



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

October 20, 2020

Marikay Snyder, Registered Agent
Petersen Health Network, LLC
830 W Trailcreek Dr
Peoria, Illinois 61614

RE: Complaint #: IL 125444
Survey Date: 08/07/2020
Docket #: 20-C0239
Violation Type: A Violation with Fine

Dear Registered Agent:

An investigation has been conducted by the Illinois Department of Public Health pursuant to a complaint concerning the long-term care facility known as Rochelle Rehab & Healthcare Cr.

Licensure

Pursuant to the provisions contained in the Nursing Home Care Act, or the ID/DD Community Care Act or the MC/DD Act, the Department must determine if each allegation in a complaint is valid, invalid or undetermined. The Department must also determine whether to cite a facility with one or more State violations or federal deficiencies (violations). The Department's determinations on the above referenced complaint are indicated on the attached "Complaint Determination Form." If your facility was cited with violations or deficiencies, then any rights you may have to a hearing will be described in the notices accompanying those violations or deficiencies.

If you have any questions, please contact the Division of Long-Term Care Quality Assurance at 217/782-5180 or, for the hearing impaired, the Department's TTY number at 1-800-547-0466.

Sincerely,

Daniel Levad
Acting Deputy Director, Office of Health Care
Regulation
Acting Bureau Chief, Long Term Care

Enclosure

cc: Administrator
File

Rochelle Rehab & Healthcare Cr/08/07/2020//RegAgent/K.Blissett

PROTECTING HEALTH, IMPROVING LIVES

Nationally Accredited by PHAB

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH 20-C0239
STATE OF ILLINOIS,)
Complainant,)
)
v.)
)
PETERSEN HEALTH NETWORK, LLC,)
D/B/A, ROCHELLE REHAB & HEALTHCARE)
Ctr,)
Respondent.)

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE; NOTICE OF PLAN OF CORRECTION REQUIRED; NOTICE OF CONDITIONAL LICENSE; NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS; NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "A" VIOLATION(S) AND ORDER TO ABATE OR ELIMINATE

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a COI IL 125444 Investigation conducted by the Department on 08/07/2020, at Rochelle Rehab & Healthcare Cr, 900 North Third Street, Rochelle, Illinois 61068. On October 18, 2020, the Department determined that such violations constitute one or more Type "A" violations of the Act and the Skilled and Intermediate Care Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in The Statement of Licensure Violations which is attached hereto and incorporated herein as Attachment A and made a part hereof.

Pursuant to Section 3-303 of the Act, the above-referenced facility is hereby ordered to abate and/or eliminate the above violation(s) immediately.

A Type "A" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

NOTICE OF PLAN OF CORRECTION REQUIRED

Pursuant to Section 3-303(b) of the Act and Section 300.278 of the Code, the facility shall have 10 days after receipt of notice of violation in which to prepare and submit a plan of correction. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice.

Each plan of correction shall be based on an assessment by the facility of the conditions or occurrences that are the basis of the violation and an evaluation of the practices, policies, and procedures that have caused or contributed to the conditions or occurrences. Evidence of such assessment and evaluation shall be maintained by the facility. Each plan of correction shall include:

- 1) A description of the specific corrective action the facility is taking, or plans to take, to abate, eliminate, or correct the violation cited in the notice.
- 2) A description of the steps that will be taken to avoid future occurrences of the same and similar violations.
- 3) A specific date by which the corrective action will be completed.

If a facility fails to submit a plan of correction within the prescribed time period, The Department will impose an approved plan of correction.

NOTICE OF CONDITIONAL LICENSE

In accordance with Sections 3-305 and 3-311 of the Act, the Department hereby issues a Conditional License for the operation of the Facility. This license replaces the unrestricted license issued to Rochelle Rehab & Healthcare Cr, 900 North Third Street, Rochelle, Illinois 61068 on 07/14/2020. The Facility's current license number is 0050856. The term of the conditional license shall be from November 18, 2020 thru May 17, 2021. THE CONDITIONAL LICENSE SHALL FOLLOW UNDER A SEPARATE COVER LETTER. THE CONDITIONAL LICENSE SHALL BE CONSPICUOUSLY POSTED IN THE FACILITY BEGINNING ON NOVEMBER 18, 2020.

The Conditional License will be withdrawn, and an unrestricted license will be issued to Respondent upon the expiration of the term of the Conditional License.

During the term of the Conditional License, Respondent will retain its status as a certified provider of Medicaid services so long as Respondent's facility complies with the applicable federal regulations.

