



March 13, 2025

Edward Pitts,
Illinois Department of Public Health,
Division of Assisted Living
525 West Jefferson,
5th Floor,
Springfield, Illinois 62761

RE: Plan of Correction, The Whitley Of Aurora

Dear Mr. Pitts,

In response to your letter dated February 27, 2025 regarding the Complaint survey conducted at The Whitley of Aurora, the community submits the following Plan of Correction:

This Plan of Correction constitutes The Whitley of Aurora's written plan of compliance for the alleged deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet the requirements established by state law. This Plan of Correction shall not be considered a waiver of informal dispute resolution or appeal rights.

Please note check for appropriated fine will be sent separately.

Section 295.3000 Personnel Requirements, Qualifications and Training.

Community Corrective Action:

- R2 Remained in the community, No incident reported since last incident reported on 9/25/2024
- No allegation of abuse or reportable incident/accident occurred to the community since last occurrence.

System Revision:

- All staff Re-educated on Incident/Accident and allegation of abuse protocol with example and return demonstration to ensure timely responses to resident's needs and timely reporting to the community's leader (ED/DHC or Designee) to ensure appropriate intervention is/are put in place, investigation is conducted and required notification and reporting are completed as indicated.
- The DHC will assess current residents to determine incidents/accident risks, behaviors concerns and level of care need for supervision, update ISP and educate staff on specific interventions, to ensure safety measure are provided and prevent incidents/accident behaviors and potential abuse allegations.

- The DHC will complete ISP for all new residents upon move in, annually, and with any significant change in condition and post incident to reflect the resident's current incident/accident risk as well as interventions to prevent occurrences.
- All current service plan will be made available to staff for review and assist with resident need and incident/accident prevention.
- All new resident's service plan will be updated and made available to the staff for review and assist with resident supervision and incident/accident prevention.
- All resident identified with change in condition/ increased behaviors or incidents/accident risk will have service plan updated and a care conference will be set with resident and/or responsible party, signed by required party upon completion and filed in their respective medical records.
- Newly hired Staff (All shifts) will be educated on reporting incidents/accident , allegation of abuse in a timely manner and will collaborate with ED/DHC or designee on investigation process to determine root cause if identified and develop preventative measure.

Community Monitoring:

- The ED and DHC will be responsible to ensure full compliance with this process.
- Regional Team will conduct Random rounds and review resident's chart during site visit and any compliance issue identified will be addressed with ED and DHC.

The above mentioned plan of correction has been implemented and will be completed by 03.31.2025.

If you have any additional questions, please feel free to contact me at (630) 892-8800.

Respectfully,

Jennifer Burbridge
Executive Director
The Whitley of Aurora.



3 Westbrook Corporate Center, Floor 3 • Westchester, Illinois 60154-5703 • www.dph.illinois.gov

2/27/25

The Whitley of Aurora

1340 River Street

Aurora, IL 60506

RE: Facility Reported Incident (FRI) #179482

RE: Complaint Investigation Survey# 181244-Unsubstantiated

Date of Survey: 2/27/25.

Dear Executive Director,

On 2/27/25, staff with the Illinois Department of Public Health (IDPH) conducted an investigation of a self-reported incident at your establishment. Upon review of the records and on-site analysis, it was determined that the allegation was substantiated. The attached Statement of Findings/Violations represents **1 Type 2 Violation(s)**:

295.3000-\$500.00

Based upon the gravity of the violation and history of establishment compliance, **the Department will impose a total fine of \$500.00.**

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

SPRINGFIELD, IL 62761

217-558-8266.

EMAIL the Statement of Correction to: DPH.LTCAL@ILLINOIS.GOV

ATTN: EDWARD PITTS PSA

PLEASE INCLUDE COPIES OF THIS LETTER WITH THE STATEMENT OF CORRECTION AND MAILED 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.

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, 5th 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 708.409.8811 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: ASL5104986	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/27/2025
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NAME OF PROVIDER OR SUPPLIER WHITLEY OF AURORA (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 1340 RIVER STREET AURORA, IL 60506
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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 Facility reported Incident Survey IL00179482- Substantiated Complaint Investigation Survey IL00181244/2479507- Unsubstantiated	A 000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: Level 2 Violation Section 295.3000 Personnel Requirements, Qualifications and Training a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a) (3) of the Act) h) The establishment shall have sufficient personnel to provide the following for its current resident population: 3) Service to meet the needs of each resident, including 24 hours scheduled and unscheduled needs, general supervision, and the ability to intervene in a crisis. These requirements were not met as evidenced by:	A3000		

