

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  03/05/2025
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34490</p> <p>Based on interview and record review the facility failed to ensure a resident's advanced directive to be a full code was ordered for 1 of 18 residents (R103) reviewed for advanced directives in the sample of 18.</p> <p>The findings include:</p> <p>R103's Hospital Discharge Summary dated 2/24/25 shows, Resuscitation Status at Discharge: Full Code</p> <p>R103's Physician's Order Sheet printed on 3/4/25 shows an order dated 2/24/25 for DNR (Do not Resuscitate).</p> <p>On 3/4/25 at 1:00 PM, R103 said that he wants to be resuscitated. R103 stated, I am not sure where the talk about being a DNR came from, in the hospital, they almost lost me a couple times.</p> <p>On 3/4/25 at 12:01 PM, V3, Registered Nurse (RN) said that R103's hospital paperwork said DNR so she put the order in the computer. V3 said that she did not notify social services of the change because he came back very late from the hospital.</p> <p>On 3/4/25 at 1:33 PM, V9 (RN) said that in an emergency, she would determine a resident's code status by looking at the order in the resident's electronic medical record.</p> <p>On 3/5/25 at 1:33 PM, V4 (Social Services) said that she spoke to R103 and he still wants to be a full code.</p> <p>R103's Minimum Data Set assessment dated [DATE] shows that his cognition is intact.</p> <p>The facility's Resident's Rights Regarding Treatment and Advanced Directives revised on 10/2024 shows, It is the policy of this facility to support and facilitate a resident's right to request, refuse, and/or discontinue medical or surgical treatment and to formulate an advance directive On admission, the facility will determine if the resident has executed an advance directive, and if not, determine whether the resident would like to formulate an advance directive.</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
---	-------	-----------

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  03/05/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34490</p> <p>Based on observation, interview and record review the facility failed to ensure a resident who is dependent on staff for Activities of Daily Living (ADLs) received incontinence care in a timely manner for 1 of 18 residents (R33) reviewed for ADLs in the sample of 18.</p> <p>The findings include:</p> <p>R33's Minimum Data Set assessment dated [DATE] shows that her cognition is impaired, is dependent on staff for toilet hygiene and is incontinent of urine and stool.</p> <p>On 3/3/25 at 11:55 AM, V22 and V23, Certified Nursing Assistants (CNAs) provided incontinence care to R33. R33's incontinence brief was saturated with urine and stool. R33's buttock was reddened. R33's sheet and shirts were wet from urine.</p> <p>On 3/3/25 at 11:55 AM, V23 said that she last checked R33 around 6:20 AM and she was not wet so did not provide incontinence care to her. V23 said that R33 did not want to get up for breakfast so she let her stay in bed. V23 said that she did not have time to check her again until 11:45 AM. V23 said that she did not had time to check her because it has been really busy.</p> <p>On 3/4/25 at 12:01 PM, V3 (Registered Nurse) said that incontinent residents should be checked and changed every two hours.</p> <p>R33's current Incontinence Care Plan shows, The resident uses disposable briefs. Change around Q (every) 2 hours and prn (as needed).</p> <p>The facility's Activities of Daily Living (ADLs) Policy revised 5/2024 shows, A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>		

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  03/05/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34490</p> <p>Based on observation, interview and record review the facility failed to ensure a cholecystostomy drain had a dressing order in place and failed to ensure ace wraps were applied for treatment of lower extremity edema as ordered for 2 of 18 residents (R40 and R103) reviewed for quality of care in the sample of 18.</p> <p>The findings include:</p> <p>1. On 3/3/25 at 9:59 AM, V3 (Registered Nurse) changed a dressing to R103's cholecystostomy drain site. V3 said that he did not come back from the hospital with dressing orders for the drain but she has been doing it when she does his other dressing change to his abdominal wound.</p> <p>On 3/4/25 at 12:01 PM, V3 said that if a resident admits with a wound and no orders for dressing changes, the nurse should speak to the physician to obtain orders. V3 said that once the orders are received, they should be placed in the electronic medical record so the staff know when the dressing is supposed to be performed. V3 said that the nurse does the dressing changes based on the order.</p> <p>R40's Hospital Discharge Summary dated 2/24/25 shows, Wound Care: Cholecystostomy drain management: flush drain with 10 ml (milliliters) of normal saline daily. There was no documentation regarding dressing changes to the drain site.</p> <p>R40's February and March Treatment Administration Record does not document that R40's dressing was changed between 2/24/25 and 3/2/25.</p> <p>2. R40's Minimum Data Set assessment dated [DATE] shows that her cognition is intact.</p> <p>On 3/3/25 at 9:30 AM, R40 was sitting on the side of her bed. R40's bilateral legs were swollen. R40's legs were not wrapped with ace wraps. R40 said that they never apply support stockings or wraps to help with her edema in her legs but she wished that they did.</p> <p>On 3/4/25 at 12:01 PM, V3 (Registered Nurse) said that R40 has an order for ace wraps for her legs due to edema to be put on in the AM and taken off in the PM. V3 said that R40 currently has +2 edema to her legs.</p> <p>R40's Physician's Order Sheet shows an order dated 9/16/24 for, ACE wraps to BLE (bilateral lower extremities) every morning and at bedtime for edema.</p>

