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	05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 39543 Based on observation, interview, and record review the facility failed to provide a window covering or provide a window covering in good repair for 3 of 4 residents (R35, R40 & R46) reviewed for privacy in the sample of 16. The findings include: 1. On 5/21/24 at 9:23 AM, R35 and R40 were roommates, and they did not have a window blind. Their window looked outside onto the facility grounds. On 5/21/24 at 9:23 AM, R40 was unable to answer questions regarding her blinds. On 5/21/24 at 9:23 AM, R35 stated she could not recall how long the blinds had been missing from her window; however, she believed it had been since she arrived in her room. R35 stated, I would like a blind. We have no privacy. Staff can see there is no blind in the window. R35's Electronic Health Record showed she had been in her room since November 2023. On 5/22/24 at 2:06 PM, V3 Maintenance Director stated he was not aware of the missing blind and he did not have a work order to replace the blind. On 5/22/24 at 2:06, while V3 was assessing the missing window in R35 and R40's room, a resident was outside the window watering plants and looked in the resident's window. On 5/22/24 at 2:26 PM, V2 DON stated, window coverings are important for resident privacy. The Illinois Long-Term Care Ombudsman Program Resident Rights for People in Long-Term Care Facilities showed, You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private. Facility staff must respect our privacy when you are being examined or given care. 2. On 5/21/24 at 9:40 AM, R46 was missing several sections of his miniblinds. On 5/21/24 at 9:40 AM, R46 said The blind has been missing slats for a long time. When I change clothes, it's kind of hard to have privacy. (continued on next page)

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

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/22/24 at 2:06 PM, V3 stated he was not aware of the missing slats in R46's blinds. Based on observation, interview, and record review the facility failed to provide a window covering or provide a window covering in good repair for 3 of 4 residents (R35, R40, & R46) reviewed for privacy in the sample of 16. The findings include: 1. On 5/21/24 at 9:23 AM, R35 and R40 were roommates, and they did not have a window blind. Their window looked outside onto the facility grounds. On 5/21/24 at 9:23 AM, R40 was unable to answer questions regarding her blinds. On 5/21/24 at 9:23 AM, R35 stated she could not recall how long the blinds had been missing from her window; however, she believed it had been since she arrived in her room. R35 stated, I would like a blind. We have no privacy. Staff can see there is no blind in the window. R35's Electronic Health Record showed she had been in her room since November 2023. On 5/22/24 at 2:06 PM, V3 (Maintenance Director) stated he was not aware of the missing blind and he did not have a work order to replace the blind. On 5/22/24 at 2:06, while V3 was assessing the missing window in R35 and R40's room, a resident was outside the window watering plants and looked in the resident's window. On 5/22/24 at 2:26 PM, V2 (Director of Nursing/DON) stated, window coverings are important for resident privacy. The Illinois Long-Term Care Ombudsman Program Resident Rights for People in Long-Term Care Facilities showed, You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private. Facility staff must respect our privacy when you are being examined or given care. 2. On 5/21/24 at 9:40 AM, R46 was missing several sections of his miniblinds. On 5/21/24 at 9:40 AM, R46 said The blind has been missing slats for a long time. When I change clothes, it's kind of hard to have privacy. On 5/22/24 at 2:06 PM, V3 stated he was not aware of the missing slats in R46's blinds.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. 31615 Based on observation, interview, and record review the facility failed to ensure a resident was free from abuse for 1 of 2 residents (R45) reviewed for abuse in the sample of 16. The findings include: The facility incident report form documents the alleged event occurred on 5/15/24 and was between R45 and R54. The same document shows both residents to be cognitively intact. R45 had medical diagnosis of bipolar, depression, anxiety disorder and suicidal ideations. R54 had diagnoses of schizoaffective disorder, and generalized anxiety disorder. R45's nursing progress note of 5/15/24 documents he had an altercation with another resident at approximately 6:30 PM. Residents were separated and redirected. R45 was assessed for injuries, lip laceration and bleeding noted on right lower lip. Resident said he was okay. On 5/21/24 at 12:20 PM, R45 said R54 used to live across the hallway from his room. R45 said R54 came into his room asking for smokes, crack, and