STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL5104986	A. BUILDING: _____ B. WING _____	C 07/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITLEY OF AURORA (THE)	1340 RIVER STREET 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 conducted. Violations: 295.2040d)h) (REPEAT) 295.3000b) 295.4010b)1)2)3)c)d)e)g)1)A)C)2)5) 295.4060 i)1)B)i)2)C) (REPEAT) 295.6000a)4) Complaint Investigation 2575836 / IL195367 Violations: 295.6000a)21)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation Section 295.2040 Disaster Preparedness (REPEAT) d) The establishment shall conduct a tornado drill on each shift during February of each year for employees ... h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation.	A2040		

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A2040	Continued From page 1 This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to follow their policy and state regulation, when they did not conduct a tornado drill on each shift during the month of February. They failed to identify any residents who received assistance for evacuation on the written evaluation for each drill. This failure has the potential to affect all residents who reside in the community. The failure to conduct a tornado drill on each shift creates a substantial probability of severe harm to a resident or residents, in that in the event of a tornado warning, if staff did not practice how to respond to and manage cognitively impaired residents, who may be awakened from sleep, lack of preparedness may increase the risk of injury or death. The findings include: On 7/21/25, establishment fire and tornado drills were reviewed. -There was no documentation to show a tornado drill as conducted on each shift during the month of February. Tornado drills showed one drill conducted on 2/11/25 2:00 PM. -The following fire drill evaluations did not include the date of the drill: 8/29/24, 9/5/24, 10/4/24, 12/9/24, 3/18/25, and 7/16/25 -The following fire drill evaluations did not identify any residents who received assistance for evacuation on each drill evacuate:	A2040		

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A2040	Continued From page 2 5/24/25, 6/19/24, 7/31/24, 8/29/24, 9/5/24, 10/4/24, 11/4/24, 12/9/24, 11/4/25, 1/6/25, 2/11/25, 3/18/25, 4/10/25, 5/15/25, 7/15/25, and 7/16/25. During interview on 7/21/25 at 1:39 PM, concerns were discussed and verified with E1 (Executive Director). The establishment policy titled In the Event of a Tornado (no date) showed: Procedure Title:...Tornado drills to be conducted and documented semiannually. At least three drills to be conducted in February, one on each shift (Illinois).	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the	A3000		

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A3000	Continued From page 3	A3000		

establishment failed to ensure they had on duty at all times at least one direct care staff person who obtained cardiopulmonary resuscitation (CPR) training specific to adults. They failed to ensure CPR certification included a demonstration of the individual's ability to perform CPR. They failed to ensure CPR certification was current. This applies to 5 of 40 employees (E13, E14, E15, E16, E17) reviewed for this requirement and has the potential to affect all residents that reside in the establishment. This failure creates a substantial probability of severe harm to a resident or residents, in the event of a medical emergency it cannot be ensured that there is a qualified direct care staff person to adequately or correctly provide CPR.

The findings include:

During the annual review, direct care staff was reviewed for active CPR certification and compared to the nursing and caregiver schedule for May 2025 to July 2025.

The following direct care staff's CPR certification did not include demonstration of the individual's ability to perform CPR and could not be used for coverage:

E13-E17 (all Caregivers)

The following direct care staff's CPR certification was expired and could not be used for coverage:

E16 (Caregiver)

In email communication on 7/24/25 at 9:30 AM, E1 (Executive Director) verified E16 did not have current certification.

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A3000	Continued From page 4 The following dates/times could not be verified that a direct care CPR certified staff person was on duty: May 2025 10:00 PM-6:00 AM - 5/2 and 5/22 June 2025 10:00 PM-6:00 AM - 6/5, 6/6, 6/19, and 6/20 July 2025 6:00 AM-8:00 AM - 7/24 10:00 PM-6:00 AM - 7/3, 7/4, 7/6, 7/17, and 7/18 During exit on 7/24/25 at 12:52 PM, findings were reviewed and confirmed with E1.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: General Violation Section 295.4010 Service Plan b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident	A4010		

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A4010	Continued From page 5 is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. d) 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; 2) The amount, type, and frequency of health-related services needed by the resident;... 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration ...	A4010		

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A4010	Continued From page 6 This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure service plans were developed by the resident and/or representative and signed. They failed to ensure service plans were reviewed and interventions updated for fall incidents. They failed to ensure service plans addressed the level of service for Activities of Daily Living. They failed to address the special accommodation of a secure environment for cognitively impaired residents. They failed to ensure service plans addressed health related services related to the reason for and use of psychotropics, narcotics, and blood thinners. They failed to ensure service plans addressed the level of assist for medications. This applies to 7 of 7 residents (R1, R2, R3, R4, R5, R6, R7) reviewed for this requirement. These failures create a substantial probability of harm to a resident or residents, in that it cannot be determined that the establishment is aware of the needs and safety concerns of the resident. The findings include: On 7/21/25, the Annual Licensure Survey was initiated. R1-R7 was reviewed for service plans.	A4010		