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  03/05/2025
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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47552</b></p> <p>Based on interview and record review the facility failed to ensure a pressure injury was identified prior to becoming a stage three. This failure resulted in R31 developing a stage three pressure injury to his left ischium that had light serous drainage. This applies to 1 of 1 residents (R31) reviewed for pressure injuries in the sample of 18.</p> <p>The findings include:</p> <p>R31's Face sheet dated 3/5/25 shows R31 has diagnoses including, but not limited to: cerebral palsy, major depressive disorder, epilepsy, anxiety, schizoaffective disorder, paraplegia, hypokalemia, gastro-esophageal reflux disease (GERD), hyperkalemia, encephalopathy, hypertension, and hyperlipidemia.</p> <p>R31's Face sheet also shows that R31 was admitted to the facility on [DATE].</p> <p>R31's Admission/Readmission Nursing Evaluation form dated 12/1/23 shows R31 requires dependence upon staff to shower/bathe, get dressed, move from a seated position to lying position, move from a lying position to a sitting position, and R31's skin was normal with no noted pressure injuries.</p> <p>R31's Braden Scale form dated 12/1/23 shows R31 had a score of 15, indicating R31 is at high risk of developing a pressure injury. R31's Braden Scale form states R31 does not have any stage 2, 3, or 4 pressure wounds present in the last 7 days and no pressure wounds have been resolved in the last 90 days.</p> <p>R31's Order Summary Report shows R31 has an order for daily skin check with a start date of 12/5/23.</p> <p>R31's Skin Only Progress Note dated 1/28/24 states, Skin warm &amp; dry, skin color WNL (within normal limits), mucous membranes moist, turgor normal. No current skin issues noted at this time.</p> <p>R31's quarterly Braden Scale form dated 2/8/24 shows R31 had a score of 15. R31's Braden Scale form also states R31 does not have any stage 2, 3, or 4 pressure wounds present in the last 7 days and no pressure wounds have been resolved in the last 90 days.</p> <p>R31's Initial Wound Evaluation and Management Summary form dated 5/24/24 states, Patient present with a wound on his left ischium . Stage 3 pressure wound of the left ischium full thickness. Exudate: Light Serous . The measurements upon this initial examination were as follows: length of 1.2 centimeters (cm), width of 1.5 cm and a depth of 0.2 cm with a total surface area of 1.80 cm squared.</p> <p>The facility could not provide any other documentation between 2/8/24 and 5/24/24 indicating any skin abnormalities were found prior to 5/24/24.</p> <p>R31's Wound Evaluation and Management Summary form dated 2/28/25 shows R31's pressure wound of the left ischium is now a stage 4. The measurements upon this examination were as follows: length of 0.4 cm, width of 0.3 cm and a depth of 2.2 cm with a total surface area of 0.12 cm squared.</p> <p>(continued on next page)</p>		

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  03/05/2025
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)		
F 0686  Level of Harm - Actual harm  Residents Affected - Few	<p>On 3/3/25 at 12:13 PM and again at 1:08 PM, R31 was seen lying on his back with the head of the bed at an approximate 45-degree angle.</p> <p>On 3/5/25 at 10:51 AM, V17 Registered Nurse (RN) said R31 is dependent upon staff for all care.</p> <p>On 3/5/25, V3 (Infection Preventionist Nurse/RN) was attempted to be contacted by phone and was unable to be reached.</p> <p>On 3/5/25 at 1:54 PM, V2 (Director of Nursing) said nursing staff will complete a head-to-toe assessment upon admission and note any skin discrepancies. V2 also said nursing staff should at minimum complete a skin check at least weekly. Certified nursing assistants (CNAs) will complete a shower sheet and document any potential skin issues and bring the form to the nurse when completed. V2 said it is the expectation that staff should find skin concerns prior to it developing into a stage 3 pressure wound so the facility can provide treatment before it develops further.</p> <p>On 3/5/25 at 2:26 PM, V18 (Wound Doctor) said if the staff taking care of R31 during showering and incontinence care are paying attention and trying and looking at the skin, it should be easier to identify before a stage 3. V18 said the progression of the development of a stage 3 pressure wound is that the skin will first start to turn red. After the redness, the skin will become blanchable (skin that turns pale when pressure is applied to it and returns to normal color when pressure is released). The next phase would include the top layer of skin coming off. After the top layer of skin comes off, you can start to see the subcutaneous tissue below it start to show. When the subcutaneous layer shows, that is when you now have a stage 3 pressure wound. In a perfect world, the staff providing showers and incontinence care should be able to capture these stages as they occur.</p>		

