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	05/13/2026

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents incontinence briefs were changed in a timely manner for 1 of 19 residents (R67) reviewed for activities of daily living (ADLs) in the sample of 19.The findings include:On 5/11/26 at 11:02 AM, R67 was sitting in his high back wheelchair next to the nurse's station. R67's pants were wet from his crotch area extending down his left leg.On 5/11/26 at 11:21 AM, Surveyor asked V5, (Certified Nursing Assistant-CNA), when R67 was last changed. V5 said R67 was last changed when they got him up around 9:00 AM to 9:30 AM. Surveyor told V5 R67 was wet and V5 said she would check R67. V5 proceeded to leave the unit and returned a few minutes later walking with another resident.On 5/11/26 at 11:41 AM, R67 was still sitting at the nurses' station with wet pants.On 5/11/26 at 12:02 PM, V7, (CNA), wheeled R67 down to his room to change him. At 12:05 PM V5 entered R67's room with the mechanical lift. As V5 and V7 raised R67 from his wheelchair, R67's whole frontal area and down his left leg of his pants were soaked and a strong, foul, urine odor permeated the room. R67's wheelchair cushion and back of his pants, and the lift sling were all wet. Once R67 was lying on his bed and his pants were removed, his incontinence brief was visualized to be soaked with urine and as he was turned to his side, bowel movement was also present.On 5/12/26 at 12:16 PM, V2, (Director of Nursing-DON), said residents should be changed whenever they are soiled, and every two hours with rounding.R67's Minimum Data Set, dated [DATE] shows R67's cognition is severely impaired, he is dependent on staff for toileting hygiene, lower body dressing, and personal hygiene and is always incontinent of urine and frequently incontinent of stool. R67's care plan last reviewed/revised on 3/3/26 shows R67 is at increased risk for pressure ulcers related to decreased mobility and incontinence. R67's care needs are to be met on a daily basis.The facility's Personal Care of Residents Policy (revised 12/02) shows it is a policy of the facility to provide a plan of personal care for residents. The purpose is to provide that residents of the facility receive adequate care. Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, odor free, and decent in appearance.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146193	A. Building B. Wing	05/13/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, interview, and record review, the facility failed to ensure appropriate treatment and services were provided to prevent further decrease in range of motion (ROM), mobility, and function for 1 of 3 residents (R9) reviewed for restorative care in the sample of 19. The findings include:On 5/11/26 at 9:48 AM V5 and V6, (Certified Nursing Assistants-CNAs) were providing incontinence care for R9. V6 said she does not believe R9 is on a restorative program. V5 said R9 is very contracted. R9 was unable to assist in his care at all, he was completely dependent on the CNAs to move him, including the use of a mechanical lift to transfer him, and provide hygiene. R9's legs were both bent at the knees and could not be straightened.On 5/12/26 at 11:54 AM, V8, (Restorative Aid), said when a resident is admitted , therapy evaluates them and gives restorative a treatment plan. V8 said there is no restorative nurse, she either goes to V2, (Director of Nursing-DON), or V10, (Director of Rehab/Physical Therapy Aid) for any restorative concerns. On 5/12/26 at 12:16 PM V2, (DON), was asked who oversaw their restorative program. V2 said they don't have a restorative program, they have [name of the facility's active range of motion (AROM) program] and she and the MDS (Minimum Data Set) nurse, V9, makes recommendations for the residents' fitness need/restorative needs. V2 said she does not have any restorative specific training, and she doesn't know if V9 does or not. V2 said they determine residents' needs based on observations; she thinks it's based on therapy. On 5/12/26 at 1:21 PM, V2 again said we don't have a restorative program, we have an AROM program. V2 said V8 is the AROM aid who provides the AROM. V2 said residents get passive ROM (PROM) during their care. V2 said if V8 has any issues, she comes to either herself or V9. V2 said they don't have a restorative policy, just the AROM policy.On 5/12/26 at 1:37 PM, V9, (MDS Coordinator), said they have two separate programs for restorative; [name of AROM program] is one done by V8 and the other program is done by the CNAs as they provide the residents' ADLs (activities of daily living), such as walking them. V9 said just the basic ADLs are done and the CNAs have no specialized training, just their CNA training. V9 said therapy will write them a program on what to provide for the residents. V9 said she is not sure how often residents are evaluated, she does not manage the programs, she just puts the restorative information provided by a sheet from [name of AROM program]. V9 said whenever V8, staff, or therapy feels a resident needs an evaluation, they are referred to therapy for an evaluation. V9 said she does not know how V8 became the restorative aid; she does not know her qualifications. V9 said if V8 came to her with questions or concerns about a resident's restorative needs, she would bring therapy into the discussion, as she does not know what's best for movements for the residents. V9 said she has not had any extra or specialized training for restorative nursing. On 5/12/26 at 2:28 PM, V1, (Administrator,) said when they discuss [name of AROM program], it's just a brand name for their restorative program. V1 said V8 is not a restorative aid, she is an [name of AROM program] aid. V1 said V9 oversees the [name of AROM program] program.On 5/12/26 at 2:29 PM, V9 said therapy gives her the recommendations and she puts it on the computer under the residents' care plan.On 5/13/26 at 9:44 AM, V8 said R9 cannot stretch his own legs, he cannot do AROM except to his left hand. V8 said R9 cannot straighten his knees and his right side is flaccid.On 5/13/26 at 10:26 AM, V1 said she spoke with R9's family and they don't want to pay for therapy or anything extra; they encourage the AROM.On 5/13/26 at 10:36 AM V8 said she does not know if therapy was informed about R9's decrease in ADLs function. V2 said they noticed a decrease in R9's ADLs, but family won't pay for therapy. V2 said she does not have any documentation whereby R9's family refused to pay for R9's therapy.On 5/13/26 at 10:44 AM, V10 said she screened R9 for therapy back in December of 2025 and she wanted to pick him up for contracture management but couldn't because they did not know R9's insurance benefits. V10 said she screened R9 again last month (April 2025) for contracture management. V10 said at this time, R9 is on the list to call his family about rehab. V10 said R9 can do AROM with his left arm, all three of his (continued on next page)

