

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145975	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Rehab & Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 900 North 3rd Street Rochelle, IL 61068	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45395</p> <p>Based on observation, interview, and record review, the facility failed to properly assess, monitor, and/or notify the physician with a change in condition in a timely manner; and failed to follow their skin condition monitoring policy for 1 (R1) of 3 residents reviewed for improper nursing care in the sample of 3 that resulted in a delayed diagnosis of herpes zoster (shingles) and implementation of isolation precautions for this resident.</p> <p>Findings include:</p> <p>R1's medical record indicated she was admitted to the facility on [DATE] with a past medical history not limited to: congestive heart failure, type 2 diabetes mellitus, chronic kidney disease, morbid obesity, hypertension, zoster without complications, cerebrovascular disease, dementia, history of transient ischemic attack and cerebral infarction, falls, muscle weakness, and altered mental status.</p> <p>R1's Infection Note dated 09/19/2024 documented resident is on isolation with contact precautions related to diagnosis of shingles with oral medication treatment ordered on 9/17/24 in place. Active physician orders showed contact isolation for shingles until resolved with order date of 09/17/2024.</p> <p>On 09/24/2024 at 9:43 AM, V1 (Administrator) stated R1 was noted with a rash to her body on 09/19/2024, her physician was notified with orders received to start treatment. V1 stated R1 was placed on contact isolation, and her roommate was moved to another room. V1 stated R1 remains on isolation until 09/25/2024 and as of 09/20/2024, R1 had no open wounds that she (V1) was aware of.</p> <p>On 09/24/2024 at 10:21 AM R1 had a contact isolation sign posted on R1's door with a three-drawer bin next to her room door that contained personal protective equipment. R1 was seated in her wheelchair in front of the television near bed two, with her eyes closed. V12 (Family Member) was seated on an empty bed in the room next to the door. At 10: 24 AM, R1 stated she has been in her current room by herself for a few days because she has shingles. R1 indicated that she had a rash to her chest area and to her back. R1 then pulled up her shirt and showed the surveyor her chest area. R1 had a moderate sized dark colored area that appeared scab-like and crusted over. R1 then stated she takes a pill by mouth and the nurses put a cream on her chest and back areas. At 10:27 AM, V12 stated he came to visit a few days ago (could not recall the date) and was told by staff that R1 was placed on isolation precautions because she had shingles.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 09/24/2024 at 10:44 AM, V8 (Registered Nurse) stated that R1 was noted with a rash on 09/15/2024, but she off and not scheduled to work until 09/17/2024. V8 then said when she came to work on the 17th, V6 (Registered Nurse) told her about R1's skin issues. V8 added that she assessed R1 and observed scabbed areas to R1's left breast and abdominal area beneath her left breast that extended slightly to her back. V8 said she took a picture of the areas, then sent the picture to V5 (Physician) who diagnosed R1 with shingles and ordered an oral medication for treatment.</p> <p>On 09/24/2024 at 11:33 AM, V2 (Director of Nursing), stated she found out on 09/18/2024 by V4 (Registered Nurse) that R1 had shingles and V4 was apparently upset because it wasn't followed up on. V2 stated there was confusion with her (R1) diagnosis of shingles, but he (V4) took care of it. V2 (Director of Nursing) then stated it appears that R1 had a rash for several days and was not being isolated for shingles until 09/17/2024 after R1 was diagnosed by V5 (Physician). At 12:58 PM, V2 (Director of Nursing) stated her expectation is that nursing staff contact the physician with any new condition and notify family. V2 stated if there is a skin issue, nurses are to complete the quality assurance (QA) form for newly acquired skin conditions which will also generate a progress note. V2 then stated a QA form was not completed for R1 per policy.</p> <p>On 09/24/2024 at 1:12 PM, attempted to call V4 (Registered Nurse) with no answer. A detailed message left. Attempted a second time at 1:44 PM with no response. V2 (Director of Nursing) said it is extremely difficult to contact V4 due to his other obligations then said V4 (Registered Nurse) will be leaving out of the country on 09/25/2024.</p> <p>On 09/24/2024 at 1:13 PM, V6 (Registered Nurse) stated she was informed by V7 (Certified Nursing Assistant) on the evening of 09/16/2024 that R1 had a rash to her left breast and left scapula area. V6 then stated she assessed R1 in the bathroom and saw a red raised rash to the left breast and scapula area. She (V6) also said that R1 complained of slight itchiness but denied any pain. V6 (Registered Nurse) added that she reported off to V8 (Registered Nurse) who was the oncoming nurse on 09/17/2024 and asked her to look at R1. V6 then said when she came back to work at 6p on the 17th, R1 was in the common area near the front doors watching tv. She added that V8 (Registered Nurse) had multiple issues during her shift, so she had not assessed R1 yet because she did not have time. V6 then said she and V8 assessed R1 and saw the raised rash areas that were now discolored and that's when V8 took a picture and sent it to V5 (Physician) who responded within 5 minutes and ordered a treatment for shingles. V6 stated R1 was then placed on contact isolation. V6 (Registered Nurse) added that nurses are to contact the physician with any new skin conditions upon discovery and document in the resident's progress notes what was done, that the physician was contacted, and any new orders. When asked if there was an assessment form that should be completed, V8 said she was not sure about any form, but she knows that she wrote a progress note.</p> <p>On 09/24/2024 at 2:13 PM, V7 (Certified Nursing Assistant) stated on 09/16/2024 while putting R1 to bed around 8:00 PM, she noticed R1 had a rash to her mid chest and back area and informed V6 (Registered Nurse).</p> <p>R1's care plan flow sheet was reviewed for 09/2024 that documented daily skin observations were conducted. No progress notes were found indicating any skin issues or findings until R1's Infection Note that was dated 09/19/2024.</p> <p>(continued on next page)</p>		

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