

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER AUBERGE AT NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1936 BROOKDALE ROAD NAPERVILLE, IL 60563		
(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	A 000		
	Annual Licensure Survey Conducted			
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 2 Violation Section 295.4060 Alzheimer's and Dementia Programs a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) b) No person shall be admitted or retained in an assisted living or shared housing establishment if the establishment cannot provide or secure appropriate care, if the resident requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 150(b) of the Act) h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who:	A4060		

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 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER AUBERGE AT NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1936 BROOKDALE ROAD NAPERVILLE, IL 60563		
(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
A4060	Continued From page 1 A) May wander These requirements are not met as evidenced by: Based on interview and record review the facility failed to implement interventions to monitor/supervise for R2's aggressive behaviors that began to surface 2 days after R2's admission. This failure resulted in a 91 year old hospice resident being dragged from her bed and hit by R2, sustaining bruising and skin tears and has the potential to affect the safety of all the memory care residents residing in this facility. Findings include: R1 was 91 years old and admitted to this memory care facility on 9/16/17 with diagnosis of dementia, anxiety and TIA. R1 went into hospice care beginning 11/30/24. State reportable incident and accident dated 12/21/24 along with accompanying progress note states that a caregiver reported R1 (hospice care, 91 years old) was observed lying supine on the bedroom floor with another resident kneeling by her head and trying to harm her by punching. R1 was noted with a small skin tear to the chest and left lower leg. The caregiver heard yelling for help in the hallway. R2 was immediately taken out of the room. R1 reported that she was pulled out from the bed by R2. A large bruise was noted on the right forearm, a small skin tear to the chest and a small skin tear to the right lower leg. R2 Is 71 years old and admitted to this memory care facility on 12/13/24 with diagnosis including	A4060		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER AUBERGE AT NAPERVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1936 BROOKDALE ROAD NAPERVILLE, IL 60563		
(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
A4060	Continued From page 2 dementia with behavioral disturbances. E1 stated on 1/7/25 at 2:00pm R2 is very confused and ambulates independently throughout facility. Nursing progress notes dated 12/15/25 show that R2 is becoming resistive to care. R2 began showing aggressive and agitated behaviors to staff and roommate on 12/17/24, resulting in a room change to separate them. Progress note dated 12/21/24 states R1 was observed and heard on the floor in her room crying for help. R2 was on top of R1 and hitting her with his fist to her body. E3, E4 and E12 (care givers) stated on 1/9/25 they are familiar with R2. E3 stated R2 is very quiet but is kind of sneaky in the way he ambulates around the facility and into other resident rooms. Sometimes he will be standing and staring at residents in their beds and then start shouting at them. E4 stated R2 is currently fixed on rooms 206, 203, and 201. Both E12 stated R2 can be aggressive to staff and residents. E3, E4, and E12 also said staff must monitor R2 closely which is accomplished by keeping an eye on his whereabouts when ambulating in the facility. Review of R2's most recent Service plan dated 12/17/24 and updated 1/3/25 documents R2 has severe impairment in orientation, is frequently disoriented and requires frequent supervision and oversight. The Service plan also documents R2 has severe impairment in short- and long-term memory in addition to displaying severe communication impairment as R2 is unable to communicate or receive information and has continuous difficulty following instructions. Under psychosocial area, this Service plan documents R2 has frequent issues with behavior with current	A4060			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510324	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER AUBERGE AT NAPERVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1936 BROOKDALE ROAD NAPERVILLE, IL 60563		
(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
A4060	Continued From page 3 or history of disruptive, aggressive, or socially inappropriate behavior, either verbally or physically improper. This service plan however, incorrectly states that R2's current or history of wandering does not jeopardize health or safety but may require redirection. There are no concrete interventions for monitoring/supervising identified on this Service plan (until 1/9/25) even though under Alzheimer's dementia assessment section on the Service plan it documents R2 has frequent needs for monitoring around wandering behavior. However, on page 10 of this Service plan it states R2 has no monitoring needs around potentially dangerous behavior in residents' room. This is inconsistent information and lacks specific interventions based on documented and reported episodes of wandering and staff/resident interactions (aggressive, resistive, physically abusive, and intimidating) surrounding R2 since a few days after his admission on 12/13/24.	A4060		