If the Respondent timely requests a hearing to protest the basis for the issuance of the Conditional License, the terms of the Conditional License shall be stayed pending the issuance of the Final Order at the conclusion of the hearing and the facility may operate in the same manner as with an unrestricted license.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **\$25,000.00**, as follows:

Type A violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b) and 300.3220f). The fine was doubled in this instance in accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
Attn: Kristina Blissett
525 West Jefferson, 5th Floor – Quality Assurance
Springfield, Illinois 62761

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

- (A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department;
- (B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license, the license shall not be renewed; or
- (C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices.

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine amount within 10 business days after receipt of the notice of violation.

Plans of Correction, Hearing and Waiver Requests can be emailed to the following email address: DPH.LTCOA.POChearing@illinois.gov. If your facility does not have email capabilities then mail it to the attention of: Illinois Department of Public Health, Long Term Care – Quality Assurance, 525 West Jefferson, Springfield, IL 62761.



Daniel Levad
Acting Deputy Director, Office of Health Care
Regulation
Acting Bureau Chief, Long Term Care

Dated this 20 day of October, 2020.

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH) Docket No. NH 20-C0239
STATE OF ILLINOIS)
Complainant,)
)
v.)
)
PETERSEN HEALTH NETWORK, LLC,)
D/B/A, ROCHELLE REHAB & HEALTHCARE CR,)
Respondent.)
)

PROOF OF SERVICE

The Conditional License will follow under a separate cover letter.

The undersigned certifies that a true and correct copy of the attached Notice of Type "A" Violation(s) and Order to Abate or Eliminate; Notice of Conditional License; Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent: Marikay Snyder
Licensee Info: Petersen Health Network, LLC
Address: 830 W Trailcreek Dr
Peoria, Illinois 61614

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the
20 day of October, 2020.



Kristina Blissett
Administrative Assistant
Long Term Care- Quality Assurance
Office of Health Care Regulations

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/07/2020
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NAME OF PROVIDER OR SUPPLIER ROCHELLE REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH 3RD STREET ROCHELLE, IL 61068
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2016126/IL125444	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3220f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Illinois Department of Public Health

