STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146193	A. Building B. Wing	03/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Manor Court of Rochelle	2203 Flagg 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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to provide timely incontinence care and ensure a resident's urinary drainage bag was not touching the floor for 2 of 6 residents (R2 & R4) reviewed for incontinence care and catheters in the sample of 9.The findings include:1. On 3/19/26 at 9:27 AM, V7 Certified Nursing Assistant - CNA, V6 CNA, V4 Shift Coordinator came to R2's room to make the bed and transfer R2 from his padded wheelchair to his bed. V7 and V4 used a mechanical lift to transfer R2 from his padded wheelchair to his bed. The back of R2's pants were soaked in the buttock area and down his legs. The pad and sling in his padded wheelchair were wet. V6 told V7 and V4 that they would need a new pad for his chair. V6 said the pad in his chair and the sling that was on top of the pad were wet. V7 and V4 removed R2's soaked pants and incontinence brief. R2 had a large, reddened area to his right buttock.On 3/19/26 at 2:08 PM, V2 Director of Nursing - DON stated staff are to round on residents every two hours and try to toilet/provide incontinence care as close as they can to every two hours. The facility's 3rd Shift list/worksheet for the CNA showed R2 was one of the residents that the third shift gets up in the morningThe Face Sheet dated 3/19/26 for R2 showed diagnoses including right side hemiplegia, hypothyroidism, constipation, left and right knee contracture, parkinsonism, dysarthria and anarthria, atherosclerotic heart disease, cerebrovascular disease, hypertensive heart and kidney disease, heart failure, chronic kidney disease stage 3, hypertension, anemia, hyperlipidemia, major depressive disorder, adjustment disorder with anxiety, transient ischemic attack, dermatitis, insomnia, schizoaffective disorder, gastro-esophageal reflux disease, cognitive communication deficit, muscle weakness, cerebrovascular disease, Parkinson's disease, hyperlipidemia, and dysphagia.The Care Plan dated 3/3/26 for R2 showed he was at increased risk for skin breakdown, pressure ulcers related to decreased mobility, generalized muscle weakness, incontinence of bowel and bladder. Provide incontinence care after each incontinent episode.The Minimum Data Set, dated [DATE] for R2 showed he was dependent for activities of daily living except for eating; and always incontinent of bowel and bladder.The facility's Personal Care of Residents policy (12/2002) showed the purpose of the policy was to provide that residents of the facility receive adequate care. Procedure: each resident shall have proper daily personal attention and/or care.2. On 3/19/26 at 8:01 AM, R4 was sitting in her wheelchair at the dining room table. R4 had an indwelling urinary catheter drainage bag under her chair with no cover/dignity bag on it. The drainage bag was touching the floor. At 8:34 AM, V10 Registered Nurse - RN went over to R4 and pulled her wheelchair away from the table and pushed her across the dining room floor to the hall. V10 was stopped and asked if she noticed the bag was dragging on the floor. V10 stated she didn't and then looked under the wheelchair. V10 said there should be a bag covering the drainage bag and the drainage bag should not be touching the floor for infection control.On 3/19/26 at 2:08 PM, V2 DON stated catheter drainage bags should not be touching the floor for infection control reasons. The drainage bags have dignity bags and those are supposed to be used. There are extras available so there would be no reason for one not to be in place. The Face Sheet dated 3/19/26 for R4 showed medical diagnoses including Alzheimer disease, urinary tract infection, acute cystitis without (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	hematuria, chronic obstructive pulmonary disease, altered mental status, deep venous thrombosis, edema, muscle weakness, basal carcinoma of skin, disorder of thyroid, morbid obesity, hyperlipidemia, anxiety disorder, glaucoma, hypertension, osteoarthritis, diarrhea, constipation.The Care Plan dated 3/3/26 for R4 showed R4 is on enhanced barrier precautions due to having colonized ESBL in the urine. Staff will be provided with appropriate PPE to provide for R4's care. R4 has a history of urinary tract infections. R4's care plan did not show that she had an indwelling urinary catheter or any interventions related to the catheter.The facility's Catheter Care policy (6/2005) did not show anything about keeping the drainage bag off the floor. The facility did not have any other policies related to catheters.