lighters. He told him No and asked him to leave his room. R45 said as R54 was leaving his room, he turned around and sucker punched him in the face. R45 said his lip was swollen and had a bruise on his eye. R45 said there was no staff around at the time, another resident on the hallway went to get help and separated the two of them. On 5/21/24 at 12:30 PM, R45 was observed to have a bruise on his upper lip and small bruised area around his left eye. On 5/23/24 at 12:22 PM, V1 (Administrator) said she completed the abuse investigation and after speaking with both residents she determined R54 went into R45's room uninvited and asked him for smokes and drugs. When R54 was leaving the room, he turned and hit R45 in the face causing a swollen lip and redness around his eye. She said R54 is alert and knows what he is doing, and willfully hit R45. The facility's 11/28/16 Abuse Prevention Program documents this facility affirms the right of our residents to be free from abuse. Abuse: Abuse is the willful injection of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543 Based on observation, interview, and record review the facility failed to provide wound care as ordered by the wound care physician, failed to identify a wound on a resident's foot, and failed to document details regarding a resident's death. This applies to 2 of 3 residents (R46, R10) reviewed for non-pressure wound care in the sample of 16 and 1 resident (R56) outside of the sample reviewed for death. The findings include: 1. R10's Admission Record (Face Sheet) showed an original admitted [DATE] with diagnoses to include diabetes type 2, schizophrenia, and dementia. On [DATE] at 10:51 AM, R10 was in bed and on top of his right foot was an open wound with no dressing. The wound was the size of a pea, and the wound bed was dark purple. A 1 inch by 1 inch area surrounding the open wound was also dark purple. When asked about the wound, R10 waved his hands in a motion indicating the wound was no concern, he then grabbed a bottle of roll on deodorant and applied deodorant to the top of the wound. R10's [DATE] Treatment Administration Record (TAR) showed a weekly skin check intervention to be done every Tuesday on the day shift. As of [DATE] at 9:00 AM, R10's [DATE] weekly skin check was not documented as being done. R10's [DATE] TAR was requested on [DATE] at 4:00 PM. The provided TAR showed R10's [DATE] weekly skin check was documented as being done and it was clear' (No skin issues.) R10's TAR showed no treatment orders for wounds to his right foot. On [DATE] at 1:50 PM, V14 (Registered Nurse) stated R10 is diabetic and weekly skin checks are especially important for diabetics due to decreased circulation and increased time for wound healing. V14 said diabetics often have decreased sensation in their extremities making it difficult for them to detect if they have skin issues. V14 said she was not aware of any open wound or skin issues for R10. On [DATE] at 1:56 PM, V14 removed R10's sock on his right foot. The wound now appeared almost black instead of a dark purple, otherwise the wound appeared as it did on [DATE]. The wound was not covered. V14 said she was not aware of this wound. On [DATE] at 2:23 PM, V2 (Director of Nursing/DON) stated the purpose of weekly skin checks is to find and treat skin issues before they progress too far. V2 said weekly skin checks are especially important for diabetic residents because they often have decreased circulation, and prolonged wound healing. V2 said it's important to find the wounds as early as possible so treatments can be initiated. V2 said she was not aware of any wounds on R10. R10's Care Plan showed The resident has Diabetes Mellitus .Check all of body for breaks in skin and treat promptly as ordered by doctor. (continued on next page)

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. R46's face sheet showed an original admitted [DATE] with diagnoses of diabetes, Methicillin Resistant Staphylococcus Aureus (MRSA, a multi drug resistant bacterial infection), kidney disease, and peripheral vascular disease. On [DATE] at 10:54 AM, V14 (Registered Nurse) began wound care for R46's left heel wound. R46 was in his room and in his wheelchair. V14 removed his sock, the dressing was not covering his wound and had migrated up his leg. V14 cut and removed R46's old dressing. V14 removed her outer pair of gloves then washed R46's wound with normal saline (salt water). R46 then applied a collogen dressing (promotes wound healing) an absorbent pad and then a gauze wrap. On [DATE] at 11:25 AM, V14 stated she did use normal saline to cleanse R46's foot. V14 said R46 was just taken out of isolation for MRSA in the left heel wound. V14 said, while reviewing the most recent wound assessment from [DATE], the order does say to use a sodium hypochlorite (bleach) and water solution to cleanse the wound. V14 said the solution she used was normal saline. R46's [DATE] and [DATE] Specialty Physician Wound Evaluation and Management Summary (Physician Wound Assessment) showed sodium hypochlorite should be used to wash the wound. R46's May Treatment Administration Record showed several orders to cleanse the left heel with normal saline. None of the treatments show an order to cleanse with sodium hypochlorite solution. On [DATE] at 11:56 AM, V2 (DON) stated normal saline is not a substitute for sodium hypochlorite solution. V2 said staff should be using sodium hypochlorite and R46's TAR should reflect this. V2 said the sodium hypochlorite treatment would help treat and kill the MRSA in R46's wound. 