done by the dietary manager and should be done every 3 months. The facility's Resident Weight Monitoring policy revised 3/19 showed, "The Food Service Manager and interdisciplinary team review the resident's weights and nutritional status, and make recommendations for interventions." (B)