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  03/05/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall prevention interventions were in place for two of 18 residents (R28, R31) reviewed for safety in the sample of 18.</p> <p>The findings include:</p> <p>1. R28's Admission Records dated March 5, 2025 shows he was admitted to the facility on [DATE] with diagnoses including major depressive disorder, depression, and acquired absence with right and left leg below the knee.</p> <p>R28's Fall assessment dated [DATE] shows he has a moderate risk of falling.</p> <p>On March 3, 2025 at 10:24 AM, R28 said he has been waiting for a better wheel chair from the facility for a long time. R28 said the locks on his wheel chair do not work. R28 said the wheel chair still moves. R28 said he is able to self transfer himself out of his bed into the wheel chair. R28 said he ended up on the floor one day because he was transferring himself from his bed into his wheel chair and the wheel chair rolled, I ended up on the floor. R28 placed the locks on his wheel chair and his chair was still able to freely moved. R28 has a bilateral below the knee amputation.</p> <p>R28's Progress Notes dated February 3, 2025 shows R28 was found on the floor. R28 told staff that he slid off of his wheel chair.</p> <p>47552</p> <p>2. R31's Facesheet dated 3/5/25 shows R31 has diagnoses including, but not limited to: cerebral palsy, major depressive disorder, epilepsy, anxiety, schizoaffective disorder, paraplegia, hypokalemia, gastro-esophageal reflux disease (GERD), hyperkalemia, encephalopathy, hypertension, and hyperlipidemia.</p> <p>R31's Morse Fall assessment dated [DATE] shows that R31 has a history of falls and is noted as a moderate risk for falling.</p> <p>R31's Care Plan shows R31 is at risk for falls and R31's call light rope should be within reach. R31's care plan also shows R31 had a fall on 1/18/25.</p> <p>On 3/3/25 at 12:13 PM and again at 1:08 PM, R31 was lying in bed with the head of the bed elevated approximately 45 degrees and R31's call light rope was positioned behind the head of R31's bed and out of reach for R31.</p> <p>(continued on next page)</p>		

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  03/05/2025
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>On 3/5/25 at 10:51 AM, V17 (RN) said call light ropes will typically be attached to a resident's bed sheet via an alligator clip at the end of the call light rope. V17 said the call light rope should be within reach any time a resident is in bed. V17 said R31 is dependent upon staff and should have the call light rope within reach. If the call light rope is not within reach, a resident, including R31, cannot call for help when needed and could lead to potential falls.</p>		

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  03/05/2025
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review the facility failed to ensure supplements were served and failed to obtain weekly weights for four of eight residents (R18, R24, R5, R34) reviewed for nutrition in the sample of 18. This failure resulted in R18 experiencing a significant weight loss.</p> <p>The findings include:</p> <p>1. R18's Admission Record dated March 4, 2025 shows he was admitted to the facility on [DATE] with diagnoses including paranoid schizophrenia, ataxia, dystonia, major depressive disorder, chronic pain syndrome, and cognitive communication deficit.</p> <p>R18's Order Summary Report dated March 4, 2025 shows a diet order started May 1, 2023 for general diet, double protein at breakfast and magic cup twice daily. An order for mighty shake four times a day was started on December 19, 2023. Monthly weights was entered to start January 4, 2024.</p> <p>R18's Weights Summary shows on January 9, 2025 R18 weighed 140.2 and on February 1, 2025 R18 weighed 123.7 pounds, which is a weight loss of 16.5 pounds or 11.8 % in one month.</p> <p>R18's Nutrition/Dietary noted dated February 8, 2025 shows, Resident with a weight loss of 16.5 pounds in one month or 11.8%. Body mass index is 18.3=underweight. Currently on a general regular diet with double protein at breakfast, shakes four times daily, magic cup twice a day .Suggest weekly weight x 4 to assure weight accuracy and three day calorie count.</p> <p>R18's Weights Summary shows that R18 was weighed on February 25, 2025 and February 26, 2025. There were no weekly weights documented for R18.</p> <p>On March 5, 2025 at 8:05 AM, R18 was sitting in the dining room eating breakfast. R18 did not have magic cup or a mighty shake with his meal.</p> <p>On March 5, 2025 at 10:37 AM, V7 Dietary Manager said R18 gets double protein. V7 said she did not know that R18 was supposed to get mighty shakes four times per day.</p> <p>On March 5, 2025 at 10:58 AM, V16 Dietitian said she has not seen or assessed R18 yet. V16 said she was notified of R18's weight loss and that R18 was on her list to see this week.</p> <p>R18's Care Plan initiated July 28, 2023 shows R18 has a nutritional problem or potential nutritional problem of low weight related to lack of nutrients and provide and serve supplements as ordered.</p> <p>34490</p> <p>2. On 3/3/25 at 12:30 PM, R24 was in her room eating lunch. R24 had a barbecue sandwich, coleslaw, bag of chips and a piece a cake for her meal. R24 did not have any yogurt with her meal.</p> <p>(continued on next page)</p>		