31615 3. R56's face sheet documents he was admitted to the facility on [DATE] with multiple diagnoses including sleep apnea, cardiac arrhythmia, and implantable cardiac defibrillator. The same record shows he was discharged on [DATE]. R56's [DATE] POLST (Practitioner Orders for Life-Sustaining Treatment) form shows he opted to be a full code, attempt resuscitation. The nursing progress note of [DATE] at 6:15 AM, notes V16 (Licensed Practical Nurse/LPN) discovered patient upon med pass, deceased , no pulse, no breathing, attempted CPR to no avail. Notified MD (Medical Doctor), POA (Power of Attorney), Admin (Administrator), DON (Director of Nursing), Coroner. No further documenting was noted for R56 regarding the location and assessment of resident appearance or skin temperature, time of physician notification, time of death, 911 notification, or disposition of the body. The Police Department command log shows a call came in from the facility on [DATE] at 6:26 AM for a DOA (Dead on Arrival) resident. The patient care report shows V16 called and reported she found R56 supine in bed. Obvious rigor mortis, lividity and cyanosis were noted. V16 stated she found him that way around 5:28 AM and she had attempted CPR. The emergency crew placed R56 on lead (heart monitor) to confirm the death. (continued on next page)

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 1:24 PM, V16 stated there were two CNAs (Certified Nursing Assistants) on duty and she was the only nurse. V16 said R56 was fine when he went to bed, he always kept to himself. At nighttime he wore a mask to help his breathing and was independent with taking care of his own needs. She said on [DATE] she went to give him medications at 5:30 AM, and he was gone, really gone. Rigor (stiffness) had set in, and in her career, she had not seen anyone so far gone. He was cold to touch. V16 said she found him sitting on the side of the bed and it appeared he had fallen over. His feet were off the side of the bed and his torso was on the side of the bed, to the left. He was positioned on the end of the bed, and he was not wearing his mask. She said when she approached him, she knew something was not right. When trying to get vital signs and assess him, that is when she realized he was gone. She tried to move him into a position to do CPR, as she assumed he was a full code since he was so young. When trying to move him, his body was stiff and would not bend, it was stuck in the same position he was on the side of the bed, and when attempting a chest compression, he was solid, and CPR was not going to be effective. V16 said she also could not get his eyes and mouth shut. She called the physician and reported the details of R56's assessment and was told to pronounce the death and call the mortician and follow protocol. V16 said she should have documented who was notified and describe the observations of R56 and the assessment as she had just described. V16 said she should have documented how she found him, and he was in stiff in rigor. On [DATE] at 8:39 AM, V2 (DON) said she did receive a call from V16 reporting R56 had expired. V2 said there should be documentation of 911 being called, and how the resident appeared, an assessment. V2 reviewed the nursing progress note of [DATE] and said there should be more of a description of what V16 observed, the note was very improper documentation. The [Facility] Health Care Companies Nursing Documentation Guidelines: Accident/Incident documentation: 1. the circumstances surrounding the accident/incident. 2. Where the incident took place 3. Date and time the accident/incident occurred. 7. The condition of the resident 9. All pertinent observations. Death of a Resident Documentation: 1. Pertinent information before death. 2. Date and time of death. 3. Name of physician notified and when notified and order to release body to mortuary. 4. Document who and if the coroner was notified. 5. Time family notified and by whom and person's name. 6. Name of funeral home notified and by whom. 7. Time the resident is picked up by the Funeral Home. 8. When and to whom the resident is released. 9. Disposition of medications and the amount of medications. 10. Disposition of residents' personal belongings.

