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8/22/24

Ascension Living Fox Knoll Village

421 N Lake Street

Aurora, IL 60506

RE: Annual Licensure Survey

Date of Survey: 8/16/24

Dear Executive Director,

On 8/16/24, staff with the Illinois Department of Public Health (IDPH) conducted an Annual Licensure Survey for your establishment. Upon review of the records and on-site analysis, it was determined that the establishment did not meet all the compliance requirements of the Assisted Living and Shared Housing Establishment Code. The attached Statement of Findings/Violations represents **1 Type 2 REPEAT Violation(s)**.

295.4010

Based upon the gravity of the violation and history of establishment compliance, the Department will impose a fine of \$1000.00.

Mail the Fine check to: ASSISTED LIVING, IDPH, 525 W. JEFFERSON STREET, 5<sup>th</sup> FLOOR.

SPRINGFIELD, IL 62761

217-558-8266.

Email Statement of Correction to: [DPH.LTCAL@ILLINOIS.GOV](mailto:DPH.LTCAL@ILLINOIS.GOV)

**INCLUDE COPIES OF THIS LETTER WITH YOUR STATEMENT OF CORRECTION AND FINE CHECK PAYMENT.**

Per the requirements of the Assisted Living and Shared Housing Establishment code, Section 295.1070 Annual On-site Review and Complaint Investigation Procedures, please file a Statement of Correction **within 15 days after receipt of the findings/violations**. The Statement of Correction may be in letter form and shall describe the action(s) the establishment plans to take to address the findings/violations. Upon receipt of an acceptable Statement of Correction, IDPH will then conduct a follow-up survey or desk audit in order to determine if the establishment is in compliance with the Assisted Living and Shared Housing Establishment Code. Once compliance is determined, IDPH will issue either an Assisted Living or Shared Housing license.

You may also submit a Statement of Dispute regarding any of the alleged findings/violations within 15 days after receipt of the findings/violations. The Department will review any submitted Statement of Dispute prior to making a final determination that a violation exists or of the level of violation. If no Statement of Dispute is submitted, the attached Statement of Findings/Violations will represent the final Statement of Violation and the recommended sanction will be imposed.

Pursuant to Section 295.1090 of the Assisted Living and Shared Housing Establishment Code, you have the right to appeal pursuant to the Rules of Practice and Procedure in Administrative Hearings. A request must be made in writing and addressed to me as follows: Illinois Department of Public Health, Division of Assisted Living, 525 West Jefferson, 5<sup>th</sup> Floor, Springfield, Illinois 62761. The Hearing request must be received within 30 days of receipt of this letter.

If you have any questions regarding this letter, please contact my office at 708.409.8810 or, for the hearing impaired, the Department's TTY number is 1-800-547-0466.

Sincerely,

Edward Pitts RN-BSN, PSA

Assisted Living

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510278</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>08/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ASCENSION LIVING FOX KNOLL VILLAGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>421 N LAKE ST AURORA, IL 60506</b>
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(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	<p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Type 2 Violation (Repeat Violation)</p> <p>Section 295.4010 Service Plan</p> <p>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.</p> <p>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).</p> <p>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).</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living. C) special accommodations for the resident.</p>	A4010		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Illinois Department of Public Health

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A4010	<p>Continued From page 1</p> <p>2) The amount, type, and frequency of health-related services needed by the resident.</p> <p>3) Staff responsible for the provisions of the service plan.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>These requirements were not met, as evidenced by: Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> <li>1. Develop a service plan identifying the risk factors and the specific needs of each residents.</li> <li>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/</li> <li>3. Conduct a significant change of cognition to address R2's decline in cognition, wandering behavior and changes in functional status.</li> </ol> <p>These failures resulted in:</p> <p>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,</p> <p>B) Has the potential to affect the care of the 21 residents in the establishment.</p> <p>The findings include:</p> <p>I. On August 14, 2024, the establishment presented the service plan being utilized. This</p>	A4010		
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Illinois Department of Public Health

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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		

Preparation and execution of this plan of correction does not constitute Ascension Living Fox Knoll Village admission to or agreement with the facts alleged or conclusions set forth in the Statement of Deficiencies, and such liability is specifically denied. The plan of correction is prepared and executed pursuant to Ascension Living Fox Knoll Village obligations under federal and state law.

A 4010

Plan of Correction:

1. Corrective action for residents noted to have been affected by the deficient practice.
  - Resident #1 no longer resides at the community
  - Resident #2 was reassessed on 8/27/2024 by the Director of Clinical Services and a new service plan was developed to indicate interventions.
  - BIMs, Faber and Fall risks were evaluated and updated to reflect the new service plan and interventions were implemented as appropriate.
2. How will the facility identify other residents having the potential to be affected by the same deficient practice?
  - All residents will be reassessed to see if service plans need to be updated on or before 9/11/2024 by Director of Clinical Services or designee
  - All residents were assessed for change of condition by the Director of Clinical Services on 9/11/2024. Service plans were reviewed and updated as needed.
3. The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected and will not recur.
  - Provide in-service for all clinical staff about identifying change in condition, change in cognition, risk factors, reassessments, and appropriate interventions and reporting immediately to DCS or designee. Education will be provided on or before 9/11/2024 or prior to working their next scheduled shift.
  - Service plans will be updated with changes by the Director of Clinical Services or designee as necessary

- The policies and procedures Amended Services Agreement and Service Agreement/Service Plan has been reviewed by the IDT and is deemed appropriate.
4. Quality Assurance Plans to monitor facility compliance to make sure that corrections are achieved and permanent.
- Under the direction of the Quality Assurance and Process Improvement (QAPI) Committee, the Director of Clinical Services or designee will audit 5 service plans each month to ensure accuracy and update to include change in condition
  - Audits will be submitted and reviewed by the QAPI committee for management of ongoing compliance and will continue until otherwise determined by QAPI.
  - The administrator is responsible for ensuring ongoing compliance.
5. Completion Date: 9/15/2024