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  03/05/2025
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 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/4/25 at 8:12 AM, R24 was in the dining room for breakfast. R24 was served cream of wheat, 3 pancakes, a sausage, milk and orange juice. R24 was not served yogurt.</p> <p>On 3/4/25 at 8:12 AM, V7 (Dietary Manager) said that all nutritional supplements that a resident is ordered to receive is on a list that is posted in the kitchen and should be provided during meals. V7 said that they do not have any residents with an order for super cereal (fortified cereal).</p> <p>On 3/4/25 at 8:44 AM, V7 said that R24 is supposed to get yogurt with every meal, but it wasn't put in the computer right so she has not been getting it.</p> <p>R24's Dietary Note dated 12/18/24 shows, Resident with weight loss of 22.8# in a month or 13%. Resident is on diuretics which may account for some of weight loss. Intakes recently decreased. Intakes 26 to 100%. Resident with set up and supervision at meals. Resident on a General regular texture diet with thin liquids, magic cup daily, yogurt at meals. Weight 149.5 # and BMI = 22. Suggest add super cereal and weekly weights</p> <p>R24's Weights and Vitals Summary printed on 3/4/25 shows that her weight was 172.3 pounds on 11/2/24 and on 12/3/24 she was 149.5 pounds (13% loss in 1 month). R24 was weighed again on 1/9/25, 2/16/25 and 2/25/25.</p> <p>R24's Physician's Order Sheet printed on 3/4/25 shows an order dated 4/11/23 for, General diet. Regular texture, Yogurt with meals .magic cup daily . There is no orders for weekly weights or supercereal.</p> <p>The facility provided Nutritional Supplement list printed 3/3/25 does not have R24 on the list to receive any nutritional supplements.</p> <p>R24's Meal Ticket shows that she likes hot cereal and yogurt. The meal ticket does not document any nutritional supplements that need to be provided.</p> <p>47552</p> <p>3. R5's Nutrition/Dietary note dated 2/8/25 written by V12 (Former Dietitian) recommended trying adding an appetite stimulant and increasing the daily oral nutrition supplement shake from once daily to BID (two times per day).</p> <p>R5's Order Summary Report dated 3/5/25 shows R5 is to receive an oral nutrition supplement shake once daily with a start date of 2/6/25. There are no additional orders showing supplementation was ever increased after V12's recommendations.</p> <p>On 3/5/25 at 10:56 AM, V16 (Registered Dietitian) said R5 experienced a significant weight change before V16 started working at the facility. V12's nutrition notes show the significant weight change was addressed at the time the weight change occurred. V16 said R5 has remained weight stable for about one month but V16 would hope that any recommendations made by V16 or other Dietitians would be followed and implemented.</p> <p>40085</p> <p>(continued on next page)</p>		

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  03/05/2025
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)		
F 0692  Level of Harm - Actual harm  Residents Affected - Few	<p>4. On 3/4/25 the morning breakfast service was observed between 8:10 AM and 8:35 AM. No residents including R34 were given any supplements with their trays.</p> <p>R34's 1/20/25 Dietary note written by V12 (former Dietician) shows that R34 had a significant weight loss of 13.7 lbs. 10% in 6 months and he should receive mighty shakes 2 times a day. R34's electronic medication administration summary shows that the mighty shakes should be given with breakfast at 8:00 AM and with dinner at 5:00 PM.</p> <p>A diet list of residents on nutritional supplements was provided during the breakfast service on 3/4/24 by V7 (Dietary Manager). The provided list shows R34 should receive mighty shakes twice a day.</p> <p>On 3/4/25 at 9:30 AM, R34 said, I have lost a lot of weight here, they used to give those shakes but I haven't gotten one in months.</p> <p>On 3/5/25 at 10:54 AM, V16 (Dietician) said I would hope residents get the supplements as ordered. The purpose of nutritional supplements is to prevent additional weight loss and for weight stabilization.</p> <p>The facility provided Weight Monitoring policy last revised on 10/2024 shows unintended weight loss may indicate a nutritional problem and the facility will implement and assess interventions to prevent and stabilize weight loss.</p>		