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35175 Based on observation, interview, and record review, the facility failed to ensure a resident's respiratory care equipment was stored and administered in a manner to prevent cross contamination for 1 of 2 residents (R1) reviewed for respiratory care in the sample of 16. The findings include: R1's face sheet showed a [AGE] year-old male with diagnosis of respiratory failure, influenza A infection (3/27/24), chronic obstructive pulmonary disease, shortness of breath, anxiety disorder, and schizoaffective disorder. On 05/21/24 at 10:33 AM, R1 was in bed. There was an oxygen concentrator on the floor next to the bed. The concentrator was running at 2 liters and the nasal cannula tubing attached to the machine was on the floor. R1's oxygen tubing was dated 5/8/24. There was a nebulizer mask on top of R1's bedside table. It was not covered and was in direct contact with the furniture. The nebulizer tubing was dated 5/10/24. R3 (R1's roommate) put his call light on to notify staff R1 didn't have his oxygen on. V7 (Certified Nursing Assistant/CNA) entered R1's room and closed the door and exited within 2 minutes. R1's oxygen was off the floor and in his nostrils. The nasal cannula tubing was dated 5/8/24. On 05/22/24 at 08:10 AM, V7 (CNA) said she did not realize R1's nasal cannula was on the floor when she put it back on him yesterday. V7 said R3 put his call light on to have someone put R1's oxygen back on him. At 12:09 PM, V2 (Director of Nursing/DON), said oxygen tubing and nebulizer masks should be changed weekly. It's important to change the tubing for infection control, to prevent breakage of tubing, and make sure it's functioning properly. It's important to store respiratory equipment covered to prevent infection. You shouldn't put a nasal cannula in a resident's nose after picking it up from the floor. The respiratory equipment should be placed in a baggie to seal it to prevent cross contamination. R1's physician order sheet showed a 3/27/24 order for continuous oxygen at 2 liters (l) per nasal cannula (NC) related to respiratory failure and chronic obstructive pulmonary disease. Another 3/27/24 order showed to change the oxygen tubing every Monday. R1's 4/1/24 physician order showed to administer a medicated breathing treatment four times daily related to chronic obstructive pulmonary disease. R1's medication administration record (MAR) showed he received the nebulizer treatments as ordered in May 2024. This MAR showed R1 received a dose at on 5/21/24 at 7:00 AM. The facility's 3/19 oxygen therapy policy showed to check that equipment is functioning properly and assure that mask or cannula is securely and comfortably in place. Change oxygen tubing/mask/cannula on a weekly basis. The facility's 10/07 Nebulizer Therapy policy showed to store equipment in a plastic bag.