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A4010	Continued From page 7 1) R1's medical record showed R1 moved into the establishment on 6/2/25 and has multiple diagnoses, including left sided weakness, hypertension, and congestive heart failure. R1's Service Plan dated 7/22/25, did not address if R1 is independent with or the level of assist required for evacuation, transfers, activities, and eating. R1's service plan did not address if R1 is independent with or the level of assist for medications. The service plan did not address the use of opioids. R1's Physician's Order Report showed R1 takes tramadol (analgesic opioid) as needed. This medication increases the risk of falls and R1's service plan showed R1 is a fall risk. 2) R2's medical record showed R2 moved into the establishment on 8/28/23 and has multiple diagnoses, including hemiplegia, aphasia, atrial fibrillation, and ischemic attack. R2's Service Plan dated 9/9/24, was not developed and signed by the resident or their representative. (See Section 295.6000 Resident Rights) R2's service plan did not address if R2 is independent with or the level of assist required for evacuation, bathing, oral hygiene, dressing, mobility, and eating. R2's service plan did not address the reason for and use of psychotropics, opioids, and blood thinners. R2's Physician's Order Report showed R2 takes citalopram (antidepressant) daily for	A4010		

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A4010	Continued From page 8	A4010		

depression, tramadol (analgesic opioid) twice daily, and eliquis (blood thinner) daily for atrial fibrillation. These medications increase the risk of and injury with falls. R2's service plan showed R2 is a fall risk.

R2's service plan did not address the level of assist for medications. The service plan showed "staff to assist/administer medications ..." but did not indicate if it was reminders, supervision, or nurse administration.

3) R3's medical record showed R3 moved into the establishment on 1/21/25 and has multiple diagnoses, including hypertension and chronic kidney disease.

R3's Service Plan dated 1/21/25, was not developed and signed by the resident or their representative. (See Section 295.6000 Resident Rights)

R3's service plan was not reviewed, and interventions updated for fall incidents. R3's Progress Note, dated 7/12/25 at 1:35 PM, showed R3 had a fall with no injury.

R3's service plan did not address if R3 is independent with, or the level of assist required for evacuation and eating. It does not address R3's preference to eat in their apartment, with meal delivery.

R3's service plan did not address the use of blood thinners. R3's Physician's Order Report showed R3 takes eliquis twice daily. This medication increases the risk of injury with falls and R3's service plan showed R3 is a fall risk.

R3's service plan showed R3 self-administers her

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A4010	Continued From page 9	A4010		

as needed medications but did not indicate the level of assist for scheduled medications.

4) R4's medical record showed R4 moved into the establishment on 2/10/25, is on hospice, and has multiple diagnoses, including paraplegia, hypertension, and pulmonary vein disease.

R4's Service Plan dated 3/21/25, was not developed and signed by the resident or their representative. (See Section 295.6000 Resident Rights)

R4's service plan was not reviewed, and interventions updated for fall incidents. R4's Progress Note, dated 5/30/25 at 10:05 AM, showed R4 had a fall with no injury.

R4's service plan did not address if R4 is independent with, or the level of assist required for evacuation and activities.

R4's service plan did not address the reason for and use of psychotropics and opioids. R4's Physician's Order Report showed R4 takes scheduled bupropion and sertraline (both antidepressants), scheduled fentanyl (analgesic opioid), and as needed morphine (analgesic opioid). These medications increase the risk for falls and R4's service plan showed R4 is a fall risk.

5) R5's medical record showed R5 moved into the establishment on 4/24/23, resides in the memory care unit, is on hospice, and has multiple diagnoses, including hypertension, atrial flutter, and Alzheimer's disease.

R5's Service Plan dated 4/24/25, was not developed and signed by the resident or their

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A4010	Continued From page 10	A4010		

representative. (See Section 295.6000 Resident Rights)

R5's service plan was not reviewed, and interventions updated for fall incidents. R4's Progress Notes showed falls on 7/31/24, 10/3/24, 10/28/24, 2/6/25, 2/10/25, 2/27/25, 3/7/25, and 4/15/25.

R5's service plan did not address if R5 was independent with, or the level of assist required for evacuation and eating.

R5's service plan did not address that R5 resides in a secure memory care unit.

R5's service plan did not address the reason for and use of psychotropics and blood thinners. R5's Physician's Order Report showed R5 takes scheduled quetiapine (antipsychotic) and eliquis (blood thinner). These medications increase the risk of and injury with falls and R5's record showed multiple falls.