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  03/05/2025
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>40085</p> <p>Based on observation, interview and record review the facility failed to ensure medications were available and administered as ordered and failed to ensure residents were supervised while administering medications for 2 of 18 residents (R23, R49) reviewed for pharmacy services in the sample of 18.</p> <p>The findings include:</p> <p>1.) R23's Medication Administration Summary and Physicians Order Summary (POS) both show R23 should receive Buspirone (anti-anxiety medication) 5 mg. (milligrams) at noon.</p> <p>On 3/3/25 at 12:20 PM during noon medication pass, V9 (Registered Nurse/ RN) was preparing medications for R23. There was no Buspirone in the medication cart so V9 checked in the convenience box in the medication room and was not able to find the medication. V9 said more then likely the medication is still on the way to the facility and had not yet arrived from the pharmacy. V9 said medications are considered on time if they are administered one hour before or after the scheduled time.</p> <p>On 3/3/25 at 1:45 PM, V9 verified with the surveyor that the medication had not come and she was not able to administer R23's dose of Buspirone 5 mg.</p> <p>2.) On 3/4/25 at 10:40 AM, a Albuterol inhaler was sitting on top of R49's nightstand. R49 said yes they give that to me and leave it here so I can take it when I need it for shortness of breath. I used it last night.</p> <p>On 3/4/25 at 1:11 PM, V9 (RN) reviewed R49's POS and MAR and verified that R49 does not have an order to self administer her inhaler or to keep it at her bedside. V9 said especially with the nature of the facility being psychiatric residents should not have medications left for them to administer they should be supervised.</p> <p>On 3/4/25 R49's POS and MAR both show an active order effective 2/11/25 for an Albuterol inhaler 2 puffs every 4 hours as needed for shortness of breath or wheezing. Both also show that an order was obtained on 3/4/25 for the Albuterol inhaler to be kept at the bedside, after the medication had already been left at her bedside and self administered.</p> <p>The facility provided Medication Administration Policy last revised on 7/2024 shows that medications should be administered according to standards of practice including the correct dosage and time. The policy also shows that residents should be observed during medication administration.</p>		

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  03/05/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>47552</p> <p>Based on interview and record review the facility failed to ensure monthly pharmacy recommendations were carried out. This applies to 1 of 5 residents (R31) reviewed for drug regimen reviews in the sample of 18.</p> <p>The findings include:</p> <p>R31's Facesheet dated 3/5/25 shows R31 has diagnoses including, but not limited to: cerebral palsy, major depressive disorder, epilepsy, anxiety, schizoaffective disorder, paraplegia, hypokalemia, gastro-esophageal reflux disease (GERD), hyperkalemia, encephalopathy, hypertension, and hyperlipidemia.</p> <p>R31's Consultation Report for R31's monthly medication regimen review dated 1/15/25 states, [R31] has not had an assessment of kidney function with the past 6 months. Please monitor a serum creatinine on the next convenient lab day and at least every 6 months thereafter.</p> <p>On 3/5/25 at 11:12 AM, V2 (Director of Nursing) was shown a copy of the monthly medication regimen review recommendation forms and V2 stated V2 has never seen it before and doesn't do anything with them. V2 indicated maybe V20 (Regional Nurse) might be following through with the monthly pharmacy recommendations.</p> <p>On 3/5/25 at 12:07 PM, V20 said that V2 is the one that is supposed to follow up with the monthly pharmacy recommendations. V20 said the current facility ownership change occurred in November 2024. V20 said until two weeks ago (from 3/5/25), V20, V2, and the facility did not have log on credentials for the pharmacy portal where the monthly pharmacy recommendations were being sent.</p> <p>R31's last performed comprehensive metabolic panel is dated 3/29/24, which includes serum creatinine levels. The facility was unable to provide any additional, more recent lab results for R31.</p>		

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  03/05/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>47552</p> <p>Based on observation, interview, and record review the facility failed to ensure the dish machine was plumbed per code to prevent cross-contamination. This has the potential to effect all residents residing in the facility.</p> <p>The findings include:</p> <p>The Centers for Medicare and Medicaid form 671 dated 3/3/25 shows there are 49 residents residing in the facility.</p> <p>On 3/3/25 at 9:23 AM, two dietary aides were using the dish machine to clean dishes. V7 (Dietary Manager) grabbed the test strips to test the dish machine sanitizer concentration. When V7 was attempting to get the sanitizer concentration, this surveyor noticed the water in the sink to the left of the dish machine had backed up water that continued to rise with food debris floating in the water. The dish machine water level was also rising as the water in the sink rose. Observation of the plumbing for the sink and dish machine showed that the pipe coming from the dish machine for the dish machine waste water was plumbed in line with the adjacent sink with a garbage disposal attached to the sink and then the pipe ended in a grease trap that was lying on the floor. Where the pipe entered the grease trap there was a back pitch, pitching away from the grease trap. There was also a water leak in the junction pipes joining the garbage disposal to the main waste water drain from the dish machine. V7 could not recall the last time the grease trap had been emptied and that V7 has never been in charge of calling to get it emptied or serviced.</p> <p>On 3/3/25 at 9:30 AM, V13 (Dietary Aide) said the sink and dish machine have been backing up for a while and they were told that maintenance was waiting on a part to fix the leak coming from the garbage disposal. V13 said the kitchen staff have been using the dish machine the whole time when the machine was backing up.</p> <p>On 3/3/25 at 10:19 AM, V14 (Dietary Aide) has been working at the facility for approximately three months and the dish machine has been backing since V14 started. V14 said when the sink and machine start to back up with food debris and water, V14 will remove as much food debris as possible, allow some water to drain, and will continue using the dish machine.</p> <p>On 3/3/25 at 9:41 AM, V7 said the water level in the dish machine appeared higher than normal and V7 believed it was because of the backup in the plumbing. V7 said the dish machine leak and backup were worse on 3/3/25 than it ever was previously. V7 said the issue has been going on since December 2024 and V7 told V11 (Maintenance), V1 (Administrator), and V7 also told the previous administrator of the facility.</p> <p>On 3/3/25 at 10:23 AM, V7 said no plumber had been called to look at and fix the leak and backing up water.</p> <p>(continued on next page)</p>		