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31615 Based on observation, interview, and record review the facility failed to date a vial of insulin when it was opened for 1 of 1 resident (R14) reviewed for insulin. The findings include: R14's admission record documents he was admitted to the facility on [DATE] with multiple diagnoses including Type 2 Diabetes Mellitus with hyperglycemia (high blood sugar). R14's May 2024 order summary report shows an order for insulin aspart 100 units/ml per sliding scale. On 5/22/24 at 1:10 PM, the A wing cart was observed to have a vial of insulin for R14, and the vial had no date noted when it was opened. The discontinue date was listed as 6/13/24. On 5/22/24 at 1:15 PM, V6 (Registered Nurse) said when a vial of insulin is opened it should be dated and discarded after 28 days. She said the vial for R14 only has the discard date, and the nurse should have noted the date it was opened. She said she could only assume it was 28 days prior to the 6/13/24 date listed, no way to know for sure. On 5/23/24 at 8:36 AM, V2 (Director of Nursing) said when a vial of insulin is opened, it should be dated, and then discarded after 28 days. Both the open date and the discard date should be noted on the bottle of insulin. The storage and disposal of insulin aspart information insert documents opened vials of insulin can be stored for 28 days at room temperature or in the refrigerator, then discard.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 35175 Based on observation, interview, and record review the facility failed to serve all menu items to a resident on a puree diet. This applies to 1 of 1 resident (R22) reviewed for puree diet in the sample of 16. The findings include: On 05/21/24 at 11:20 AM, V5 (Cook) prepared pureed Salisbury steak and carrots as V4 (Dietary Manager) supervised. No bread serving was pureed. On 5/21/24 at 12:15 PM, R22 was observed being fed his pureed lunch meal. No pureed bread or substitute was offered or available to him. Residents on diets other than puree were served bread. On 05/22/24 at 08:58 AM, V4 said R1 was the only resident on a pureed diet. V4 said she talked with the dietician yesterday and was told she should have served R1 bread yesterday. I was mixed up. On 05/23/24 at 10:27 AM, V4 said bread should have been served to R1 on 5/21/24 because it was on the menu and everyone else got it. If a menu item is not served, you need to substitute it with a comparable food item. V18 (Dietician) was unavailable for interview. V18 was called twice with no return call. The 5/21/24 facility menu showed lunch included Salisbury steak, carrots, and bread. The facility's 6/06 Standardized Recipe policy showed recipes will be available for all items prepared to ensure consistency in nutrients, flavor and appearance of food served. The facility recipe for pureed Salisbury steak, carrots, and bread was reviewed. The facility 10/12 Method of Pureeing Food policy showed residents that are on pureed diets receive food that is prepared in a manner to enhance intake and provide consistency of preparation. Serve puree bread or crackers either cold or hot. The facility's 10/17 Meals policy showed meals shall be nutritionally balanced and planned. The menu includes food choices that allow a resident to choose foods that will meet the requirement of a therapeutic diet as ordered by the resident's physician. The menu shall meet the basic food pattern for a general diet for an adult following the recommendations of the Food and Nutrition Board, National Academy of Sciences. Temporary changed to the menu shall follow the substitution policy. R1's physician order sheet showed regular diet, pureed texture.

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 35175 Based on observation, interview, and record review, the facility failed to wash and sanitize food preparation equipment in between food items for 1 of 1 resident (R22) reviewed for puree diet in the sample of 16. The findings include: On 05/21/24 at 11:20 AM, V5 (Cook) placed a serving of prepared Salisbury steak in the food processor. After pureeing the meat and plating, V4 (Dietary Manager) took the food canister and rinsed it under the faucet and returned it to the processor stand. V5 added a serving of carrots to the food processor, processed it and plated the food. The food processing canister was not washed or sanitized between the meat and vegetable food items. At 12:15 PM, R22 was observed being fed his pureed Salisbury steak and carrots. On 05/22/24 at 08:58 AM, V4 said R1 was the only resident on a pureed diet. V4 said she talked with the dietician yesterday and was told the food processing container should have been sanitized after each item was pureed. I was mixed up. On 05/23/24 at 10:27 AM, V4 said it's important to wash and sanitize the food processing container between food items because not doing so can cause cross contamination of the foods. The National Sanitation Foundation (NSF) 10/6/21 [NAME] Paper Showed food preparation, handling and processing areas can easily become contamination risks if improperly cleaned and sanitized.