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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A3000	<p>Continued From page 1</p> <p>Based on interview and record review the establishment failed to ensure employee report injury of unknown origin in a timely manner to the Nurse on Duty, The Director of Healthcare, and/or the Executive Director, for one resident (R2) this failure has the probability to affect all residents in this establishment.</p> <p>Findings include: Per face sheet. R1 is 84 years old. R2 moved into this community on 9/25/2023. R2's diagnoses included but not limited to Dementia, Hypothyroidism, Hyperlipidemia, Sleep Apnea, Hypertension.</p> <p>R2's Incidents indicated: 9/25/2024- "CNA (Certified Nursing Assistant) noted early am at breakfast that resident has slight bruise and tiny red dots on upper forehead by hairline. Resident unable to explain how it happened or if area hurts. she just smiles and speaks Spanish. Ice pack applied to area."</p> <p>R2's Notes indicated: 9/26/2024- "Resident seen today for medications, Ate a good breakfast. Resident does not appear to have any pain for area on forehead. Area to forehead still bruised and little scratches present."</p> <p>R2's STATE REPORTABLE dated 9/25/2024 "Morning nurse upon rounds noted resident with bruises to her forehead that appear new and not painful to touch. Resident unable to recall reason for bruising or activity at time bruise was acquired... community-initiated investigation and final will be submitted."</p> <p>Incident Report Investigation Staff on the shift interviewed and unable to recall incident occurrence that could have contributed to</p>	A3000		

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A3000	<p>Continued From page 2</p> <p>the resident's bruise.</p> <p>Night staff called, interviewed about care provided during the night shift at which time it was reported that resident was taken to the shower room by staff after noticing she was heavily soiled, in the process of care staff gathering resident's clothes off the floor and directing the resident to walk into the shower and seat on the shower bench, staff reported hearing resident screaming "outch" as she was seating down. Care staff responded and it appeared resident hit her head on the shower head while trying to seat down.</p> <p>Based on the description on the incident and the location of the bruise after return demonstration by staff, it's likely the resident's bruise to her forehead is a result of her hitting her forehead while seating.</p> <p>R2's Shower Sheets from July 2024 to September 2024 were reviewed. All stated, "No injuries to report" "She was pretty resistive and combative."</p> <p>On 2/26/2025 at 2:12 PM, E1 (Executive Director) said that she got a report from the day shift that R2 had a bruise, small little dots on the forehead. E1 said that when she asked the night shift staff, they said that R2 was soiled, and was combative and when they tried to put her in the shower, that R2 hit herself on the shower head. E1 said that Night shift staff didn't report to the nurse, but day shift reported immediately when they saw the bruise. E1 said that Night Caregiver was written up for not reporting the incident. E1 said that They are supposed to report all incidents to the nurse.</p> <p>On 2/27/2025 at 8:30AM, E4 (Lead Caregiver) said that she does not recall anyone reporting to her R2's incident. E4 said that when she saw</p>	A3000		

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A3000	Continued From page 3 R2's bruise in the morning, she reported it immediately to the nurse (E5).	A3000		



(DIVISION OF LONG TERM CARE -ASSISTED LIVING & SHARED HOUSING)
EMPLOYEE IDENTITY KEY

(THIS I.D. KEY MUST BE COMPLETED FOR ALL SURVEY ACTIVITIES)

ESTABLISHMENT: WHITLEY OF AURORA (THE) **CITY:** AURORA

SURVEY DATE: 2/27/2025 **COMPLAINT/SURVEY ACTIVITY:** CO: L00181244/2479507; ERI:IL00179482

THE FOLLOWING CODE NUMBERS APPEAR IN THE ATTACHED SURVEY DOCUMENTS

CODE#	NAME	TITLE
E# 1	JENNIFER BURBRIDGE	EXECUTIVE DIRECTOR
E# 2	TENISON WILLIAMS	DIRECTOR OF HEALTHCARE
E# 3	ROSEMARY WILLIAMS	LEAD CAREGIVER
E# 4	TANDARA MOORE	CAREGIVER
E# 5	CYNTHIA LAWTON	NURSE
E# 6	OPHELIA GOANUE	CAREGIVER
E# 7		
E# 8		
E# 9		
E# 10		
E# 11		
E# 12		
E# 13		
E# 14		
E# 15		
E# 16		
E# 17		
E# 18		
E# 19		
E# 20		
E# 21		
E# 22		
E# 23		
E# 24		
E# 25		



(DIVISION OF LONG TERM CARE -ASSISTED LIVING & SHARED HOUSING)
RESIDENT IDENTITY KEY

(THIS I.D. KEY MUST BE COMPLETED FOR ALL SURVEY ACTIVITIES)

ESTABLISHMENT: WHITLEY OF AURORA (THE) **CITY:** AURORA

SURVEY DATE: 2/27/2025 **COMPLAINT/SURVEY ACTIVITY:** CO: L00181244/2479507; ERI:IL00179482

THE FOLLOWING CODE NUMBERS APPEAR IN THE ATTACHED SURVEY DOCUMENTS

CODE#	NAME	ROOM NUMBER	MOVE IN DATE
R# 1	MARJORIE O'DELL	310	
R# 2	EMMA RODRIGUEZ	139B	
R# 3			
R# 4			
R# 5			
R# 6			
R# 7			
R# 8			
R# 9			
R# 10			
R# 11			
R# 12			
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