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  03/05/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/3/25 at 10:37 AM, V11 did not know the last time the grease trap was emptied and V11 thought V7 was the one who called to have it emptied and serviced. V11 also confirmed that no plumbers had been out to the facility to assess the concerns with the dish machine and the dish machine plumbing. V11 acknowledged that the sink would back up and fill with waste water and stated when this occurs, V11 would go into the kitchen with a plunger to force the water and food debris down the pipe.</p> <p>On 3/4/25 at 2:32 PM, V1 said he started on 1/28/25 and during daily and weekly audits, V7 would express V7's concerns about the dish machine to V1. V1 was not aware what was mechanically wrong with the dish machine but recommended to V7 and the dietary staff to stop using the dish machine until it was fixed. V1 said the kitchen staff should have been using the 3-compartment sink to wash and sanitize all dishes.</p> <p>On 3/5/25 at 9:50 AM, V15 (Licensed Plumber) said the drain line is pitched improperly and the plumbing from the dish machine into the grease trap (which includes the junction with the sink/garbage disposal) was not up to the plumbing code. V15 said to bring it to code, V15 will have to re-route the drain line on the dish machine to prevent cross-contamination since it is in line with the garbage disposal.</p> <p>Plumbing Quote provided by the V15 for the facility, dated 3/5/25, states, Special garbage disposal install (must be ordered) and repipe drain line going into grease trap. Fixing leak and back pitch. Bringing sink up to code for health department.</p>		

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  03/05/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>34506</p> <p>Based on observation, interview, and record review the facility failed to track and trend resident illnesses failed to ensure the required PPE (Personal Protective Equipment) was worn when providing care to a resident on enhanced barrier precautions (EBP), and failed to ensure EBP signs were posted outside of residents' rooms. This failure has the potential to affect all 49 residents residing in the facility.</p> <p>The findings include:</p> <p>1. The Facility's Resident Census and Conditions form dated March 3, 2025 shows the facility census was 49.</p> <p>The facility's Resident Illness Tracking and Trending Log was requested on March 4, 2025. There were no tracking and trending resident illnesses logs.</p> <p>On March 4, 2025 at 11:58 AM, V2 DON (Director of Nursing) and V3 Infection Control Preventionist said they did not have a way to track and trend resident illnesses. V2 and V3 said the only illnesses that are tracked are influenza, covid, and pneumonia. V2 DON said, I did not know I had to do that.</p> <p>34490</p> <p>2. On 3/3/25 at 9:59 AM, R103's door to his room did not have an Enhanced Barrier Precautions (EBP) sign located on or near it. R103 was laying in bed and had a large open wound on his abdomen and a dressing on his cholecystostomy drain site. R103 had a urinary catheter in place. V3 (Registered Nurse) performed a wound vac dressing change to R103's wound on his abdomen and a dressing change to his cholecystostomy drain site. V3 did not have a gown on during the dressing changes.</p> <p>On 3/4/25 at 12:01 PM, V3 said that any resident with a wound, ostomy, catheter or feeding tube should be on EBP and staff should wear gloves and a gown when providing care to that specific area.</p> <p>R103's Care Plan shows, Implementation of Enhanced Barrier Precaution due to has an indwelling medical device of a foley catheter and wound vac to abdomen and cholecystomy drain to right upper abdomen/chest region Ensure PPE and alcohol based hand rub are readily and accessible use enhanced barrier protection during high contact care activities such as .wound care.</p> <p>40085</p> <p>3. R9's active Care Plan shows Enhanced Barrier Precautions (EBP) were initiated for R9 on 2/4/25 since he has an indwelling urinary catheter. The Care Plan also shows that PPE (Personal Protective Equipment) should be readily accessible and staff should wear PPE when providing direct high contact care to R9.</p> <p>On 3/3/25 at 9:30 AM, R9 was observed laying in bed. There was no EBP sign posted outside of his door and no PPE bin outside of his room.</p> <p>(continued on next page)</p>		

