

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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	S 000		
	Complaint Investigation: 2116640/IL138035			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.1210 b) 300.1210 d) 6) 300.3240 a)</p> <p>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 care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to supervise a cognitively impaired resident while outside the facility for 1 of 3 residents (R1) reviewed for supervision in the sample of 11. After R1 was left outside of the facility, in the sun, unsupervised, R1 was found unresponsive, red in the face, with a body temperature of 102 degrees Fahrenheit requiring 911 to be called.</p> <p>The findings include:</p> <p>R1's Nurses Note dated 9/10/21 shows "4:30 PM, staff member alerted this nurse to a resident that needed assistance. This nurse assessed resident and called MD and 911 and sent to ER for Evaluation. The resident's temp was 102 and was lethargic."</p> <p>R1's Emergency Room Doctor's Progress Note dated 9/10/21 at 5:14 PM, shows "R1 presents from nursing home with altered mental status. Was apparently found outside sitting in the sun for an unknown period of time. No one is sure how patient got outside since patient is non-ambulatory. Patient initially unresponsive and when stimulated awoke. The patient was hot and noted to have erythema to chest and face. On paramedic's exam had fever of 102 degrees Fahrenheit.....Patient initially had high temperature which came down on its own-may have been environmentally induced. Given intravenous hydration. Blood work shows evidence of dehydration. Based on patient's presentation and clinical findings she will need admission for heat related illness, altered mental status and urinary tract infection."</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068		
(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
S9999	Continued From page 2 R1's Face sheet shows R1 is 81 years old and has diagnoses of dementia, altered mental status, psychosis with delusions, metabolic encephalopathy, and history of falling. R1's Minimum Data Set dated 7/7/21 shows R1 is severely cognitively impaired and requires extensive assistance with activities of daily living. R1's Care Plan dated 6/16/21 shows R1 "due to dementia, very difficult for resident to communicate needs, altered thought process and nonverbal....resident has risk factors that require monitoring and intervention to reduce potential for self-injury....encourage R1 to sit in areas well supervised by staff." On 9/14/21 at 9:30 AM, V2 Licensed Practical Nurse (LPN) said last Friday (9/10/21) around 4:30 PM, V11 Activity Aid brought R1 in from outside and to the nurse's station. V2 said R1 was in her wheelchair with her head back and was unresponsive. V2 said R1 only responded to sternal rub and her skin on her face and chest was red and hot to the touch. V2 stated "R1's temperature was 102 degrees, I assumed from the heat, so we put ice packs and cold rags on her. I called the doctor and 911. There is conflicting stories as to what happened and how long she was outside. R2 said R3 pushed her outside, but R3 denied this. R1 does self-propel in the wheelchair and has tried to go out other doors in the past. I last saw R1 at lunch time for her noon medications and then didn't see her again until 4:30 PM when she was brought to me. R1 is still at the hospital, she was admitted with heat related altered mental status and a urinary tract infection."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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
S9999	<p>Continued From page 3</p> <p>On 9/14/21 at 12:52 PM, V11 Activity Aid said at 4:15 PM during the resident smoke break, she found R1 outside in the patio area with her head back, face up to the sun and arms out to the side. V11 said R1's eyes were slightly open, and her face was red. V11 said R1 wasn't responding, and she brought her in to the nurse. V11 said she last saw R1 in the activity room around 2:10 PM. V11 said it was hot and sunny that day.</p> <p>On 9/14/21 at 12:49 PM, V10 Certified Nursing Assistant (CNA) stated "when V11 brought R1 inside, she wasn't responding. It was really scary. She was really warm, so we started cooling her off with ice and wet washcloths. Her face, neck, and chest area was red. It looked like she had blisters." V10 said R1 was wearing a long sleeve shirt and sweatpants. V10 said it was hot outside that day. V10 said she remembers seeing R1 between 3:00 to 3:30 PM by an office in the far corner of the activity room but wasn't certain.</p> <p>On 9/14/21 at 12:40 PM, V12 Hospital Emergency Room Nurse said when R1 came to the ER she had a temperature of 101 degrees and was very red in the face, chest, and shoulders. V12 said the report from the paramedics was R1 was found outside, unattended in the full sun and unresponsive. Upon arrival, paramedics reported R1 had altered mental status and a temperature of 101 degrees. The facility reported that they think another resident pushed her out there and they were not sure how long she was outside. V12 said R1's skin was red like a sunburn, but not blistering. V12 said R1 was admitted with altered mental status, sunburn, and urinary tract infection.</p> <p>On 9/14/21 at 8:45 AM, R2 (who is cognitively intact per Minimum Data Set dated 7/6/21) said</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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
S9999	<p>Continued From page 4</p> <p>R1 was outside by herself and got too hot and was sent to the hospital. R2 said she saw R3 push R1 outside around 3:30 PM. R2 said now that door is locked.</p> <p>On 9/14/21 at 10:06 AM, R3 (who is cognitively intact per Minimum Data Set dated 7/13/21) said a few days ago R1 was outside in the sun and got heat stroke. R3 said he saw R1 outside at 1:30 PM and then when he went back outside for a smoke at 3:30 PM, she was still out there. R3 said it was hot out and R1 didn't look so well. R3 said if he was smarter, he should have said something. R3 said he did not know how R1 got out there.</p> <p>On 9/14/21 at 10:27 AM, R11 said she saw R1 outside at the 4 PM smoke break and R1 looked like she was sunburn. R11 said R1 looked like she was sleeping, she had her eyes closed.</p> <p>On 9/14/21 at 9:14 AM, R6 said you used to go out on the patio whenever you wanted. The door was not locked.</p> <p>On 9/14/21 at 9:16 AM, V3 Activity Director was outside on the patio with numerous residents who were smoking. The doorframe to the patio area had an alarm with a key sticking out of it. The patio area was a cement pad and was in full sun with no shade. V3 said the door was unlocked and the key was in the alarm, so the residents were able to come and go whenever they wanted before. V3 said residents were able to be outside without staff before last week. V3 said R1 came out on Friday and got sunburn and now the door is to be locked and staff has to be present. V3 said R1 is an elderly lady that has dementia and wouldn't know to come inside if she was too hot.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	---	--	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
--	--