6) R6's medical record showed R6 moved into the establishment on 1/24/25, resides in the memory care unit, is on hospice, and has multiple diagnoses, including acute kidney failure, hypertension, long term use of anticoagulants, anxiety, diabetes mellitus type 2, and dementia.

R6's Service Plan dated 2/7/25, was not developed and signed by the resident or their representative. (See Section 295.6000 Resident Rights)

R6's service plan was not reviewed, and interventions updated for falls. R6's Progress Notes showed falls on 1/28/25, 1/30/25, 3/7/25, 3/20/25, 4/3/25, 4/29/25, 6/13/25, 7/16/25, and

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A4010	Continued From page 11 7/19/25. R6's service plan did not address if R6 is independent with, or the level of assist required for evacuation. R6's service plan did not address that R6 resides in a secure memory care unit. R6's service plan did not address the reason for and use of psychotropics and blood thinners. R6's Physician's Order Report showed R6 takes scheduled escitalopram (antidepressant) and scheduled eliquis (blood thinner). These medications increase the risk of or injury with falls, and R6's record showed a history of falls. 7) R7's medical record showed R7 moved into the establishment on 1/13/25, resides in the memory care unit, and has multiple diagnoses, including hypertension, chronic kidney disease stage 3, chronic obstructive pulmonary disease, and dementia. R7's Service Plan, dated 1/13/25, did not address if R7 is independent with, or the level of assist required for evacuation, mobility, and eating. R7's service plan did not address that R7 resides in a secure memory care unit. R7's service plan did not address the reason for and use of psychotropics. R7's Physician Order Report showed R7 takes sertraline (antidepressant). This medication increases the risk of or injury with falls, and R7's service plan showed R7 is a fall risk. On 7/22/25 at 3:50 PM, concerns were reviewed with E1 (Executive Director) and E10 (Regional	A4010		

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A4010	Continued From page 12 Director of Health Services). E10 indicated, the concerns were addressed on the comprehensive assessment, which generated the service plan, and provided them for each resident. This surveyor communicated, since the service plan serves as the basis for the service delivery contract between the provider and the resident and needs to reflect the needs and safety concerns of the resident.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4060 Alzheimer's and Dementia Programs i) Training requirements for individuals working in a special program: 1) Manager qualifications and training: ... B) The manager or supervisor must complete, in addition to the training required in subsection (i)(2) of this Section and in Section 295.3020, six hours of annual continuing education regarding dementia care. 2) Staff training: ... C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and	A4060		

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A4060	Continued From page 13 other related dementia disorders ...(Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure the manager and direct care staff completed annual dementia/Alzheimer's education. This applies to 1 of 9 employees (E1) reviewed for this requirement. This failure has the potential to affect all residents that reside in the community and creates a substantial probability of harm to a resident or residents, as the required training ensures staff have the skills and knowledge critical to resident safety and well-being. The findings include: During the Annual Licensure Survey, employee training records were reviewed. There was no documentation to show E1 (Executive Director) had six hours of annual continuing education regarding dementia care. During interview on 7/21/25 at 2:28 PM, E1 indicated, they did not hold conduct annual training for Alzheimer's/Dementia.	A4060		
A6000	Section 295.6000 Resident Rights This Regulation is not met as evidenced by: Type 2 Violation	A6000		

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A6000	Continued From page 14 Section 295.6000 Resident Rights a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of an establishment, nor shall a resident forfeit any of the following rights: ... 4) The right to designate any individual to participate with the resident or in the resident's name in the development of the written service plan; 21) The right to a minimum of 30-day notice of any change in a fee or charge or the availability of a service; ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to ensure the resident's representative was involved in the development of the written service plan. They failed to ensure a minimum of 30-day notice was provided to the resident/representative for a meal delivery charge. This applies to 6 of 7 residents (R1, R2, R3, R4, R5, R6) reviewed for this requirement. The failure to involve the resident's representative in the written service plan creates a substantial probability of harm to a resident or residents, in that it cannot be ensured the resident's health needs and concerns are addressed. The findings include: On 7/21/25, the Annual Licensure Survey and investigation into complaint #2575836 / IL15367	A6000		

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	ASL5104986	A. BUILDING: _____ B. WING _____	C 07/23/2025

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was initiated.

Resident/Representative Involvement in Development of Service Plan:

R1-R7 was reviewed for the Annual Licensure Survey.

Interview and record review showed R2, R3, R4, R5, and R6 did not have resident/representative involvement in the development of the service plan.

1) R2's medical record showed R2 moved into the establishment on 8/28/23.

R2's Service Plan, dated 9/9/24, showed "phone conference" on the signature line for Z2 (R2's Daughter).