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  03/05/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 3/3/25 at 12:27 PM, a PPE bin and EBP sign was noted to be outside of R9's room. V9 (Registered Nurse) was asked why the sign and bin had not been present earlier. V9 said the facility had ended a covid outbreak awhile back and resident rooms were changed around and when the outbreak was cleared someone took all the signs down and put the bins away, so they put the EBP signs and PPE bins back out today.</p> <p>The facility provided Enhanced Barrier Precautions policy implemented 4/2024 shows Enhanced Barrier Precautions (EBP) is an infection control intervention to reduce transmission of multidrug-resistant organisms and staff should use gowns and gloves during high contact resident care activities. The policy identifies that EBP should be implemented for residents with wounds, and indwelling medical devices including urinary catheters and PPE should be worn when providing cares including dressing, bathing, transferring, providing hygiene, changing linens, changing briefs and toileting, when doing dressing changes or device cares including handling urinary catheters.</p>

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  03/05/2025
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 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on interview and record review, the facility failed to offer the influenza vaccine at the start of influenza season for two of nine residents (R40, R4) reviewed for Influenza Vaccines in the sample of 18. This failure contributed to the facility experiencing an Influenza Outbreak and the hospitalization of R40 and R4.</p> <p>The findings include:</p> <p>1. R40's Admission Record shows she was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, anxiety disorder, major depressive disorder, bipolar disorder, and chronic pain.</p> <p>R40's MDS (Minimum Data Set) dated December 23, 2024 shows she is cognitively intact.</p> <p>R40's Progress Notes dated December 18, 2024 shows she was admitted to the local hospital with pneumonia and influenza A.</p> <p>R40's Hospital Records dated December 19, 2024 shows her admitting diagnoses were influenza A, pneumonia of right lower lobe due to infectious organism, and chronic obstructive pulmonary disorder exacerbation. R40 had new prescriptions for tamiflu (antiviral for influenza), prednisone (steroid), and levofloxacin (antibiotic).</p> <p>On March 5, 2025 at 11:40 AM, R40 said she did not remember what symptoms she was having when she got sent to the hospital. I was too out of it. R40 said she was not offered the influenza vaccine before she went to the hospital but would have taken the influenza vaccine if she was offered it. R40 said she received the influenza vaccine after she came back from the hospital. V19 RN (Registered Nurse) was nearby during this interview. V19 said she was the nurse that sent R40 to the hospital. V19 said she sent R40 to the hospital because R40 was having shortness of breath and coughing. V19 said the facility did not have the rapid result influenza tests. V19 said it was faster to send R40 to the hospital. V19 said R40 was diagnosed with influenza while at the hospital, but V19 suspected R40 had influenza while R40 was still at the facility. V19 said the facility usually administers the influenza vaccine in September, but V19 did not know why it was not administered until January this year. V19 said, I thought that was odd.</p> <p>R40's Vaccine Administration Record for the influenza vaccine shows that she signed the consent on December 30, 2024. The vaccine was administered to R40 on January 21, 2025.</p> <p>2. R4's Admission Record dated March 4, 2025 shows she was admitted to the facility on [DATE] with diagnoses including generalized anxiety disorder, asthma, personality disorder, chronic obstructive pulmonary disease, acute and chronic respiratory failure, morbid obesity, and personal history of Covid-19.</p> <p>R4's Order Summary Report shows an order for may have annual flu vaccine with consent entered February 8, 2024.</p> <p>(continued on next page)</p>		

