

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008106</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/15/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROCHELLE REHAB &amp; HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 NORTH 3RD STREET ROCHELLE, IL 61088</b>
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(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)	(X6) COMPLETE DATE
S 000	Initial Comments  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 300.1220b)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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER  ROCHELLE REHAB & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH 3RD STREET ROCHELLE, IL 61068		
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S9999	<p>Continued From page 1</p> <p>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:</p> <ol style="list-style-type: none"> <li>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</li> <li>2) All treatments and procedures shall be administered as ordered by the physician.</li> </ol> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <ol style="list-style-type: none"> <li>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. <p>These Requirements were Not Met as evidenced by:</p> <p>Based on observation, interview, and record</p> </li></ol>	S9999		

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S9999	<p>Continued From page 2</p> <p>review, the facility failed to control a resident's pain by not administering scheduled pain medication on time for 1 of 2 residents (R6) reviewed for pain in the sample of 13.</p> <p>The findings include:</p> <p>R6's Admission Record, printed by the facility on 6/14/23, showed she had diagnoses including contracture of a muscle to her left lower leg, age-related physical debility, and polyosteoarthritis (five or more joints having arthritis, causing symptoms like pain, stiffness or swelling of the joints). R6's facility assessment dated 4/26/23, showed she had frequent pain. R6's Admission/Readmission Nursing Evaluation dated 5/25/23, showed she had moderate pain that was chronic, and affected her activities of daily living (ADLs) and her physical activity/mobility. The evaluation showed R6's pain occasionally affected her sleep, and mood.</p> <p>On 6/13/23 at 9:58 AM, R6 was in her room, lying in bed. R6 said her left leg was hurting. R6 was holding her left leg. R6 said she had not received anything for pain yet that morning. R6 said she did not sleep well the night before due to her leg pain. R6 said she cannot straighten her left leg and is working with therapy. At 9:59 AM, V3 (Registered Nurse/RN) said she had not given R6 any pain medication yet that morning. At 10:06 AM, V3 (RN) went in to give R6 her morning medications (that were scheduled for 8:00 AM). Among the medications administered were meloxicam (a medication used to treat arthritis, by reducing pain, swelling and stiffness of the joints) 15 mg tablet and a lidocaine 4% patch (a topical local anesthetic), that V3 placed on R6's left knee. V3 asked R6 to rate her pain. R6 said it was close to a 10/10 on the pain scale. R6's left</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>knee appeared contracted. V3 said R6 has pain all of the time. At 10:12 AM, V3 gave R6 ibuprofen 600 mg in addition to her scheduled pain medications that were due at 8:00 AM.</p> <p>R6's Order Summary Sheet, printed by the facility on 6/14/23, showed orders for Meloxicam oral tablet 15 mg. Give 15 mg by mouth one time a day for chronic knee pain. The documents showed an order for Lidocaine external patch. Apply to affected area topically one time a day for pain. The documents showed an order for Ibuprofen oral tablet 600 mg. Give 600 mg every 6 hours as needed for pain. The Order Summary Sheet also showed an order for Acetaminophen oral tablet 500 mg. Give one tablet by mouth every 6 hours as needed for pain. R6's 6/1/23-6/30/23 Medication Administration Record (MAR) showed the Meloxicam and Lidocaine patch were to be administered at 8:00 AM daily. The MAR also showed the last pain medication R6 received was Acetaminophen 500 mg one tablet at 2:30 AM on 6/13/23 (almost 8 hours prior).</p> <p>On 6/15/23 at 8:40 AM, V2 (Director of Nursing/DON) said it is important to make sure scheduled pain medications are administered on time. We do not want the residents to be in pain. We want to keep ahead of the pain. V2 said R6 does have a lot of pain.</p> <p>The facility's policy and procedure titled Pain Prevention and Treatment, with a revision date of 12/7/2017, showed "It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL functioning and enhance quality of life." The policy showed "1. Each resident will be assessed for pain using the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Pain Assessment Form including an appropriate Pain Rating Scale upon admission...3. The Pain Management Flow Sheet will be initiated for those residents with, but not limited to: Routine pain mediation, daily pain, diagnosis that may anticipate pain (i.e., arthritis, wounds, fractures, etc.). 4. Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the resident's care plan."</p> <p>All of R6's care plans were requested and reviewed. R6 did not have a care plan to address her chronic pain.</p> <p>( B )</p>	S9999		