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 IL6008049 **B. WING** 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 (X4) ID **SUMMARY STATEMENT OF DEFICIENCIES** 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 TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)2) 300.1210d)3) 300.1630d) 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 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 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY** S9999 Continued From page 1 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 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. Section 300.1630 Administration of Medication If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record These requirements are not meet as evidence by: Based on observation, interview, and record review the facility failed to ensure a resident's discharge hospital orders were followed for medication administration, and discharge procedures and appointments. The facility failed to assess and monitor a resident with a known

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57	antiblotic therapy. T and assess a centra failure resulted in a hemorrhage having	and a known facial infection on the facility failed to monitor al venous catheter site. This resident with a vitreous no surgical intervention and the resident continuing to					
	complain of decrease swelling. This applies	sed vision, facial pain, and es to 1 of 17 residents (R59) of care in the sample of 17.		*			
	On 09/10/23 01:45 F the half with his walk he had right cheek p cheek by his nose to right upper chest and and they were suppo R59's right cheek wa redness as compare had a central venous upper chest covered The dressing was no	PM, R59 was walking down (er, looking upward. R59 said pain pointing from his right ohis ear. R59 pointed to his disaid he had an infection, osed to change his line. as swollen with some slight did to R59's left cheek. R59 is catheter (CVC) on his right with a transparent dressing. It dated, and the ends of the					
! ! !	nfection in his ear ar medications 2 month said he was suppose	ed. R59 said he had an and teeth and finished his s ago. R59 said the doctor d to have "this" (pointing to h ago, "but the nurse doesn't	THE PROPERTY OF THE PROPERTY O		11		
e F p	inows "writer called to intering room, R59 is R59 reports a headac pressure and pain. R adiating into his jaw,	s dated 6/5/23 at 10:03 AM, o dialysis den by staff. Upon s visibly shaking and crying. the that has increased 159 stated the pain was down his neck, and into his history 911 was called."					
R	159's After Hospital C hows Active Issues N	are Plan dated 6/12/23 Reeding Follow UP: Follow					

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: IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **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 DATE DEFICIENCY) S9999 Continued From page 3 S9999 up appointment for Intraocular Pressure check. Please schedule a follow up appointment with your Primary Care Provider. This appointment should take place within 2 weeks of your hospital discharge. Appointments Scheduled: 7/7/23, Procedure with V21 (Ophthalmology) at hospital inpatient operating room. 7/8/23 at 9:30 AM, Office Visit with V21. This same Care Plan shows R59 is to start 6 new eye drop medications (acetazolamide daily for acute angle-closure glaucoma, brimonidine tartrate three times a day for increased intraocular pressure, dorzolamide hol three times a day for increased ocular pressure, latanoprost at bedtime for open-angle glaucoma, rhopressa at bedtime for ocular hypertension, and timolol maleate twice a day for increased ocular pressure). R59's Hospital Progress Note dated 6/8/23 shows "intraocular pressure greatly elevated on admission with hyphema and unreactive pubil. Discussed at length with cardiology and anesthesia the possibility of doing bedside versus operating room glaucoma procedure to lower the pressure. Both teams agree that this would be very high risk given R59's pulseless electrical activity arrest after cataract surgery but before developing a vitreous hemorrhage. Therefore, it is possible that he still has overall good vision. potential even if we do not operate on his left eye urgently. Vitreous hemorrhage: both eyes, right eye greater than left eye, will plan for vitrectomy with V21." R59's Progress Notes dated 6/12/23 at 6:30 PM. written by V2 Director of Nursing (DON) shows "R59 was admitted from the hospital with a diagnoses: increased intraocular pressure. bilateral vitreous hemorrhage." This same note