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S9999	<p>Continued From page 1 care needs of the resident.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Based on interview, and record review, the facility failed to ensure a resident was free of significant medication errors by failing to ensure a resident with an acute infection received an antibiotic as prescribed for 1 of 3 residents (R1) reviewed for infections in the sample of 3.</p> <p>This failure resulted in R1 experiencing a decline in condition and R1's transfer to an acute care hospital where she died on July 31, 2020 of systemic infection.</p> <p>The findings include:</p> <p>R1's facility face sheet showed R1 was admitted to the facility on April 16, 2020 with diagnoses to include cerebral vascular accident (stroke), weakness, difficulty swallowing, and diabetes.</p> <p>R1's medical record showed R1 was dependent upon staff for all cares and had a feeding tube in place for nutrition.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On July 31, 2020 at 1:15 PM, V11 (R1's spouse) said the facility had contacted him to let him know R1 was started on antibiotics to treat a urinary tract infection. V11 said about two weeks later he received a call (July 26, 2020) from one of the facility nurses who said R1 had a change in condition. The nurse told V11 that R1 was now lethargic, breathing hard, and coughing. V11 said he and his family went to the facility to see R1 and requested the facility send R1 to the hospital for evaluation. She was diagnosed with a urinary tract infection, pneumonia, and dehydration. V11 said R1 passed away at the hospital on July 30, 2020. V11 said if R1 received proper treatment at the facility she wouldn't have gotten sepsis.</p> <p>R1's physician order sheet showed an order on July 13, 2020 to start an antibiotic for a urinary tract infection. The order showed the antibiotic to be administered two times per day for 10 days.</p> <p>R1's Medication Administration record (MAR) for July 2020 showed the antibiotic was started on the morning of July 13, 2020. The second dose of antibiotic which was to be given during the evening on July 13, 2020 was not documented as being given. The last dose was given the morning of July 20, 2020 for a total of 7 days (3 days less than prescribed and a total of 6 missed doses). The antibiotic was crossed off of the MAR and a note was written next to it that showed, "See N.O. (new order)".</p> <p>R1's medical record did not include a new order for an antibiotic or a physician's order to discontinue the prescribed antibiotic before it was completed.</p> <p>On August 4, 2020 at 12:21 PM, V3 LPN (Licensed Practical Nurse) said R1 would</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>normally be combative and verbally aggressive with staff but she had begun staring off into space and was "glassy-eyed". V3 said, "she improved a little bit when they first started the antibiotic but then it seemed like the antibiotic wasn't doing much. I was not convinced that she was getting better." V3 said if there was a new order written it would be found on the physician order sheet and transcribed to the medication administration record. V3 said she was unable to find a new order and did not know why the antibiotic was discontinued early. While reviewing the MAR V3 said the handwriting that showed "See N.O." appeared to be that of V8 RN (Registered Nurse).</p> <p>On August 4, 2020 at 2:16 PM, V8 RN (Registered Nurse) said he does not remember making any changes to R1's MAR. V8 said R1 was being treated for a UTI and he did not notice any changes in her condition from the start of the antibiotic. V8 said R1 was more delayed in response then when she first came into the facility.</p> <p>On August 4, 2020 at 2:00 PM, V7 CNA (Certified Nursing Assistant) said she cared for R1 frequently. V7 said before she was sent to the hospital R1 had declined quickly. V7 said R1 was very tired, was not able to speak normally or clearly anymore, had a big decrease in her strength, had decreased urine output, had labored breathing and was started on oxygen. V7 said R1's change in outward appearance was very obvious.</p> <p>On August 4, 2020 at 2:33 PM, V2 DON (Director of Nursing) said she scoured the chart and was not able to find an order to discontinue, or to change the antibiotic. V2 said she contacted the doctor's office to have them fax all the medication</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>changes they have in their records. V2 said R1 was sent out to the hospital for a decline in condition. V2 said if the order is not found on the MAR or the POS we can assume it does not exist. On August 5, 2020, at 11:50 AM, V2 DON (Director of Nursing) said the doctor's office returned her call and there was no order to discontinue the antibiotic and there were no new antibiotic orders to replace the antibiotic that had been stopped. V2 said she feels the antibiotic was erroneously discontinued on July 20, 2020.</p> <p>On July 27, 2020 at 12:45 AM, a nursing note entered by V9 LPN (Licensed Practical Nurse) showed, "Husband [V11] requesting resident to go to [acute care hospital]. At 1:55 AM, V9 entered a nursing note which showed, "Resident out via ambulance to [acute care hospital]. At 5:25 AM, V9 entered another nursing note which showed, "Spoke with [acute care hospital], Dx: Hyponatremia, dehydration, and UTI (urinary tract infection)." On August 5, 2020 at 7:51 AM, V9 LPN said she was the one who sent R1 out to the acute care hospital at the request of the family. V9 said she saw on the MAR that the antibiotic had been crossed out and "See N.O. (New Order)" but she could not find a new order. V9 said, "At that point, the way she was acting I wasn't worried about the order as much as getting her taken care of right away." V9 said she had not seen R1 for about two weeks and this was a big change for her. V9 said R1 was on oxygen and using a lot more muscles for breathing. V9 said, "I told her family her breathing is not good and asked them what they wanted to do because her breathing was bad and she wasn't responsible. I told them she might not make it through the night the way her breathing is... the night I sent her out she was totally not responsive."</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>R1's death certificate with certification date of August 4, 2020 showed R1 died on July 31, 2020 with the cause of her death to be "a. worsening metabolic encephalopathy, b. asystole hypernatremia..."</p> <p>R1's acute care hospital "Admitting Note" dated July 27, 2020 showed, " ... 1. Encephalopathy - most likely metabolic - due to UTI (Urinary Tract Infection) ... 2. Sepsis due to UTI - urinalysis suggestive of UTI ... 3. Severe hypernatremia (high sodium level) most likely due to dehydration - patient is on tube feeds ... most likely she was not getting free water flushes ... 4. Acute respiratory insufficiency - most likely secondary to sepsis ..."</p> <p>On August 6, 2020 at 1:55 PM, V12 (R1's Primary Care Physician) said, "I did not write a new order and I didn't discontinue it. The facility keeps all my notes so if I did it would be there. If I order an antibiotic, or, any medication for that matter, for a specific number of days I would expect that medication to be given for that number of days. Usually when ordering an antibiotic we would order for the number of days and then when that's done, if we were to find it wasn't effective or resistant, then we would order something else."</p> <p>The facility's policy titled Conformance with Physician Medication Orders with review date of 9/27/17 showed, " ... medications shall be given as prescribed by the physician and at the designated time... 3. A complete and accurate listing of current medication orders will be maintained on the resident's Physician Order Sheet..." The facility's policy titled Medication Administration with revision date of July 3, 2013 showed, "... 19. Document any medications not</p>	S9999		
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S9999	Continued From page 6 administered for any reason by circling initials and documenting on the back of the MAR the date, the time, the medication and dosage, reason for omission and initials... 22. Notify the physician as soon as practical when a scheduled dose of medication has not been administered for any reason." " A "	S9999		
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FAC. NAME: ROCHELLE REHAB & HEALTHCARE CR
LIC. ID #: 0050856
DATE COMPLAINT RECEIVED: 07/28/20 14:24:00

COMPLAINT #: 0125444

IDPH Code	Allegation Summary	Determination
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105	IMPROPER NURSING CARE	1

The facility has committed violations as indicated in the attached*
 No Violation

*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.