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 IL6008098 **B. WING** 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD **ROCHELLE GARDENS CARE CENTER** ROCHELLE, IL 61068 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation: 2317235/IL163837 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)3) 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 Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal care needs of the resident. Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

S0P811

TITLE

(X6) DATE

	Department of Public		7.7		FORM	APPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETI DATE		COMPLETE	
S9999	Continued From page 1		S9999				
	care shall include, and shall be practic seven-day-a-week 2) All treatmer administered as on 3) Objective of	section (a), general nursing at a minimum, the following ced on a 24-hour, basis: hts and procedures shall be dered by the physician. bservations of changes in a including mental and					
	emotional changes determining care re further medical eva	, as a means for analyzing and equired and the need for fluation and treatment shall be aff and recorded in the					
-	This REQUIREMEN	NT is not met as evidenced by:					
The state of the s	failed to provide con oxygen saturation for respiratory failure for reviewed for respirates resulted in R3 exper requiring hospitalization	and record review the facility insistent ongoing monitoring of or a resident with a history of or 1 of 3 residents (R3) atory care. This failure priencing respiratory distress ation and mechanical hing on 8/19/23 and on					
	The findings include	a: "					
	facility on 8/11/22 w on chronic respirate acute on chronic dia failure, essential hy apnea, acute on chi hypoxia, bipolar dis- morbid obesity, and	owed she was admitted to the ith diagnoses to include acute bry failure with hypercapnia, astolic congestive heart pertension, obstructive sleep ronic respiratory failure with order, hyperlipidemia, asthma, schizophrenia. R3's facility 8/29/23 showed she has no		29			

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: ___ IL6008098 B. WING 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 CARON ROAD ROCHELLE GARDENS CARE CENTER** ROCHELLE, IL 61068 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE 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 2 S9999 cognitive impairment and requires extensive assistance of staff for most cares. R3's July 2023 Physician Order sheet showed, "Order Date: 6/27/23, Titrate O2 to keep sats at 90% via nasal cannula as needed for shortness of breath and low O2 sats." R3's August 2023 TAR (Treatment Administration Record) showed, "Titrate O2 to keep sats at 90% via nasal cannula as needed for shortness of breath and low O2 sats." R3's Care Plan initiated 6/27/23 showed, "Refusal of treatment. The resident is noncompliant with medical treatment... Educate the resident on importance of obtaining vital signs to ensure her health and safety... Monitor the resident's well-being every 15 minutes for signs and symptoms of distress..." R3's Care Plan initiated 8/18/23 showed. "Alteration in breathing pattern/oxygenation... Monitor O2 stats and report changes in lung sounds, breathing patterns, and LOC (level of consciousness)." R3's Care Plan initiated 8/23/23 showed, "Recent hospitalization for possible drug interaction. Decrease in oxygenation... Monitor for signs of distress. Monitor vital signs every shift, before and after smoking, and as needed..." R3's 8/18/23 Behavior Note entered at 9:29 AM showed. "Resident continues to refuse medications and continues to refuse to wear oxygen while in bed. Resident educated on the importance of following MD (physician) orders. Will continue to reapproach resident to give

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6008098 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 CARON ROAD** ROCHELLE GARDENS CARE CENTER ROCHELLE, IL 61068 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 59999 \$9999 Continued From page 3 medications and provide treatments as ordered. Will continue plan of care." R3's 8/18/23 Nursing Note entered at 10:02 AM showed, "Resident displays difficulty breathing as exhibited by pursed lip breathing, and use of abdominal muscles. Resident has a wet, productive cough. Resident has been refusing her medications frequently from this RN (Registered Nurse). BP (blood pressure) is 130/90 and O2 89% on RA (room air). Resident breath sounds are diminished in all lobes. Resident state she does not want to go to the hospital, MD notified.... Will continue current plan of care." R3's 8/18/23 Nursing Note entered at 5:42 PM showed, "Resident found unresponsive when staff passing out dinner hall trays. RN assessed resident. Resident was in bed, with HOB elevated at 45-degree angle with O2 continuously at 4L per NC (nasal cannula). Resident appears to have apneic breathing. Pupils sluggish, but reactive. Resident nonresponsive to sternal rub, radial and pedal pulse weak but present Unable to obtain BP and O2 saturation prior to EMS (Emergency Medical Services) arrival..." R3's electronic health record showed no evidence of ongoing monitoring between 10:02 AM and R3 being found unresponsive at 5:42 PM. R3's Acute Care Hospital Discharge documents showed, "... Admission Date: 8/19/23, Discharge Date: 8/22/23, Primary Discharge Diagnosis: Acute on Chronic Hypoxic and Hypercapnic Respiratory Obstructive sleep apnea, Acute on

chronic diastolic CHF (Congestive Heart Failure), NSTEMI (acute cardiac event) likely demand ischemia from hypoxia, AKI (Acute Kidney Injury),