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 does not contain documentation of follow up appointments or procedures needed or an assessment of R59's vision or pain. R59's Progress Notes dated 6/19/23 written by V13 Registered Nurse (RN) shows "patient requesting to go to emergency room with complaints of headache, ear pain, and jaw pain. Tylenol administered patient persistent on going to emergency room. Ambulance called patient sent to hospital for further eval." R59's Hospital Discharge Packet dated 6/29/23 shows R59's admission diagnoses: mastoiditis of right side, facial cellulitis, infection of external ear, right, and chronic renal failure. The same packet shows a Central Venous Tunneled Catheter was inserted 6/29/23. The discharge medication list in this packet shows "Meropenem 1 gram intravenous every 24 hours for 21 days and Vancomycin 500 mg intravenously every Monday, Wednesday, Friday for 20 days. R59's After Hospital Care Plan in this same packet shows Appointments Scheduled: 7/7/23 Procedure with V21, 7/8/23 at 9:30 AM post op with V21 and 7/18/23 at 1:30 PM office visit with V16 Infectious Disease Doctor. R59's Progress Noted dated 6/29/23 at 5:30 PM. written by V13 shows "admitted from hospital, diagnosis Mastoiditis of right side." This same note does not contain an assessment of R59's pain, or R59's right cheek and does not show follow up appointments. R59's Infectious Disease Progress Notes dated 6/28/23 and faxed to the facility on 7/14/23 shows "Catheter Care line maintenance per protocol: Normal saline flush 5 ml pre/post use."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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t of covered different covered to the covered to th	R59's Infectious Dis 7/18/23 shows "Comfor mastoiditis, Follo Ophthalmology, Follo Throat Doctor, will stilline on Friday 7/21/2 R59's Instructions for removal) was faxed is shows "tunneled censcheduled for Wedner Pre-admissions nurs business day before On 9/11/23 at 11:40 Abed. R59 stated "I ne My right eye has a litt left eye sees shadowright cheek and ear (I the right cheek from he doctor has seen me he worse. I'm supposed his right upper chest), I'm not sure if its set unurses don't touch the supposed to come ounis right chest). I gave doctor to them. It was leth. When the 16th about know. I can't see walk with a walker, but and I remember the paransparent dressing diressing over the cath R59's Minimum Data St59 is cognitively intactive.	ease Progress Note dated apleted antibiotic treatment with W21 ow up with V21 ow up with Ear Nose and chedule removal of central 3." In Procedure 8/16/23 (CVC to facility on 8/10/23 and tral line catheter has been esday, 8/16/23. In ewill call by 3 PM the the procedure." AM, R59 was in his room in the edito go to the eye doctor. It is bit of shadows, and my sonly. I have pain to my motioning with his hand on his nose to his ear) No here. My eyes are getting to get this line out (touching to get this line out (touching to get this line out (touching to get the medicine it's at (touching the catheter on the each term of the papers from the supposed to come out the came, I asked, and they well. I can't see TV. It I have to look for the light eath." R59's CVC had a new lated 9/11/12 with cauze	S9999	DEPROMENCY (

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i i	transportation for residuous assessed it. On 9/11/23 at 8:18 A Assistant (CNA) Sup	AM, V10 RN said she was not pointments or schedules sidents. V10 said she didn't t R59's catheter and had not a.M. V11 Certified Nursing pervisor said the nurses are esident appointments and					
of the state of th	the nurses schedule transportation. V12 s resident's discharge pmedications and appropriate value of the company of the company value o	paid nurses review the paperwork and orders for pintments. V12 said or of Nursing (DON) helps said resident appointments en of the computer so			·		
F F tl	୧୭୫ nad an appointm PM for his CVC remov	computer home screen and ent listed for 9/20/23 at 12 val (2 months after finishing nearing screening on there were no other					
re CC V ei R re	ecalled R59's hospital amember making any ould not recall doing a 13 said V9 Facility Phither V9 or V17 Nurse 59. V13 said when a sident, they documer 13 said R59 is alert a	appointments for R59 or anything with R59's CVC. Tysician is R59's doctor and a Practitioner (NP) sees					

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 IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD ROCK RIVER HEALTH CARE ROCKFORD, IL 61103 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 wrong. V13 said R59 has no chronic pain, but has vision problems, he can only see out of one eye. V13 said nurses set up appointments and communicate via shift to shift report if they need to arrange appointments or transport. On 9/11/23 at 9:15 am, V14 Ophthalmology Surgery Clinic Scheduler said R59 had surgery scheduled for his eyes, but it was canceled due to resident not getting a surgical clearance. V14 said R59 didn't go for his preop surgical clearance that had been scheduled locally. V14 said she had reached out to the physician's office where the surgical clearance was scheduled and R59's appointment had never been rescheduled. V14 said R59 was seen urgently in the hospital and was scheduled for a vitrectomy of his right eye due to a vitreous hemorrhage. V14 said R59 was supposed to have this surgery within 2-8 weeks from hospital discharge (6/12/23). V14 said R59 does not have an appointment scheduled currently. V14 said she would have V21 Ophthalmology Doctor call this surveyor. R59's July Medication Administration Record (MAR) shows R59 missed antibiotic (Meropenem) doses on 7/10/23, 7/12/23, and 7/19/23. The same MAR shows acetazolamide eve drop was missed on 7/12/23, 7/17/23, 7/17/23, and 7/19/23; latanoprost eye drop missed on 7/2/23, 7/6/23, 7/15/23, 7/16/23, 7/19/23, 7/24/23, and 7/28-7/30/23; rhopressa eye drop missed on 7/2/23, 7/6/23, 7/15/23, 7/16/23, 7/19/23, 7/24/23, and 7/28-7/30/23: timolol eye drop missed on 7/2/23, 7/6/23. 7/15/23, 7/16/23, 7/19/23, 7/24/23, and 7/28-7/30/23; brimonidine tartrate eye drops missed on 7/2/23, 7/6/23, 7/12/23, 7/10/23. 7/12/23, 7/15-7/17/23, 7/19/23, 7/24/23, and 7/28-7/30/23 and Dorzolamide eye drop missed

