STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145975	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Rehab & Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 34891 Based on observation, interview, and record review the facility failed to implement safety interventions for 2 of 2 residents (R1, R2) reviewed for safety in the sample of 5. The findings include: The facility incident report form dated 10/14/24 showed a resident-to-resident event at 3:40 PM between R1 and R2 in the dining room. The form reported the event was unwitnessed by staff. R1's face sheet printed on 10/23/24 showed diagnoses including but not limited to vascular dementia, attention and concentration deficit following cerebral infarction, and white matter disease. R1's care plan showed a focus area related to the potential to be physically and verbally aggressive. Interventions included intervene before agitation escalates, guide away from source of distress, and engage calmly in conversation. R2's face sheet printed on 10/23/24 showed diagnoses including but not limited to dementia with agitation, Alzheimer's disease, and adjustment disorder with depressed mood. R2's care plan showed a focus area related to behaviors that others may find disruptive/socially inappropriate. Interventions included redirect and try to engage in something else. R2's care plan showed a focus area related to the potential to be physically aggressive. Interventions included intervene before agitation escalates, guide away from source of distress, and engage calmly in conversation. On 10/23/24 at 8:50 AM, V1 (Administrator) stated she was in her office on 10/14/24 and heard yelling coming from the dining room. V1 stated she heard someone falling to the ground and immediately went to the dining room, which is next to her office. V1 found R2 on the floor, next to R1's wheelchair. R1 was yelling for R2 to stay away from her and was holding her cheek. R2 was lying on her side and looked confused. V1 stated she called for the floor nurse (V2) to come into the dining room to help. V1 stated R2 is confused and is known to get up from her wheelchair without staff assistance. R2 holds onto items to stay steady while walking. V1 stated it was likely R2 was trying to hold onto the back of R1's wheelchair. V1 stated R1 is confused at times and does not like others in her personal space and yelled at R2. V1 stated it was likely R2 scratched R1's cheek while trying to steady herself. V1 stated she asked R1 and R2 what happened. R1 stated she pushed R2 away from her and R2 fell on the floor. R2 was not able to answer any questions due to her dementia. V1 stated the event was not witnessed by any staff members. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145975	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Rehab & Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/23/24 at 10:25 AM, R2 was seated in a wheelchair in the lounge area. R2 was confused and unable to answer any questions coherently. R2 had no outward signs of injury and no memory of the incident with R1. On 10/23/24 at 10:40 AM, R1 was seated in her wheelchair in her room. R1's cheeks did not show any current sign of injury. R1 was questioned about the dining room event and R1 stated she was approached by R2, and they began yelling at each other. R1 stated she could not remember why they were arguing but she remembered R2 scratched her face. R1 stated she pushed R2 away and R2 fell to the floor. R1 stated her face was treated with a cream and it is all healed now. R1 was unable to supply any details on exactly who touched who first or what the argument was about. On 10/23/24 at 10:55 AM, V2 (Registered Nurse) stated she was sitting at the nurse's station on 10/14/24 and heard residents yelling in the dining room. V2 stated she was not in sight of the dining room. V2 stated she immediately ran into the area and V1 (Administrator) was arriving at the same time. R1 was yelling at R2 to get away from her. R1 stated R2 tried to grab her so she pushed her away. V2 stated R2 is confused and has a known behavior of trying to start arguments with other residents. V2 stated R1 had a small scratch on her right cheek. V2 stated R2 had a bump on the back of her head. R1's cheek was treated per physician orders. R2 was sent to the local emergency room for further assessing and returned later the same day with no injury or new orders. On 10/23/24 at 11:17 AM, V3 (Certified Nurse Aide/CNA Supervisor) stated she was in the conference room on 10/14/24 when she heard R1 and R2 yelling. V3 stated she went to the dining room and found R2 on the floor by R1's wheelchair. R1 was yelling for R2 to stay away from her. V3 stated R1 does not like R2 to be close to her and is impatient with all the confused residents. V3 stated R2 does have a history of walking around the facility by herself. V3 stated R1 and R2 had an issue together several months ago in the same dining room. The residents were throwing meal cups at each other and are now kept at separate tables. V3 stated R1 and R2 both need supervision when they are in the dining room together. V3 stated R1 and R2 need to be separated on the days either one of them are showing increased confusion. V3 stated staff should be providing distractions, activities, and increased supervision when the two of them are near each other. On 10/23/24 at 11:45 AM, V5 (Social Service Director) stated she was in the restroom adjacent to the dining room on 10/14/24 when she heard R1 and R2 yelling. V5 stated R2 was already on the floor when she arrived. V5 stated R1 has memory problems, doesn't like others to touch her, and can be demanding. V5 stated R2 has a history of walking alone and grabs things to stay steady. V5 stated R1 and R2 had a prior incident in the dining room. V5 stated both residents were throwing water during mealtime. V5 stated it is a team approach to implement safety interventions. V5 stated staff should be supervising R2 one on one when she is up from her wheelchair and walking alone. V5 stated R1 and R2 need increased supervision when they are in the dining room together. V5 stated they (R1 and R2) need to be kept apart, provided activities, and redirection when they (R1 and R2) are near each other. On 10/23/24 at 12:05 PM, R1 and R2 were seated at separate lunch tables. Both R1 and R2 had plastic cups and coffee mugs in front of them. At 12:30 PM, V7 and V8 (CNAs) stated they did not know R1 and R2 were supposed to be using foam type cups. V4 (Registered Nurse) stated he was unaware R1 and R2 were care planned to be using foam type cups. V4 stated the diet tickets for both residents were reviewed and neither ticket showed instructions for foam cups. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145975	A. Building B. Wing	10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Rehab & Health Care Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/23/24 at 12:25 PM, V6 (CNA) stated she did not witness the event on 10/14/24 between R1 and R2. V6 stated she heard the yelling and R2 was already on the floor by the time she got to the dining room. V6 stated R1 and R2 have had bickering issues in the past and are both rude to each other. V6 stated they (R1 and R2) do not sit at the same tables for meals anymore and need supervision when they are together. R1 and R2's progress notes showed an incident on 6/18/24 related to both residents being verbally aggressive toward each other in the dining room. R1 and R2's care plans showed interventions start dated 6/18/24 for foam type cups to be used due to throwing cups. On 10/23/24 at 1:30 PM, V4 (Registered Nurse) stated care plan interventions are discussed between staff members at the daily morning meetings. V4 stated verbal reminders are discussed twice monthly for any new interventions. V4 stated any new interventions should be implemented immediately. V4 stated staff should always be following care plan interventions. It is important for resident safety and security. The facility was unable to provide any policies related to resident safety and supervision.