R2's Face Sheet showed Z2 was R1's Power of Attorney (POA).

During a phone interview on 7/23/25 at 12:46 PM, Z2 indicated, a care plan meeting was never held, nor was there a phone conference on 9/9/24. Z2 indicated she received a call from E10 (Regional Director of Health Services) the night before, to come sign the service plan and there was no change to level of care.

2) R3's medical record showed R3 moved into the establishment on 1/21/25.

R3's Service Plan, dated 1/21/25, showed "phone conference" on the signature line for Z3 (R3's Daughter).

During a phone interview on 7/23/25 at 12:10 PM, Z3 indicated, a no one has ever sat down with us

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and to discuss (R3's) needs are. Z3 indicated, she did not attend a phone conference on 2/11/25.

3) R4's medical record showed R4 moved into the establishment on 2/10/25.

R4's Service Plan, dated 3/21/25, showed "phone conference" on the signature line for Z7 (R4's Daughter).

R4's Face Sheet showed Z4 (R4's Daughter) as the contact person.

Phone interview was attempted twice on 7/24/25, with no success.

4) R5's medical record showed R5 moved into the establishment on 4/24/25.

R5's Service Plan, dated 4/24/25, showed "phone conference" on the signature line for Z5 (R5's Sister).

Phone interview was attempted twice on 7/24/25, with no success.

5) R6's medical record showed R6 moved into the establishment on 1/24/25.

R6's Service Plan, dated 1/24/25, showed "phone conference" on the signature line for Z6 (R6's Spouse).

During a phone interview on 7/24/25 at 12:22 PM, Z6 indicated, she got a text from E10 that the service plan did not have her signature, but she said, a service plan meeting was never held.

During a phone interview with E1 (Executive

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Director) on 7/24/25 at 3:14 PM, E2 (Director of Health Services) 7/24 25 at 2:43 PM, and E10 (Regional Director of Health Services) on 7/24/25 at 4:22 PM, they agreed, the resident has the right to designate any individual to participate with the resident or in the resident's name in the development of the written service plan, the service plan is mutually agreed upon by the establishment and the resident or representative, and should be signed and dated by all individuals involved in its development.

During interview, E10 confirmed, he noticed the service plans were not signed when he pulled them for the review. E10 indicated, he spoke with Z2 and was told she never had a care plan meeting. E10 indicated, he called the other resident's representatives to set up times to review and sign the service plan.

The establishment policy titled Service Plan (no date) showed: ...Procedure: ...2) The Nurse, Executive Director, caregivers, Life Engagement Manager, and Culinary Manager will visit with the resident and family to complete the plan ...5) Any needed personal care services will be indicated on the service plan. 6) The Nurse, Executive Director and the responsible party will sign the agreed upon service plan.

Charge for Meals Delivered to the Room:

The complaint showed concerns residents were charged five-dollars per meal to have food taken to the room, and the charge was not disclosed nor in the contract.

R1, R2, and R3 was identified and reviewed for eating meals in their room.

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A6000	Continued From page 18 During interviews with R1 on 7/22/25 at 12:47 PM, R2 interviewed on 7/22/25 at 12:40 PM, and R3 interviewed on 7/22/25 at 12:02 PM, they indicated, they preferred to eat in their room but they were charged five-dollars per meal. They indicated, their family communicated with the establishment regarding the charge. During interview on 7/21/25 at 10:06 AM, E1 (Executive Director) confirmed residents are charged five-dollars per meal delivery to their room, unless it is due to sickness. E1 indicated, residents/families are informed of the fee, prior to move in. E1 indicated, the establishment contract did not address the fee and during a recent meeting with management, she discussed the need to add it. During interview on 7/22/25 at 1:22 PM, E11 (Marketing) indicated, she verbally disclosed charges not included in the monthly charge to new inquiries, but there was no documentation in paperwork provided to the resident/family that notifies of the room delivery charge. The Assisted Living Establishment Contract was reviewed and did not disclose the room delivery charge for meals. The contract showed: ...2) Admissions, Accommodations and Services ... Health and Personal Care Services: ...3) Meals and Snacks. Three nutritionally well-balanced meals per day are included with Basic Services. Modified meals for special dies will be available to the Resident if prescribed by the Resident's physician as a medical necessity. Snacks are available to the Resident at all times ...	A6000		

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A6000	Continued From page 19 Excluded Services: Except as otherwise expressly stated in this Agreement, the Resident is responsible for furnishing or paying for any of the Resident's health and medical care services ...in-room utilities such as private phone or cable, and barber/beauty shop appointments ... The Assisted Living and Memory Care fee schedule and Levels of Care was reviewed and there was no documentation of the five-dollar room delivery fee.	A6000		