

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/10/2024
NAME OF PROVIDER OR SUPPLIER Rosiclare Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 55 Ferrell Road Rosiclare, IL 62982	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>32765</p> <p>Based on observation, interview, and record review the facility failed to maintain an effective pest control program to rid the facility of flies and roaches. This failure has the potential to affect all 40 residents currently residing at the facility.</p> <p>Findings Include:</p> <p>The facility Nurses Midnight Census report provided to this surveyor on 7/8/24 document 40 residents currently reside at the facility.</p> <p>On 7/8/24 at 10:32 AM, there was a live roach crawling under the three-compartment sink and in the dry food storage area. There were multiple flies seen in the food preparation area. V8 (Dietary Manager) stated the roaches are better now. V8 stated the exterminator came in and is due back anytime now.</p> <p>On 7/8/24 and 7/9/24 between 10:00 AM and 4:00 PM, each time this surveyor walked through the dining room there were multiple flies observed. The dining room was located between the room this surveyor was sitting in and the nurse's station, the resident rooms, and the administrator's office. This surveyor made multiple trips each day through the dining room area.</p> <p>On 7/8/24 at 11:05 AM, R11, an alert and oriented resident, observed lying in bed and stated they have flies like crazy. A single fly was observed flying around her head and over the bed table. R11 stated she hadn't seen as many roaches lately.</p> <p>On 7/9/24 at 10:49 AM, R8, an alert and oriented resident, stated he had seen roaches in his room, and he stomps them when he sees them.</p> <p>On 7/8/24 at 1:03 PM, V26 (Cook/Dietary Aid) stated the exterminator came in last month and it has knocked the population of roaches down significantly. When asked about the flies seen in the kitchen V26 stated they are waiting on fly traps.</p> <p>On 7/8/24 at 1:12 PM, V27 (Cook/Dietary Aid) stated they had been seeing some roaches and had been letting V4 (Maintenance Director) know, and he had been spraying. V27 stated she had been told they were waiting for fly traps for the flies they had.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 7/8/24 at 1:18 PM, V18 (Cook) stated they had seen roaches and had let V4 know, and he had sprayed. V18 stated he thought they were getting fly traps for the flies.</p> <p>On 7/9/24 at 3:26 PM, when asked what they had done about the roaches, V4 (Maintenance Director) stated they had gotten the pest control company back to the facility and were trying to be a little cleaner. When asked what a little cleaner meant, V4 stated they aren't leaving stuff laying around. V4 stated they also leave the light on in the kitchen at night. V4 stated they are trying to keep them knocked down the best they can until the exterminator can get them under control.</p> <p>On 7/9/24 at 3:46 PM, V1 (Administrator) stated the pest control company came in on 6/5/24 and should be coming back soon. V1 stated the June service was an extra visit and they are only coming once a month. V1 stated no one had called the pest control company to let them know they had seen more roaches because the company was aware they had an infestation. V1 stated they told them it would take 6 months to a year to eradicate them. When asked about the flies V1 stated, they are horrible. V1 stated they can't spray anything or have fly tape, so they are trying the little buckets of solution to try to attract them outside.</p> <p>The facility undated Insect and Pest Control Policy documents, It is the policy of (name of company) to contract with a duly licensed exterminating service to protect and/or control against infestations of insects and rodents. A preventative treatment, both interior and exterior, shall be applied at least monthly. Treatments will be applied more often if required. Chemical, materials and equipment used to control insects and rodents will be provided by the Vendor and will be in accordance with current Federal and State specifications for use in nursing homes. Methods of applications shall be in accordance with current Federal and State regulations and manufacturer's recommendations. Policy Interpretation and Implementation .4. Any employee observing insects or rodents shall inform their supervisor giving the exact location and type of infestation .6. The maintenance person shall contact the contracted pest control company for eradication.</p>		