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	05/13/2026

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	other limbs are contracted and he has limited range of motion and mobility in his legs and right arm. V10 said R9 should be on a passive range of motion program for his three contracted limbs. V10 said therapy last made restorative recommendations for R9 in September of 2024. V10 said if a resident is not on therapy caseload, therapy cannot make recommendations; they cannot touch the resident. V10 said they need to be able to touch the residents to fully evaluate them. V10 said the purpose of restorative care is to help [residents] maintain current functioning, and to help prevent further decline. V10 said she cannot say if there is/was more restorative care that could/can be done, because she cannot assess R9 properly. V10 said the CNAs let them know if a resident has a decline in function/mobility. V10 said when she screens a resident, she can only observe the resident. V10 said she does not know if a certified restorative nurse could assess a resident and change a restorative plan.R9's Observation Detail List Report: Functional Abilities/Restorative Programs with observation date of 9/24/25 completed 9/25/25 at 10:30 AM by V9 shows R9 can eat with setup or clean-up assistance, perform his own oral hygiene with partial/moderate assistance, can shower/bathe himself, dress his upper body, and move from sitting to lying with substantial/maximal assistance. This same report shows R9 has no impairment in functional limitation in ROM to his lower extremity (hip, knee, ankle, foot), has a need for restorative programs, has physical limitations, and is currently participating in AROM, bed mobility, and dressing/grooming. The current goals for programs are still appropriate.R9's Observation Detail List Report: Functional Abilities/Restorative Programs with observation date of 12/23/26 completed 1/23/26 at 2:48 PM by V9 shows R9 requires supervision or touching assistance to eat and is dependent on staff for oral hygiene, shower/bathing, upper body dressing, and moving from sitting to lying. This same report shows R9 has no impairment in functional limitation in ROM to his lower extremity (hip, knee, ankle, foot), has a need for restorative programs, has physical and cognitive limitations, requires hands on physical support, and is currently participating in AROM, bed mobility, and dressing/grooming. The current goals for programs are still appropriate.R9's Face Sheet (not dated) shows his diagnoses include, but are limited to, hemiplegia affecting right dominant side, contractures of the right and left knee, generalized muscle weakness, difficulty in walking, dysarthria, need for assistance with personal care, history of transient ischemic attack (TIA), Parkinson's disease, and Parkinsonism. R9's current care plan (last reviewed/revised 3/3/26) shows R9 has an AROM program for his lower extremities.The facility's Active Range of Motion Program (revised 04/2014) shows the MDS Coordinator (or designee) determines if the resident would benefit from PROM and/or AROM. Therapy staff may consult in AROM program development. The MDS Coordinator develops a program that includes objective, measurable goal(s) and approaches to address the identified loss of voluntary ROM or risk for loss of voluntary ROM. Training for staff must be documented. The ability to tolerate AROM should be discussed with the MDS Coordinator who reassesses and revises the residents' program.

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	05/13/2026

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 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 staff changed gloves and completed hand hygiene during incontinence care for 1 of 19 residents (R9) reviewed for infection control in the sample of 19.The findings include:On 5/11/26 at 9:48 AM, V5 and V6, (Certified Nursing Assistants-CNAs) were providing incontinence care for R9. Using gloved hands, V5 wiped stool from R9's bottom as she removed his incontinence brief. V5 continued to wipe stool with a washcloth. Without changing her gloves or performing hand hygiene, V5 wiped R9's penis and frontal peri area.On 5/12/26 at 1:01 PM, V4, (Infection Prevention Nurse), said during incontinence care, staff should wash their hands, provide dirty care, then change their gloves and perform hand hygiene, then don clean gloves before moving to a clean area. V4 said the purpose is to ensure germs/pathogens are not transferred to places you don't want them.The facility's Standard Precautions Policy (revised 08/09) shows the objective is to prevent the spread of infectious agents among residents and healthcare personnel in the facility. Hand hygiene should be performed immediately after gloves are removed, between resident contacts, and when otherwise indicated to avoid transfer of microorganisms to other residents or environments. Utilize hand hygiene between tasks and procedures on the same resident to prevent cross contamination of different body sites.