STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146152	A. Building B. Wing	12/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highlight Healthcare of Rochelle	1021 Caron Road 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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. 33760 Based on observation, interview and record review the facility failed to ensure a resident's representative had access to the resident's medical records to 1 of 3 residents (R1) reviewed for medical record in the sample of 3. The findings include: On 12/9/24 at 9:30 AM, while this surveyor was at the facility with V1 (Administrator), V3 (R1's sister/guardian) was also at the facility and asked V1 (Administrator), Have you had a chance to get me a copy of (R1's) records about her bruise to her left forehead? V1 responded to V3, No I have not.I will have a nurse to do that for you. At 9:40 AM, V3 said this is the 3rd time she had requested access to R1's medical record from V1. On 11/29/24 when she discovered R1's bruise to the left side of R1's forehead, V3 said she asked V1 and the V4 (Registered Nurse/RN) what happened to R1. V3 said she worries when R1 has bruised her head since R1 was on a blood thinner. V3 said up to now, there has been no response from V1 on how to go about to get a copy of R1's records. At 10:10 AM, V1 initially said this was the first time V3 made a request of R1's medical records. Later, V1 said when families and residents request a copy of their medical records they should be provided with the proper paperwork to be able to get a copy of the records. At 1:00 PM, V1 confirmed that V3 had not been provided the request form and that she will do that the next time she sees V3 at the facility. The facility policy on Release of Medical Records dated 11/2024 shows, Medical records will be released with a valid request and in accordance with state and federal laws.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 33760 Based on observation, interview and record review the facility failed to investigate a bruise with an unknown origin to 1 of 3 residents (R1) reviewed for injury of unknown origin in the sample of 3. The findings include: On 12/9/24 at 9:40 AM, R1 was sitting in her wheelchair, a fading bruise, yellowish greenish in color, was noted on the left side of R1's forehead. V3 (R1's sister/guardian) said that on 11/29/24, she noticed the bruise on the left side of R1's forehead. V3 said she wheeled R1 to where V1 (Administrator) and V4 (Registered Nurse/RN) were by the nurses' station and showed V1 and V4 the bruise and asked them what happened to R1. V3 said she worries when R1 develops any bruise because R1 is on blood thinners. V3 said she was not made aware of the bruise and wanted to see R1's medical record regarding the bruise. V3 said in October (2024), R1 had a bruise due to a fall but that was the right side of R1's forehead, this time it was on the left side of R1's forehead and she wanted to know how this bruise happened. R1's progress notes in November 2024 were reviewed and did not show any documentation regarding R1's bruise to the left side of her forehead. On 12/9/24 at 12:10 PM, V2 (R1's Physician) said when a resident is on a blood thinner and hits their head or develops a bruise, they are sent out to be evaluated. On 12/9/24, at 1:10 PM, V4 (Registered Nurse/RN) said she cannot recall V3 telling her of R1's bruise to the left side of her forehead. V4 said she thought it was the same bruise from R1's fall in October (2024), but the bruise was on the right side at that time. V4 said the left side bruise should have been assessed and R1's doctor and family notified of the bruise. On 12/9/24 at 1:30 PM, V1 said when V3 notified her of R1's bruise, she was told by staff that it was the same bruise (right side of the forehead) from R1's fall in October 2024. V1 said the bruise was now on the opposite side (R1's left side of forehead). V1 said no investigation was done but an investigation would be started that day and a report would be sent to the state agency. V1 did not provide a policy regarding Injuries of Unknown Origin during this investigation.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 33760 Based on interview and record review the facility failed to ensure the facility has a fulltime Director of Nursing (DON). This failure affects all residents residing at the facility. The findings include: The Facility Data Sheet dated 12/9/24 show there are 52 residents residing in the facility. On 12/9/24 at 8:15 AM, both V4 (Registered Nurse/RN) and V5 (RN) said they have not had a DON since November 1, 2024 when the new company took over. Both V4 and V5 said they have just been calling (V1-Administrator) for any issues including nursing issues. Both V4 and V5 said the new company has a Nurse Consultant (V7) but (V7) had only been at the facility for maybe a couple of times since November 1, 2024. Both V4 and V5 were aware that V1 is not a nurse. At 8:25 AM, V6 (MDS/RN) said she was an RN but she was not the (DON) designee. V6 stated, No one has asked me to be the DON designee. The nurses are used to calling (V1-Administrator) for any issues, including nursing issues. On 10:10 AM, V1 (Administrator) said since the new corporation took over (November 1, 2024), the facility has had no DON (more than a month ago). V1 said she has been dealing with all the issues at the facility including nursing issues, but she was not a nurse. V1 said it was hard without a DON. V1 said last week she spoke with V7 (Regional Nurse) about how to proceed with this issue. V1 said during the Risk Management meeting, it was discussed that V6 will have to help with nursing but V6 is not the DON designee. V1 said she will talk to V6 today hoping she will agree to be the DON designee. The job description of a Director of Nursing provided by the facility shows, The Director of Nursing- Planning, organizing, developing and directing the overall operations of the Nursing Services Department in accordance with local, state, and federal standards and regulations established facility policies and procedures and as maybe directed by the Administrator and the Medical Director to provide appropriate care and services to the residents.