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: _ С **B. WING** IL6008098 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 CARON ROAD ROCHELLE GARDENS CARE CENTER** ROCHELLE, IL 61068 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **TAG DEFICIENCY**) S9999 Continued From page 4 S9999 Pneumonia... Details of Hospital Stay, Presenting Problem/History of Present Illness: Unresponsiveness... Acute on Chronic Hypoxic and Hypercapnic Respiratory Obstructive sleep apnea, Required intubation (mechanical breathing support)...* R3's 8/22/23 Nursing Note showed, "Readmit to facility at 1800 (6:00 PM) today... Oxygen at 2L/NC to keep sats above 90% as soon as she arrived, she stated she wasn't going to wear the oxygen unless she wanted to... Will continue to monitor." R3's 8/31/23 Nursing Note entered at 11:20 AM showed, "This nurse sent out resident. CNA (Certified Nursing Assistant) reported to nurse that resident was not her usual self. This nurse went to resident's room and noticed resident was very confused and did a set of vitals. Vitals were 127/92, pulse 100, RR 20, pulse ox 97% on 4L NC... When nurse asked resident questions. resident could not answer or had slurred speech. Called ambulance and called [acute care hospital] nurse to give report..." R3's 8/31/23 Nursing Progress Note entered at 3:22 PM showed, "Called [acute care hospital] for update on resident. They stated hospital transferred her to [higher acuity hospital]. She was intubated. RN stated CO2 was 108 and was retaining O2 (SIC)..." R3's Acute Care Hospital documents showed on 8/31/23, "... Acute on chronic respiratory failure with hypoxia/hypercapnia, Asthma with acute exacerbation, Acute on chronic diastolic heart failure. Obesity hypoventilation syndrome, Patient was intubated prior to transfer...

Minois Department of Public Health

Pulmonary/Critical Care Consultation Note...

PRINTED: 10/02/2023 **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 IL6008098 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 CARON ROAD** ROCHELLE GARDENS CARE CENTER ROCHELLE, IL 61068 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID. (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 Ventilator Day 1. Mechanically ventilated as of 8/31/23... Patient Status: ... The patient suffers from life threatening illness and is clinically unstable..." R3's electronic health record showed no evidence of monitoring R3 between 8/22/23 and her return to the acute care hospital on 8/31/23. On 9/5/23 at 1:23 PM, V6 CNA (Certified Nursing Assistant) said R3 would refuse to wear her oxygen because she did not like it. V6 said the last couple of weeks R3 has been asking her to put the oxygen on. V6 said it was like someone finally got through to her that she needed to use On 9/6/23 at 11:18 AM, V10 RN (Registered Nurse) said the day she sent R3 out (8/31/23) a CNA had alerted her that R3 was not acting right. V10 said she had gone into R3's room 3 times that day. V10 said R3 was usually on her call light throughout the morning but she wasn't that day. V10 said this wouldn't be abnormal for R3 if she had been up through the night. V10 said she got her equipment and went down to R3's room. V10 said when checked R3's vitals her oxygen

saturation was 99% and it is never 99%. V10 sald since she was not acting right, and her oxygen saturation was too high for her she wanted her to go to the hospital for evaluation.

On 9/5/23 at 2:30 PM, V3 RN said the second time R3 was sent out she was intubated. V3 said she sent R3 out to the hospital the time before (8/18/23). V3 said R3 had been refusing to wear her oxygen that day. V3 said she had talked to R3 about what it means to be a full code and what she would have to do to her if she stopped breathing. V3 said R3 agreed to go lay down in

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6008098 B. WING 09/07/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1021 CARON ROAD ROCHELLE GARDENS CARE CENTER** ROCHELLE, IL 61068 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 7 S9999 and provide relief of symptoms of respiratory distress..." "A" Illinois Department of Public Health