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 IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) 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 8 S9999 on 7/2/23, 7/6/23, 7/10/23, 7/12/23, 7/15-7/17/23, 7/19/23, 7/24/23, and 7/28-7/30/23. R59's Progress Notes from 6/19/23 to 9/11/23 do not contain any progress notes from V9 (R59's facility Physician) or V17 Nurse Practitioner. These same notes do not contain any documentation on R59's appointment or procedures with V21, or R59's CVC removal or any assessments on R59's CVC or assessments of R59's vision or face or missed medication doses. On 9/11/23 at 12:51 PM, V17 NP said she had not seen R59, V9 (MD) sees him. V17 said the facility has a policy on CVC care and they should be monitoring/assessing for signs of infection of the site. V17 said orders for medications including intravenous antibiotics and eye drops should be followed as prescribed and if medications are not given as ordered or doses are missed it should be reported to the physician. V17 said if antibiotics are not given as ordered there is a risk of the infection not being treated correctly, the resident can develop antibiotic resistance. On 9/11/23 at 1:27 PM, V13 RN said she had never set up eye appointments for R59 and she was not sure why R59's CVC removal appointment on 8/18/23 was missed. V13 said the hospital called to reschedule the CVC removal for 9/20/23 and she put the appointment in the home screen of the computer, not in the progress notes. V13 said there is usually a doctor's order regarding catheter care, when to flush, monitoring for signs and symptoms of infection and dressing change. V13 said there wasn't any orders for R59's CVC and she didn't know why. V13 said if a medication is missed or Illinois Department of Public Health

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	not given the docto	or should be called and there					
	should be a progre	ss note.					
	On 9/11/23 at 1:37	PM, V1 Administrator and V4					
	Nurse Consultant r	eviewed R59's progress notes					
+ 1	and said 1559 was s	seen by physiatrist and y didn't see any physician					
1	notes. V1 said phy	sicians should see the					
	resident within one facility. V1 said pur	week of re-admission to the ses should review the					
	discharge orders ar	nd appointments and put them		85			
- 1	in the computer. V	1 said there is facility policy					
1	policy. V1 was not:	ne nurses should follow the sure why there were no orders		9			
127	tor CVC care for R5	9 until today. V1 said he was				90	
	not sure why R59 m	issed his appointments 3 CVC removal, it wouldn't					
- 1	have been a transpo	ortation issue because the	1				
- 1	facility bus would tra	insport R59. V1 said nurses					
	snould follow physic said floor nurses rev	ian orders as prescribed. V1 riew the hospital discharge					
- 1	papers when the res	ident is admitted, and the					
- 1	DON should review :	the orders as well. V4 said team should look at this, this	1				
i	s a process problem).					
	On 09/11/22 at 01:04	DM VO MD and by					
r	ecall R59 without lo	PM, V9 MD said he couldn't oking him up and he would	10			ľ	
t	pe in the facility tomo	prrow. V9 said he is at the	1				
177	acility almost weekly esidents should be	to see residents. V9 said seen within a few days when					
10	e-admitted from the	hospital and should be seen	1				
a	at least every two mo	onths.				İ	
c	on <mark>09/12/23 at 08:0</mark> 3	AM, V21 Ophthalmology				7.	
. ↓W	/as called, and a sec	cond message left to speak					
W	mn v21. There was	no return call from V21.					
0	n 9/12/23 at 9:20 Al	M, V1 Administrator said					
j R	59 had his CVC cat	heter out last night (26 days	1				

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: IL6008049 B. WING 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCK RIVER HEALTH CARE** ROCKFORD, IL 61103 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 after it was scheduled to be removed). V9 MD walked into V1's office and said he located his notes and shook papers in the air. V9 said he was behind due to medical problems and was catching up. V9 said he would put his notes into the computer that day and said he did see R59 after his hospitalization. V9 said he was not aware of R59 missing any appointments or medications doses. On 09/12/23 at 10:50 AM, V6 Licensed Practical Nurse said R59 gets eye drops for glaucoma. V6 said R59 had cataract surgery and his vision was better for a while, but now it is worse again. V6 said you have to guide R59 with the walker. R59 doesn't see well at all. On 9/12/23 at 11:50 am, V2(DON) said R59 was supposed to go to a preop appointment and didn't because he was in the hospital, so R59's surgery was canceled. V2 said she was unaware of R59's surgery even though she admitted R59 on 6/29/23 and the appointments were in the hospital discharge paperwork. V2 said the nurses should review admission orders, enter the orders, and look at follow up appointments. V2 said R59's eye surgery had not been rescheduled and there was no follow up appointment to the eve doctor scheduled for R59. V2 said she was not sure why R59's catheter was not removed on 8/16/23, but the hospital had called, and it was rescheduled for 9/20/23. V2 said V9 MD saw R59 today and asked to get R59 sent out to hospital as a precaution for his right cheek. V2 said we are looking into doing a 24 hour audit and they currently don't know why R59's appointments were missed. V2 stated "they generally double check; we're going to work on that. There is no admission/re-admission procedure in place until now for the nurses.

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