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 33761 Based on interview and record review the facility failed to have interventions in place to mitigate the growth and spread of legionella and failed to maintain logs of interventions. This has the potential to affect all residents in the facility. The findings include: The CMS 671 shows 52 residents resides in the facility. On 5/23/24 at 12:41 PM, V1 (Administrator) said V3 (Maintenance Director) oversees Legionella management. V1 said the facility has not done any Legionella testing. On 5/23/24 at 1:16 PM, V3 said he doesn't know what legionella is or how to prevent it. V3 said he was never trained in legionella mitigation and didn't know he oversaw it. V3 said he has no logs showing he is doing mitigation efforts, except for random weekly water temperatures. The facility's Legionella policy and procedure showed the facility will establish and maintain a Water Management Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of pathogens in the water system such as Legionella. The policy showed the Legionella Manager will identify and assess the risk of Legionella in the water systems, devise a scheme for eliminating or controlling the risk, manage the risk, selection and training of competent personnel and keep up to date records. The same document showed interventions for Legionella mitigation includes annual cleaning of water heaters and thermostatic mixing valves, disassemble shower heads, clean, and disinfect quarterly, clean and replace faucet aerators quarterly, check hot and cold-water temps weekly, flush toilets, run taps and shower heads not in use weekly, and have the water system inspected, maintained, and cleaned annually.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33761 Based on interview and record review the facility failed to ensure residents were provided influenza and pneumococcal immunizations as required. This applies to 3 of 3 residents in the sample (R46, R51, R20) reviewed for immunization in the sample 16 and 2 residents outside of the sample (R21, R54). The findings include: On 5/23/24 at 12:41 PM, V1 (Administrator) said, the administrator before her did not do a good job of tracking immunization. V1 said, I've been trying to find pneumonia information to know what immunizations the residents had and what they can have. V1 said, no screening and eligibility has been done, and vaccines have not been administered. V1 said vaccine refusal forms are not available for review. On 5/23/24 at 1:37 PM, V2 (Director of Nursing) said, she oversees influenza and pneumonia vaccines and V1 oversees COVID vaccines. V2 said, R46, R51, R20, R21 and R54 could have had Prevnar 23 but it was not offered. V2 said she is unsure if those residents were offered and refused or just were not offered. R20's Face Sheet shows she was admitted on [DATE]. Her electronic medical records show she was given the influenza vaccine on 1/27/24 but has no record of any pneumonia vaccinations. All immunization records were requested but not received. R21's Face Sheet shows she was admitted on [DATE]. Her electronic medical records show she was offered the influenza vaccine on 1/27/24 but declined. No record of any pneumonia vaccinations. All immunization records were requested but not received. No refusal form found. R46's Face Sheet shows he was admitted on [DATE]. His electronic medical records show he was given the influenza vaccine on 1/27/24 but has no record of any pneumonia vaccinations. All immunization records were requested but not received. R51's Face Sheet shows he was admitted on [DATE]. His electronic medical records show he has no information about the influenza, or pneumonia vaccinations. All immunization records were requested but not received. R54's Face Sheet shows he was admitted on [DATE]. His electronic medical records show he was given the influenza vaccine on 11/1/23 but has no record of any pneumonia vaccinations. All immunization records were requested but not received. (continued on next page)

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 05/23/2024
NAME OF PROVIDER OR SUPPLIER Rochelle Gardens Care Center		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)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The 09/2017 policy and procedure on immunization of residents shows the facility will offer immunizations and vaccinations that aid in the prevention of infectious diseases unless medically contraindicated or otherwise ordered by the resident's attending physician or the facility's medical director. The policy shows that the facility will explain to the resident, resident's guardian, or the resident's Durable Power of Attorney for Health Care, at the time of admission and at the start of the recognized mass immunization period, the importance of vaccination against common illnesses such as pneumonia and influenza. The facility will obtain a written order for the vaccination by the physician .obtain permission from the resident/guardian . verify date of last vaccination, obtain proof of previous Pneumococcal and Influenza vaccination for residents when able .Offer the PCV13 or PPSV23 as indicated utilizing the Pneumococcal vaccination Algorithm. The policy shows the facility will offer influenza immunization annually from October 1st thru March 31st unless contraindicated .

