

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 11/08/2024
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41639</p> <p>Based on observation, interview, and record review, the facility failed to provide pertinent medical information for a resident transferring to an alternate facility resulting in R1 leaving the receiving facility against medical advice (AMA). This applies to 1 of 3 residents reviewed for facility transfers in the sample of 5.</p> <p>The findings include:</p> <p>R1's electronic face sheet printed on 11/8/24 showed R1 has diagnoses including but not limited to acute cystitis, type 2 diabetes, hypertension, heart failure, and chronic kidney disease.</p> <p>R1's facility assessment dated [DATE] showed R1 has no cognitive impairment.</p> <p>R1's physician's orders dated 11/3/24 showed, Contact isolation for ESBL in the urine.</p> <p>On 11/8/24 at 11:36AM, R1 stated, (Facility) told me I had a place at a new facility. They didn't give me a choice and they didn't make sure I have a private room here with my own bathroom so I'm leaving AMA and going to live in an apartment near my daughter. (Facility) told me that everything was set up here and clearly, it's not, this facility knows nothing about me or what I need to have in place. I was told about an hour ago that I was coming to this facility and had no time to pack my own things. They just packed me up and shipped me over here and now nobody knows what I need. R1 then left the facility AMA with his daughter.</p> <p>On 11/8/24 at 2:09PM, V1 (Administrator) and V2 (Director of Operations) stated, We had 5 residents move out of the facility today including (R1). Everything went very smooth and (R1) is doing well at the receiving facility. Surveyor then informed V1 and V2 that R1 had signed out AMA at the receiving facility earlier today. V1 stated, We did everything we were supposed to do, and the receiving facility stated they were ready for (R1), so we sent him. (V3-Director of Nursing) called a nursing report over to the facility to make sure they had all his information. There's no way they didn't know what he needed.</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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/8/24 at 2:42PM, V4 (Administrator at receiving facility) stated, I received a call from (V3) within 20 minutes of (R1) arriving to the facility. I had no idea he needed a private room and had an infection. The only bed I had available for (R1) was a shared room and that's where I was planning on putting him. He got very upset because he wanted a private room. I guess he really needed a private room because of his infection but nobody told me that. This is pertinent information that should have been shared with me when we were planning (R1's) move to the facility. I don't have a private room available so this all could have been avoided if I would have had the information I needed.</p> <p>On 11/8/24 at 3:41PM, V3 stated, I didn't get to talk to anyone at the receiving facility because nobody answered the phone. I finally called (V4) and told her that (R1) was on his way over. By the time I got a hold of her he had already left our facility, so it was up to them to determine what he needed.</p> <p>On 11/8/24 at 3:52PM, V1 stated, I was told that all of the communication had been done with the receiving facility, but I guess I was wrong.</p> <p>The facility was unable to provide a policy showing what information must be relayed to the receiving facility when a patient is transferred.</p>