Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 Facility Reported Incident of March 10, 2022/IL144652	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 d)6) 300.3240 a) 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 care needs of the resident. d) Pursuant to subsection (a), general nursing	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ___ B. WING ___	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 1	S9999		

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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to supervise a resident with a history of elopement, and the facility failed to provide 1:1 monitoring for a resident. This failure resulted in R1 leaving the facility out of window on March 10, 2022. R1 was found approximately 3 hours later, by the side of the road, 9 miles from the facility with signs and symptoms of hypothermia. This applies to 1 of 3 residents (R1) reviewed for elopement in the sample of 3.

The findings include:
R1's profile face sheet documents R1 was admitted to the facility on 8/12/21 with a diagnosis of schizoaffective disorder, bipolar type.

The 1/31/22 cognitive assessment documents R1 to be cognitively intact. The 1/31/22 community survival skills assessment shows R1 was not capable of an unsupervised outside pass.

R1's nursing progress note for 3/9/22 at 7:45 AM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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	S9999		

shows R1 punched a hole in the window and the wall, and the window appeared to be broken in R1's room. The nurse tried to speak with R1 and de-escalate R1 and R1 threw a glass of water at the nurse. The nurse documents she called 911 due to risk of injury to self and others, and R1 was transported to the local emergency room. At 9:30 AM, the notes show the nurse spoke with a crisis counselor and R1 was at risk of harming others.

On 3/15/22 at 8:50 AM, V3 RN (Registered Nurse) said she was working on 3/9/22 when R1 began having what seemed to be an acute psychotic episode. She said R1 broke the window in R1's room and tore the dry wall off the wall. After R1 was at the emergency room, and no open beds could be found for inpatient care, R1 was returned to the facility and placed on 1:1 observation in R1's room. V3 said at times, R1 would sit at the nurses' station, or be in R1's room. V3 said when a resident is on 1:1 observation, someone sits in the doorway of their room with the door open for monitoring.

The 3/9/22 crisis intake from the emergency department, shows R1 was delusional with impaired judgment and memory. The notes show R1 was being evaluated due to outbursts where R1 became aggressive and broke a window and began punching the wall. R1 shared that R1 felt staff at the facility do not want R1 back and R1 does not want to go back either. R1 repeated to the crisis worker R1 did not want to be in the facility.

On 3/15/22 at 9:20 AM, V5 CNA (Certified Nursing Assistant) said she was assigned as R1's 1:1 today, and she was documenting R1's activity on a log. V5 said when a resident is on 1:1 the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 3 staff monitoring the resident must follow them wherever they go in the building. V5 said R1 could leave R1's room, but she would have to follow closely and have a visual of R1 at all times. V5 said she completes the 1:1 log with R1's location or what R1 is doing at 15-minute intervals. The completed forms are turned into the administrator. On 3/15/22 at 11:00 AM, V6 (Maintenance) said the window in R1's room opens up and down. R1 had broken the bottom pane of the window and it had to be boarded up for safety. V6 said he covered the window with 1/2-inch plywood. R1's 3/10/21 nursing note at 12:40 AM, shows R1 came out of R1's room and pulled the fire alarm and eloped from the building. The fire department showed up and turned off the alarm and resident returned 30 minutes later laughing. R1 walked into R1's room where R1 was on constant monitor watch. On 3/15/22 at 4:10 PM, V7 CNA said R1 was already on a 1:1 because R1 was attempting to leave the building, and R1 was on 1:1 monitoring when R1 pulled the fire alarm. V7 said R1 walked out of R1's room and pulled the alarm, then R1 went outside through the door at the end of R1's hallway. V7 said R1 was outside for about 30 minutes and returned to R1's room. V7 said R1's window was covered with plywood at the time and remained intact. V7 said he sat outside R1's door in the hallway to watch R1 through the night. He said the door was open, and R1 would get up and close it if using the bathroom, then R1 would go back to bed. V7 said he stopped watching R1 at 6:00 AM, and R1 was in R1's bed when he left his shift.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 4 On 3/16/22 at 9:45 PM, V8 LPN (Licensed Practical Nurse) said she is the only nurse in the facility from 6:00 PM to 6:00 AM. She said R1 was on 1:1 monitoring when she arrived at the facility on 3/9/22 at 6:00 PM. She said R1 was on a 1:1 because the day before R1 had eloped from the building. She said during her shift the CNA was sitting outside of R1's door and had the door open. V8 said R1 pushed V7 out of the way and pulled the file alarm and exited the building. V8 said after the incident R1 returned to R1's room and V7 was watching R1. V8 said she saw R1 at 8:00 PM for R1's medication, and then did not see R1 again through the rest of her shift, 6:00 AM on 3/10/22. V8 said R1 was on a 1:1 and V7 was watching R1. V8 said she did not know how or when R1 eloped from the facility. On 3/15/22 at 9:25 AM, R1 said the first time R1 left the building after pulling the fire alarm, R1 went out the front door, and was by the laundromat when a cop found R1 and returned R1 to the facility. R1 said R1 returned to R1's room, and waited about an hour, and broke the wood covering the window. R1 said R1 just gave it a good push and it broke out, and R1 climbed out and took off walking. R1 said nobody was watching R1, the staff were at the nurses' station watching movies like they do every night. R1 said R1 had on jeans, hiking shoes without socks, a T-shirt, and a winter coat. R1 said R1 did not have a hat or gloves for the cold temperatures, R1 just put R1's hands inside the coat pockets. R1 said R1 walked about 8-9 miles through the night until R1 became too cold and R1's legs were sore, and R1 laid down on the side of the road and fell asleep. R1 said R1 was there until someone woke R1 up and had called the ambulance. R1 said R1 had been telling the staff R1 wants to go to Ottawa, R1 wanted to leave.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 5	S9999		