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure enhanced barrier precautions - EBP were in place when handling residents' indwelling urinary catheters for 2 of 3 residents (R4 & R7) reviewed for infection control in the sample of 9.The findings include:1. On 3/19/26 at 8:01 AM, R4 was sitting in her wheelchair at the dining room table. R4 had an indwelling urinary catheter drainage bag under her chair with no cover/dignity bag on it. The drainage bag was touching the floor. At 8:34 AM, V10 Registered Nurse - RN went over to R4 and pulled her wheelchair away from the table and pushed her across the dining room floor to the hall. V10 was stopped and asked if she noticed the bag was dragging on the floor. V10 stated she didn't and then looked under the wheelchair. V10 said there should be a bag covering the drainage bag and the drainage bag should not be touching the floor for infection control. V10 tried to place the drainage bag up more so it wasn't on the floor. V6 Certified Nursing Assistant - CNA came over to help her with the drainage bag. V10 and V6 did not have personal protective equipment on when touching the uncovered drainage bag.On 3/19/26 at 2:49 PM, V11 Assistant Director of Nursing - ADON stated EBP should be followed; gown and gloves should be worn when handling catheters. This is done for infection control.The Face Sheet dated 3/19/26 for R4 showed medical diagnoses including Alzheimer disease, urinary tract infection, acute cystitis without hematuria, chronic obstructive pulmonary disease, altered mental status, deep venous thrombosis, edema, muscle weakness, basal carcinoma of skin, disorder of thyroid, morbid obesity, hyperlipidemia, anxiety disorder, glaucoma, hypertension, osteoarthritis, diarrhea, constipation.The Physician Orders for R4 showed an order was placed on 2/19/26 for an 18 French, 15 cc, 3 way indwelling urinary catheter.The Care Plan dated 3/3/26 for R4 showed R4 is on enhanced barrier precautions due to having colonized ESBL in the urine. Staff will be provided with appropriate PPE to provide for R4's care. R4 has a history of urinary tract infections.The Progress Note dated 3/18/26 at 1:53 PM for R4 showed she remains on prophylactic antibiotics for urinary tract infection.The facility's Enhance Barrier Precautions policy (3/28/24) showed enhanced barrier precautions (EBP) refer to an infection control intervention designed to reduce the transmission of multidrug resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: b. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a multidrug resistant organism - MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.2. On 3/19/26 at 2:35 PM, R7 was sitting up in her recliner in her room. V12 Registered Nurse - RN was next to her with gloves on trying to get a urine sample by aspirating it from the tube with a syringe. V12 had the catheter tubing clamped off distally so it would not drain into the bag. When V12 was done she was asked if the resident was on enhanced barrier precautions and she said she wasn't sure; she thought R7 might be. V12 stated a gown, and gloves should be worn anytime she does anything with the catheter. There was a sign on the resident door that said EBP and what they should wear and when it should be worn.On 3/19/26 at 2:49, V11 Assistant Director of Nursing - ADON stated EBP should be followed; gown and gloves should be worn when handling catheters. This is done for infection control.The Care Plan dated 3/3/36 for R7 showed resident Care Information: Enhanced barrier precautions per facility protocol.The Progress Notes dated 3/19/26 for R7 showed she was presenting with a new onset of hematuria, and the doctor ordered a urinalysis and to push fluids.The March 2026 Physician Orders for R7 showed she has an 18 French, 10 cc indwelling urinary catheter.The Face Sheet dated 3/19/26 for R7 showed diagnoses including rhabdomyolysis, congestive heart failure, wedge compression fracture of lumbar vertebra, paroxysmal atrial fibrillation, hypercholesterolemia, hypertension, hypothermia, pneumonia, obesity, muscle weakness, deep venous thrombosis, urinary tract infection, acute respiratory failure with hypoxia, bullous disorder, lymphedema, venous insufficiency, fall.The facility's Enhance Barrier Precautions policy (3/28/24) showed enhanced barrier precautions (EBP) refer to an infection control (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	intervention designed to reduce the transmission of multidrug resistant organisms that employ targeted gown and glove use during high contact resident care activities. EBP are indicated for residents with any of the following: b. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a multidrug resistant organism - MDRO. Indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.