Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED C IL6005136 B. WING 07/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST. BOX 770 **ROSEVILLE REHAB & HEALTH CARE** ROSEVILLE, IL 61473 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation: #2325914/IL162154 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)4 300.1210c) 300.1210d)2) 300.1210d)3) Section 300.610 Resident Care Policies 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 The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6005136 07/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST. BOX 770 **ROSEVILLE REHAB & HEALTH CARE** ROSEVILLE, IL 61473 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to monitor weights upon

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Healthcare)/family/guardian, physician and

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6005136 07/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 145 S CHAMBERLAIN ST, BOX 770 **ROSEVILLE REHAB & HEALTH CARE** ROSEVILLE, IL 61473 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 75/45 (Blood pressure), 78 (Pulse), 22 (Respirations), 83% oxygen (saturation) on room air. R1 not responding to touch or verbal stimuli." R1's Nurses' notes, dated 5/29/23 at 9:25 p.m.. document, "Oxygen applied at four liters per nasal cannula, 93% oxygen (saturation), Blood pressure 63/37. Oxygen saturations continue to decrease at this time. Crash cart obtained." R1's Nurses' notes, dated 5/29/23 at 9:35 p.m., document, "R1 out of facility. Transported by ambulance service." R1's Hospital Encounter, dated 5/29/23. documents, Principal problem: Hypotension due to hypovolemia. Summary of History and Hospital Course: She was admitted due to profound hypotension likely volume depletion. Hydrated well and improving." R1's Hospital Discharge summary, dated 6/7/23, documents that R1 was admitted to the hospital from 6/1-6/7/23. Hospital course: R1 was admitted 6/1/23 with dysphagia. Initially R1 was admitted to an outside hospital for hypotension and dehydration secondary to hypovolemia. She had acute kidney injury at the time, both of which resolved after fluid resuscitation." R1's Intake/Output, dated 7/27/23, documents that from 5/26-7/27/23 while R1 was in the facility there was documentation of R1's intakes from g-tube feedings or water flushes. On 7/26/23 at 9:30 a.m., V11 (Registered Nurse) stated, "When (R1) arrived at the hospital she had bad hygiene. Her hands and fingernails were dirty. A month prior to this she was here (hospital) with dehydration, and she has a g-tube. This

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