

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/15/2020
NAME OF PROVIDER OF SUPPLIER GROVE OF FOX VALLEY,THE		STREET ADDRESS, CITY, STATE, ZIP 1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505	
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 0677 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to assist a resident identified as needing extensive assistance with toileting. This applies to 1 of 3 (R3) residents reviewed for toileting in the sample of 5. The findings include: R3's EMR (Electronic Medical Record) shows R3 was admitted to the facility on [DATE]. R3 has multiple medical [DIAGNOSES REDACTED]. R3's MDS (Minimum Data Set), dated July 17, 2020, shows R3 is cognitively intact. R3 requires extensive assistance from two staff with regards to toileting and requires extensive assistance of one staff with regards to dressing and personal hygiene. On August 14, 2020 at 10:55 AM, observed R3 trigger her call light (call light was turned on). On August 14, 2020 at 11:03 AM, V5 (Assistant Administrator) was observed going into R3's room and coming right back out. The call light was turned off. On August 14, 2020 at 11:05 AM, R3 stated V5 came in and turned my call light off. I need to go to the bathroom. R3 stated, I usually wait 3-4 hours for someone to help me to the bathroom. On August 14, 2020 at 11:15 AM, observed two staff walking towards R3's room. V6 (Certified Nurse Assistant, CNA) went into R3's room and the other staff member walked off the unit. V6 came back out of the room to get assistance from another CNA. On August 14, 2020 at 11:19 AM, V6 and V7 (CNA) went into R3's room and assisted R3 to the bathroom. R3's care plan, dated July 17, 2020, shows that R3 is incontinent of bowel and bladder. Care plan indicates that R3 requires the assistance of two staff with toileting and toilet hygiene due to weakness, limited ROM (range of motion) to her lower extremities, poor balance and coordination. On August 14, 2020 at 12:30 PM, V2 (Director of Nursing, DON) stated, All are responsible for answering a call light if they see it going off. If a staff member goes in and answers a call light and they are not able to help them, the staff should tell the resident I will go get someone to help you and they are to leave the call light on. For example, if an activity aide sees a call light and answers it, the resident is requesting pain medication. The activity will tell the resident, I will let your nurse know and leave the call light on.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.