STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510278	A. BUILDING: _____ B. WING _____	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION LIVING FOX KNOLL VILLAGE	421 N LAKE ST AURORA, IL 60506

(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
A 000	Initial Comment Annual Licensure Survey	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation (Repeat Violation) Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. a) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act). e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. C) special accommodations for the resident.	A4010		

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A4010	Continued From page 1 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements were not met, as evidenced by: Based on interview and record review, the facility failed to: 1. Develop a service plan identifying the risk factors and the specific needs of each residents. 2. Identify specific interventions to address the needs of the residents and to implement prevention plans to prevent possible injuries/complications and to meet the needs of the residents/ 3. Conduct a significant change of cognition to address R2's decline in cognition, wandering behavior and changes in functional status. These failures resulted in: A) R1 sustaining (1) multiple fractures to include (a) close fracture to the left rib, (b) fracture to the sacrum and (c) fracture of the coccyx and(2) subdural hematoma on August 11, 2023. R1 expired on August 16, 2024 and, B) Has the potential to affect the care of the 21 residents in the establishment. The findings include: I. On August 14, 2024, the establishment presented the service plan being utilized. This	A4010		

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A4010	Continued From page 2 service plan includes 2 pages that identifies the following: The 1st page: a. Resident's activities of daily living including - Dressing, bathing, toileting, transferring, personal hygiene, eating, mobility and evacuation. Followed by the assistance needed. - Minimal, moderate, total or no assistance required which are marked with an "X" as applies to the resident. b. Health - a "Yes or No" column to identify: - DNR (do not resuscitate), diabetes, allergies, skin care, eyeglasses, hearing aid, dentures, walker, wheelchair. - Marked with an "X" as applicable. The 2nd page includes the signature section. On August 14, 2024, at 5:30 PM, E2 (Director of Nursing) confirmed that the risk factors and on-going medical symptoms of residents are not identified, and no interventions were listed. II. R1 was identified by E2 (Director of Nursing) as confuse and forgetful (with diagnosis of Dementia). R1 used walker for ambulation. R1 required minimal assistance from the staff with activities of daily living. R1's nurse's notes show history of previous fall. E2 claimed R1 was high risk for falls. There was no plan of care develop. On August 11, 2023, R1 sustained an unwitnessed fall. R1 was found near the bathroom. During assessment R1 was noted with skin tear to the left arm and was yelling of pain during assessment. R1 was sent to the Emergency Department and was diagnosed with multiple fractures to III. On August 14, 2024, at 1:15 PM, E2 explained, "R1 was one of our Assisted Living residents with recent cognitive decline (BIMS'	A4010		

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A4010	Continued From page 3 score from 13- cognitively intact to 6 -severe cognitive decline). R2 gets disoriented at night and wanders. R2 uses a walker and had incidents of falls (October 28, 2023, and February 21, 2024) and requires. E2 also stated that on October 28, 2023, R2's had an unwitnessed fall. R2 sustained a "moderate traumatic injuries and laceration to the head." E2 stated, "due to R2 being high risk for falls and with the wandering behavior, R2 needed more eyes on her!" These changes in cognition, functional status changes, identified risk factors and wandering behavior were not address in R2's service plan.	A4010		