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33761 Based on interview and record review the facility failed to ensure residents were provided COVID vaccinations as required. This applies to 3 of 3 residents in the sample (R46, R51, R20) reviewed for COVID immunization in the sample 16, and 2 residents outside of the sample (R21, R54). The findings include: On 5/23/24 at 12:41 PM, V1 (Administrator) said, the administrator before her did not do a good job of tracking any immunization, and since she started, I've been trying to find COVID information to know what immunizations the residents had and what they can have. V1 said, no screening and eligibility has been done, and COVID vaccines have not been administered and refusal forms not available for review. On 5/23/24 at 1:37 PM, V2 (Director of Nursing) said, she oversees influenza and pneumonia vaccines and V1 oversees COVID vaccines. R20's Face sheet shows she was admitted on [DATE]. Her electronic medical records show no past or present COVID vaccination records. All immunization records were requested but not received. R21's Face sheet shows she was admitted on [DATE]. Her electronic medical records show no past or present COVID vaccination records. All immunization records were requested but not received. R46's Face sheet shows he was admitted on [DATE]. His electronic medical records show no past or present COVID vaccination records. All immunization records were requested but not received. R51's Face sheet shows he was admitted on [DATE]. His electronic medical records show no past or present COVID vaccination records. All immunization records were requested but not received. R54's Face sheet shows he was admitted on [DATE]. His electronic medical records show no past or present COVID vaccination records. All immunization records were requested but not received. The COVID vaccine Policy and Procedure (revised 11/7/22) shows the COVID-19 vaccination will be offered to all residents. The facility will educate all residents on the benefits and risk of the vaccine, and the facility will maintain documentation of all vaccination information in the medical records. The 09/2017 policy and procedure on immunization of residents shows the facility will offer immunizations and vaccinations that aid in the prevention of infectious diseases unless medically contraindicated or otherwise ordered by the resident's attending physician or the facility's medical director.

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 05/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rochelle Gardens Care Center	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 0924 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Put firmly secured handrails on each side of hallways. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39543 Based on observation, interview, and record review the facility failed to ensure a resident corridor had a section of handrail in place. This applies to 6 of 6 residents (R35, R46, R33, R10, R1, R40) reviewed for handrails in the sample of 16 and 8 residents (R37, R2, R34, R9, R54, R48, R12, R24) outside of the sample. The findings include: The facility provided list on 5/23/24 showed R35, R46, R33, R10, R1, R40, R37, R2, R34, R9, R54, R48, R12, and R24 lived on B hall. On 5/21/24 at 12:21 PM there was a missing section of handrail between room [ROOM NUMBER] and 21. The wall showed a broken handrail bracket and an indentation on the wall where the second handrail bracket had been. On 5/22/24 at 3:33 PM, V3 (Maintenance Director) stated, while looking at the missing section of handrail, he was not aware of the missing handrail. V3 stated he began his employment at the facility in February 2024 and he believed the handrail had been missing prior to his start date. V3 stated handrails are important for resident safety and resident mobility. V3 stated residents will ambulate and use the handrail for stability and residents in wheelchairs will use the handrail to pull themselves down the hallway. On 5/23/24 on 9:16 AM, V1 (Administrator) stated all the residents on the B hall can walk or propel themselves in their wheelchair.