Continued From page 5

On 3/15/22 at 5:50 PM, V9 (Paramedic) said he responded to a call out of the fire department on 3/10/22 at 7:30 AM for a person found on the side of the road. V9 verified the person to be R1. V9 said he found R1 to be conscious, and very cold. R1 had stopped shivering, and that means R1 got pretty cold and was progressing through hypothermia. V9 said R1 reported to him that R1 had been walking a long time and was trying to get to Ottawa. V9 said R1 appeared to have been out in the cold for a lot longer than 1 hour. He said the location of where R1 was found, is about 9 miles from the facility. If average person walks about 3 miles per hour, R1 would have been walking for 3 hours, give or take. V9 said given R1's condition, R1 was out for about 3 hours in the 20-degree temperatures.

The fire department patient care report documents R1 was approximately 9 miles from the facility at 7:30 AM. The weather report per timeanddate.com for 3/10/22 from midnight to 6:00 AM was a low of 19 degrees.

The emergency room report for R1 shows R1 "presented on 3/10/22 at 8:10 AM after (R1) was found laying on the ground, temperatures outside 20's Fahrenheit, after (R1) absconded from a local nursing home and was found a few miles away. R1 reported (R1) was tired of walking and couldn't stand anymore; (R1) did have a light coat and shoes on without socks; (R1's) temperature was registering "low" per EMS (Emergency Medical Services)."

On 3/15/22 at 9:30 AM, V1 (Administrator) said she was notified of a fire alarm going off in the facility about 1:00 AM, and R1 had gone outside. V1 said R1 was already on a 1:1 monitoring after

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 6	S9999		

R1 returned from the emergency room on 3/9/22. V1 said V7 came in specifically to be 1:1 with R1 for the overnight shift. She said R1 had a history of pulling the fire alarm, and on 3/9/22 had punched a hole in the wall, and threw water at the nurse, and broke out R1's window. V1 said it was about 6:30 AM on 3/10/22 when staff discovered R1 was not in the facility. She said at about 6:15 AM at shift change the staff noticed the door alarms were not working. V1 said she initiated a fire watch, and staff were instructed to check all the doors and complete a head count of the residents and R1 was missing. V1 said it appeared R1 had busted out the window in R1's room. V1 said the staff were searching the building and driving around the neighborhood and town to see they could find R1. V1 said the police said they had found R1, and R1 was at the emergency room for evaluation. V1 said she does not know the location of where R1 was found, she believes R1 left the facility at 6:15 AM when the CNAs were changing shifts. When informed the location where R1 was found was approximately 8-9 miles from the facility, V1 stated she thought the average person such as R1 could walk/run the 9 miles in one hour.

On 3/17/22 at 8:00 AM, V2 DON (Director of Nursing) said R1 remains on a 1:1 status. V2 said when a resident is on 1:1, the person watching the resident must keep eyes on them at all times, and if they leave their room, the staff will stay within 5-10 feet of them. V2 said R1 did not have a community pass to be out of the facility on R1's own due to R1's mental illness. V2 said on 3/10/22 R1 was discovered missing at 6:20 - 6:30 AM, R1 had climbed out R1's window. V2 said she was not sure who was supposed to relieve V7 at 6:00 AM, but someone should have been with R1 at all times. The staff should have

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ___ B. WING ___	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 7	S9999		

changed shifts at R1's doorway. V2 said she believes R1 was found near a small town south of the facility, about 8-10 miles. V2 said R1 told her R1 had run 8 miles, and R1 was so proud of self. V2 said if a person were to walk that distance, it would take about 2.5 hours. V2 said she knows the weather was cold, probably less than 35 degrees out, and she was not sure exactly how long R1 had been outside. V2 said R1 had told her R1 would do it again if staff were not looking.

On 3/17/22 at 8:15 AM, R1 said when R1 left the facility R1 had no cell phone. R1 stayed on paved roads, there was no streetlights, R1 walked all night in the dark. R1 stated R1 did not run at any time, R1 never really liked to run, and no one stopped to offer a ride. R1 said R1 had crossed over railroad tracks and bridges during R1's walk. R1 stated R1 escaped the facility 2 times in one night. Once when the alarm went off, and then after the alarm.

Google maps shows 3 separate routes possible to the intersection where R1 was located. The directions show it would take a person over 2.5 hours to arrive at that location. The map shows the distance ranging from 8 miles to 8.6 miles.

On 3/15/22 at 5:50 PM, V9 (Paramedic) said the potential for harm to R1 would have been the cold. His biggest concerns were with hypothermia- R1 was getting into the danger zone and had no one found R1 when they did, R1 probably could have died. V9 said where R1 was lying, on the edge of a country road, R1 could have been run over by cars passing R1 going 55 miles per hour.

The facility's 12/22/17 policy for resident monitoring states it is the policy of the facility to

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ____ B. WING ____	C 03/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	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 8 initiate monitoring of residents as a nursing measure upon the clinical decision of the Charge Nurse and or Interdisciplinary Team to assist in providing safety to residents that are identified to be a potential threat to self or others or an elopement risk. 3. Initiate monitoring as indicated by need, 15-minute, 30-minute, 1-hour increments or one on one monitoring if determined necessary. 7. Continue monitoring the resident until the Interdisciplinary Team can determine the status of the resident and develop other appropriate measures for intervention determined by resident need. 8. Document all assessments, needs interventions and resident responses in the resident's medical record. "A"	S9999		