

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146152	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Highlight Healthcare of Rochelle		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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 ensure fall prevention measures were in place, and failed to identify and implement a system to ensure bed and chair alarms are functioning. These failures apply to 1 of 3 residents (R1) reviewed for falls in the sample of 4.</p> <p>The findings include:</p> <p>R1's face sheet printed on 4/8/25 showed R1 has diagnoses including but not limited to schizophrenia, anxiety disorder, dementia without behaviors, extrapyramidal & movement disorder, bipolar disorder, and unsteadiness on feet.</p> <p>R1's facility assessment dated [DATE] showed R1 has moderate cognitive impairment and has experienced 2 falls without injury and 1 fall with injury.</p> <p>R1's fall risk assessment dated [DATE] (prior to R1's most recent fall) showed R1 is a high fall risk.</p> <p>R1's care plan dated 4/22/24 showed, (R1's) review shows risk for falls. Risk Factors include behavior-impulsive without regard for safety, cognitive Impairment- does not understand limits, gait/balance problems .</p> <p>The facility's fall investigation dated 4/6/25 showed, (R1) experienced a fall resulting in a laceration to the right middle forehead. The incident occurred around 5:25AM on April 6, 2025. (R1) is known to be at risk for falls, and a bed alarm was in use to enhance her safety .Additional Notes: During the incident, it was noted that the bed alarm did not activate as expected .The facility is currently conducting a thorough review of this equipment to ensure its functionality and reliability. We are committed to maintaining the highest standards of safety and care, which includes regular checks and maintenance of all safety devices.</p> <p>R1's electronic medical record showed no physician's orders for a bed/chair alarm, no routine documentation of bed/chair alarm checks to ensure functionality, and no care plan documentation of bed/chair alarms being utilized for R1.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/8/25 at 10:00AM, V3 (Maintenance) was inspecting R1's bed alarm control box. V3 stated he does not have any routine checks he does of bed alarms and that today was the first time he was asked to look at R1's bed alarm to check its functionality. (2 days after R1's fall)</p> <p>On 4/8/25 at 10:40AM, V4 (Registered Nurse) stated, The bed alarms make a sound when you put pressure on them to indicate they are activated and then when the resident removes the pressure, it sounds again consistently until the pressure is reapplied to the pad. The first time (R1) fell on [DATE], her alarm went off but when she fell on [DATE] it didn't sound at all. We don't have anywhere that we specifically document that an alarm is checked for functionality. Unless it is beeping that the battery is low, we would assume it is working.</p> <p>On 4/8/25 at 12:45PM, V7 (Certified Nursing Assistant) stated, Alarms are checked whenever we are with the resident to ensure they activate when they sit on the pressure pad. I think the green light goes off on the alarm box when it's not working but I'm not positive. We don't really have anywhere that we document we checked the alarm to ensure it was on and functioning.</p> <p>On 4/8/25 at 12:56PM, V2 (Director of Nursing) stated, I'm not sure that you can tell anywhere on an alarm if it is working or not. I would have to look into and see if there's a way to tell it's not working when a resident is using it. We don't do any routine checks or anything on them. There is nowhere in the chart that the staff would be documenting that the alarm is on and working.</p> <p>The facility's policy titled, Fall Prevention Program dated 11/2024 showed, Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls .</p> <p>The facility's policy titled, Resident Alarms dated 2024 showed, It is the policy of this facility to utilize resident alarms in limited circumstances, in accordance with the resident's needs, goals, preferences, so the resident will be able to attain or maintain his or her highest practicable level of physical, mental, and psychosocial well-being .1. The use of alarms does not eliminate the need for adequate supervision of the resident. Types of alarms include a. bed alarms- including devices such as a sensor pad on the bed or a device that clips to the resident's clothing .b. when alarms are utilized, additional monitoring shall be provided, including but not limited to ii. Verifying alarms are working properly .</p>