(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
S9999	<p>Continued From page 5</p> <p>On 9/14/21 at 9:46 AM, V5 CNA said R1 is confused and mentally would not know to come inside or be able to get herself inside.</p> <p>On 9/14/21 at 12:48 PM, V9 CNA said R1 has dementia and is confused. V9 said R1 can propel herself but R1 would not know to come inside if she was getting hot. V9 said she saw R1 in the activity room by an office in the corner around 3:00 PM when she went on her lunch break.</p> <p>On 9/14/21 at 1:43 PM, V2 LPN said due to R1's dementia and cognition, R1 wouldn't recognize she was getting over heated and know to come back inside. V2 said with how the door frame/threshold is and the cement area on the patio, R1 wouldn't even be able to get back inside by herself. V2 said R1 should be supervised.</p> <p>On 9/14/21 at 10:32 AM, V3 Activity Director said there was no activities in the activity room (the patio door is in the activity area) on Friday, so no staff were in that area to be able to see outside in the patio area.</p> <p>On 9/14/21 at 10:55 AM, V1 Administrator said she was notified by staff that R1 was found outside and sent to the hospital for heat issues. V1 said residents reported R1 was pushed outside by another resident but that resident denied it and they were not sure how R1 got outside. V1 said through staff interview, they think R1 was observed in the activity room prior to 3:30 PM but can't account for R1 after that time and are really not sure how long R1 was outside. V1 said at that time (Friday 9/10/21) the residents were able to go out on the patio when they wanted. The door was unlocked, and the key was in the alarm to disarm it. V1 said staff were only present outside with residents during smoke</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ROCHELLE GARDENS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD ROCHELLE, IL 61068
---	--

(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
S9999	<p>Continued From page 6</p> <p>breaks and outdoor activities.</p> <p>On 9/15/21 at 1:20 PM, localconditions.com website shows on 9/10/21 at 2-4:00 PM, Rochelle Il temperature was 79-80 degrees with humidity at 37 %.</p> <p>On 9/14/21 at 2:55 PM, V13 Hospital Floor Nurse said she has been taking care of R1 at the hospital for the last few days. V13 said R1 was admitted for dehydration and a urinary tract infection. V13 said R1 has received intravenous fluids and antibiotics. V13 said the facility reported R1 was left outside, unattended for about 3 to 4 hours. V13 said when R1 got to the floor her skin on her face and neck was red like a sunburn.</p> <p>On 9/14/21 at 3:00 PM, R1 was in the hospital bed with her daughter at bedside. R1's skin on her face and neck was slightly pink as compared to her arms. R1 was mumbling and appeared confused. V14 (R1's daughter) stated "the nursing home left her out in the heat for hours, she had a fever of 102 degrees and was not responsive. I don't want her to go back there!"</p> <p>The facility was unable to provide a safety/supervision policy.</p> <p>"B"</p>	S9999		