

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 04/14/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>34117</p> <p>Based on observation, interview, and record review the facility failed to ensure the prescribed wound treatment was provided to a resident with stage 4 pressure ulcer. This applies to 1 of 3 (R4) residents reviewed for wounds in the sample of 5.</p> <p>The findings include:</p> <p>On 4/14/25 at 10:55 AM, R4 was observed lying in bed.</p> <p>On 4/14/25 at 10:24 AM, V2 (DON) said she was informed R4's packing strips for his wound treatment were running low on Thursday (4/10/25). She placed the order for the gauze packing strips (iodoform) and deliveries come on Thursday. She asked V4 (Wound Nurse) the wound nurse to call the physician to obtain new orders to pack the wound. V2 said she does not know if V4 obtained new treatment orders and they do not have an inventory process for supplies.</p> <p>On 4/14/25 at 10:52 AM, V4 (Wound Nurse) said the floor nurses provide the wound treatments and she rounds with the wound physician. V4 said they have packing strips for R4's wound. This surveyor and V4 checked the wound treatment cart. The treatment cart did not have R4's gauze packing strips (iodoform). V4 checked the nursing supply room, there were no gauze packing strips found. V4 stated, we must be out then. Nursing should report when they are low on supplies and the wound physician should be notified to obtain new wound treatment orders. V4 confirmed she did not contact the wound physician for new treatment orders.</p> <p>On 4/14/25 at 10:55 AM, V5 (LPN-Licensed Practical Nurse) said she changed R4's wound dressing today. She did not use the gauze packing strips because they did not have any. V4 told me to use alginate 4x4 dressing for the packing. Is there something wrong. They have been out of the packing strips for several days. She usually works nights and is not familiar how the process works for re-ordering supplies.</p> <p>R4's Wound Physician Progress notes dated 3/28/25 shows R4 has a stage 4 pressure ulcer to the left ischium full thickness measuring 0.4 cm (centimeters) x 0.2 cm x 2.2 cm with undermining 1.8 cm at 7 o'clock with light serous drainage.</p> <p>R4's Physician Order Sheets shows orders to wound site left ishium-cleanse area with dakins 0.125%, apply skin prep to peri wound, pack wound with iodoform 5% packing strips, apply zinc oxide to excoriated peri wound and cover with bordered gauze.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Vendor Invoice form shows order placed on 4/14/25 for gauze packing strips.</p> <p>The facility's Pressure Injury Prevention Guidelines Policy states, To prevent the formation of avoidable pressure injuries and to promote healing of existing pressure injuries, it is he policy of this facility to implement evidence based interventions for all residents who are assessed at risk or who have a pressure injury present compliance with interventions will be documented in the medical record for residents who have a pressure injury present: treatment of medications administration records .</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview and record review the facility failed to provide physical therapy treatments for a resident admitted for skilled services. This applies to 1 of 3 (R1) residents reviewed for rehab services in the sample of 5.</p> <p>The findings include:</p> <p>R1's face sheet shows he is a [AGE] year old male admitted on [DATE], with diagnoses including embolism and thrombosis of the lower extremities, chronic atrial fibrillation, diabetes mellitus, hypertension, COPD, CHF, and peripheral vascular disease.</p> <p>On 4/14/25 at 8:46 AM, R1 was observed sitting in his wheelchair with mechanical lift sling under him. R1 said they transfer him using the mechanical lift. R1 said his right leg is weak and he can stand but is not ambulating. R1 said get me the hell out of here. R1 said he's been here for about one month and is not receiving physical therapy five days a week. R1 said he has Medicare A they cover 120 days of skilled care. R1 said he came to the facility after having a blood clot in his right leg and was walking prior to his hospitalization . R1 said he came to facility to receive therapy so he can go home.</p> <p>On 4/14/25 at 10:24 AM, V2 (DON) said physical therapy staff are usually here every day because we have residents who should have therapy daily. R1 is supposed to be receiving therapy daily, R1 reported concerns about therapy and she spoke with V9 (Director of Therapy). V9 reported he is not always cooperative.</p> <p>On 4/14/25 at 12:02 PM, V10 (Physical Therapist) said today is her first time at the facility and works as prn (as needed) and she is not familiar with the residents. V10 said V9 can answer questions and asked to call him to assist with any questions. V9 was interviewed he said residents should receive therapy as ordered. V9 said R1 should be receiving therapy five days a week and he did his therapy on 4/11/25 (Friday). R1 was able to stand but not able to ambulate, he was a max assist with transfers and recommended the staff use the mechanical lift for transfers for safety. V9 said he did not want to answer if R1 was receiving his therapy five days a week without reviewing his medical records. V9 said there were multiple times when therapy staff were a no call no show and residents did not receive therapy on those days.</p> <p>On 4/14/25 at 12:13 PM, V10 reviewed R1's therapy notes and confirmed he did not receive physical therapy five days a week. V10 said there has been staffing issues with this facility and that's why she is here today.</p> <p>R1's Physician Order Sheets dated April 2025 shows orders for Physical Therapy(PT)/Occupational Therapy (OT) evaluation .I certify skilled nursing services (SNF) are required to be given on an inpatient SNF basis of this residents need for skilled care on a continuing basis for the condition, for which he was receiving inpatient hospital services prior to his transfer .skilled services PT/OT.</p> <p>(continued on next page)</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Physical Therapy Evaluation and Plan of Treatment Certification Period: 3/20/25-4/29/25 shows his plan of treatment for physical therapy is 5 times a week to improve strength, balance, actively tolerance and safety, independence with transfers, bed mobility and ambulation following recent hospitalization following abdominal aneurysm.</p> <p>R1's Physical Therapy Service Log for March 20, 2025 and April 12, 2025 (3 weeks) shows he received three therapy sessions per week (two physical therapy treatments were not provided).</p>		