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  03/05/2025
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 0883</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R4's local hospital records dated December 26, 2024 shows she was admitted to the hospital with influenza A.</p> <p>R4's Health Status Note dated December 29, 2024 shows, Contact and droplet isolation continues. Resident states she isn't feeling as bad as she did when she first went into the hospital. Resident states, 'I was feeling really bad before.'</p> <p>R4's Vaccine Administration Record-Immunization Consent Form 2024-2025 shows R4 signed the consent to received the influenza vaccine on December 30, 2024. The vaccine was administered on January 21, 2025.</p> <p>On March 5, 2025 at 11:33 AM, R4 said she had shortness of breath for about a week. R4 said she was sent to the hospital because it was not getting better. R4 said she got breathing treatments and steroids in the hospital. R4 said she got the influenza vaccine when she came back to the facility. R4 said the influenza vaccine was not offered before she went into the hospital. R4 said she would have taken the influenza vaccine prior to going to the hospital if the facility offered it.</p> <p>On March 4, 2025 at 12:56 AM, V2 DON (Director of Nursing) and V3 Infection Control Preventionist were interviewed together. V2 and V3 stated they both share the duties of the facilities Infection Control Program. V2 said she became the facility's DON in December 2024. V2 said the previous administrator was in charge of the immunizations. V2 said the influenza vaccine was given to the residents on January 21, 2025. V3 said the previous DON did not order the influenza vaccine at the beginning of the season. It fell through the cracks. V3 said the current administrator ordered the influenza vaccine that was administered in January 2025. V2 said the facility's influenza outbreak began December 13, 2024. V2 said there was a total of ten residents that had influenza. V2 DON said no residents were hospitalized with influenza. (R40 and R4 were hospitalized with influenza symptoms)</p> <p>On March 5, 2025 at 1:52 AM, V24 Director of Local Health Department said she got an email from the previous administrator at the facility reporting the influenza outbreak in December 2024. V24 said she assumed the facility gave their residents the influenza vaccine at the beginning of the influenza season in September/October due to the report of the influenza outbreak being in December. V24 said influenza vaccines can be given as early as September. V24 said that's when the influenza vaccine should be given, at the start of the season in September/October. V24 said there was no influenza vaccine shortage. In fact, we had a surplus of the influenza vaccine left over. V24 said.</p> <p>The facility's Influenza Congregate Setting Outbreak Log shows ten residents were positive for influenza from December 13, 2024-January 8, 2025. Only one resident was vaccinated with the influenza vaccine during the current influenza season, and that was when the resident was at a previous facility. R4's most recent vaccination date was 2023 and R40 was vaccinated January 27, 2024.</p> <p>The facility's Influenza Vaccination Policy revised January 2025 shows, It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complication from influenza by offering out residents, staff members, and volunteer workers annual immunization against influenza. Influenza vaccinations will be routinely offered annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized during the this period, or refuses to receive the vaccine. Additionally, influenza vaccinations will be offered to residents upon availability of the seasonal vaccine until influenza is no longer circulating in the facility's geographic area.</p>		

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  03/05/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to maintain patient care equipment in safe operating condition for three of 18 residents (R28, R4, R19) reviewed for safe equipment in the sample of 18.</p> <p>The findings include:</p> <p>1. R28's Admission Records dated March 5, 2025 shows he was admitted to the facility on [DATE] with diagnoses including major depressive disorder, depression, and acquired absence with right and left leg below the knee.</p> <p>On March 3, 2025 at 10:24 AM, R28 said he has been waiting for a better wheel chair from the facility for a long time. Look at this! The tires are coming off! The rubber on R28's wheels on his wheel chair was worn and pieces were missing. The rubber of the wheel was coming off of the metal wheel. R28 said the locks on his wheel chair do not work. R28 said the wheel chair still moves. R28 said he is able to self transfer himself out of his bed into the wheel chair. R28 said he ended up on the floor one day because he was transferring himself from his bed into his wheel chair and the wheel chair rolled, I ended up on the floor. R28 placed the locks on his wheel chair and his chair was still able to freely moved. R28 had no legs from his knees down.</p> <p>The facility's Grievance/Complaint Report dated January 29, 2025 filed by R28 shows, Requesting a new wheel chair, since his does not lock. Comments: Wheel chair will be looked at by maintenance.</p> <p>2. R4's Admission Record dated March 4, 2025 shows she was admitted to the facility on [DATE] with diagnoses including generalized anxiety disorder, asthma, personality disorder, chronic obstructive pulmonary disease, acute and chronic respiratory failure, morbid obesity, and personal history of Covid-19.</p> <p>On March 3, 2025 at 8:57 AM, R4 said, My wheel chair doesn't have brakes, but I am careful. This wheel chair is not comfortable. I have asked for a new wheel chair before. R4 then locked her wheel chair and was able to still moved the wheel chair forwards and backwards.</p> <p>3. R19's Admission Record dated March 5, 2025 shows she was admitted to the facility on [DATE] with diagnoses including bipolar disorder, anxiety disorder, malnutrition, cellulitis of right and left lower limb, peripheral autonomic neuropathy, and epilepsy.</p> <p>R19's Care Plan initiated June 8, 2023 shows R19 has impaired physical mobility related to necrotizing diagnosis bilateral in lower extremities and weakness as evidenced by use of a wheel chair.</p> <p>On March 3, 2025 at 11:33 AM, R19 said she is in the wheel chair because she broke her hip in the past. R19 said the locks on her wheel chair do not work R19 said V11 maintenance has tightened her brakes in the past, but they still don't work. R19 placed the brakes on her wheel chair and R19 was able to move her wheel chair forwards and backwards. The arm rests on R19's wheel chair was worn and ripped.</p> <p>(continued on next page)</p>

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  03/05/2025
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 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On March 5, 2025 at 9:07 AM, V11 Maintenance said he performed an audit on all of the residents' wheel chairs on March 4, 2025. V11 said he adjusted R19's brakes, R4 needed new brakes order, so V11 got them ordered. V11 said R28 got a new wheel chair.</p> <p>The facility's Resident Rights policy dated 2024 shows, The resident has the right to be treated with respect and dignity, including: The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p>