

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ROCHELLE GARDENS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 CARON ROAD ROCHELLE, IL 61068</b>
---	--

(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	S 000		
S9999	<p>Complaint Investigation: 2417300/IL177893</p> <p>Final Observations</p> <p>Statement of Licensure Violations 300.610a) 300.1620e) 300.1630d)</p> <p>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.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders e) The resident's licensed prescriber shall be notified of medications about to be stopped so that the licensed prescriber may promptly renew such orders to avoid interruption of the resident's therapeutic regimen.</p> <p>Section 300.1630 Administration of Medication d) 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.</p>	S9999		

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

TITLE

(X6) DATE  
09/28/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ROCHELLE GARDENS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 CARON ROAD ROCHELLE, IL 61068</b>
---	--

(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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to treat a resident's pain as ordered by the physician. This applies to one of three residents (R1) in the sample of three reviewed for pain. This failure resulted in R1 saying that being without his pain medications affects him both physically and emotionally. R1 said he was feeling shaky and nauseated.</p> <p>The findings include:</p> <p>The facility face sheet shows R1 was admitted to the facility for diagnoses to include spinal stenosis, bipolar disorder, and depression. The facility assessment dated 6/12/24 shows R1 to be cognitively intact. The Physician Order Sheet for September 2024 for R1 shows an order for Norco oral tablet one tablet by mouth four times a day for back pain.</p> <p>On 9/12/24 at 9:40 AM, V3 (Registered Nurse/RN) said when she worked on Tuesday 9/3/24, R1 was out of his prescribed pain medication Norco. V3 said a new prescription was needed from the Physician in order to get the medication from the pharmacy. V3 said she began this process right away, but the faxes were not going through to the Physician.</p> <p>On 9/12/24 at 10:20 AM, V1 (Administrator) said when she came to work that Tuesday 9/3/24 and heard R1 was out of his pain medications and had been for a few days, she called the Physician's office herself to try and get the situation resolved. V1 said the faxes were not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ROCHELLE GARDENS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 CARON ROAD ROCHELLE, IL 61068</b>
---	--

(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	<p>Continued From page 2</p> <p>going through to the Physician's office.</p> <p>On 9/12/24 at 10:40 AM, V2 (Director of Nursing/DON) said R1 came to her on Tuesday 9/3/24 and told her he had been without his pain medications since Sunday 9/1/24. V2 said R1 appeared anxious and tired when he came to talk to her. V2 said she could not find any documentation that shows the nurses tried to get a refill of R1's pain medication until she came in on Tuesday 9/3/24. V2 said the nurses should be requesting the prescription from the Physician and getting the new order to the pharmacy before the resident runs out of a medication. V2 said there must be very poor communication between the nurses for this to have happened.</p> <p>On 9/12/24 at 11:30 AM, R1 said on the Friday before Labor Day he asked the nurse if he had enough Norco to get through the holiday weekend and was told he did. R1 said then on Sunday the nurse told him he had run out of Norco. R1 said on Tuesday he spoke with the DON and the Administrator and told them he had not had any of pain meds since Sunday, and they told him the nurses could get the medications out of the convenience box. R1 said he heard the DON tell V3 (RN) to get him a Norco from the convenience box, but no one ever did. None of the nurses offered to. R1 said being without his pain medications affects him both physically and emotionally. R1 said he was feeling shaky and nauseated by the time he finally got the pain medication on Wednesday.</p> <p>On 9/12/24 at 12:25 PM, V6 (RN) said she had given the last Norco to R1 on 9/1/24 at 5:00 PM and she was not sure if a refill had been requested so she passed the information on to the next shift.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008098</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/13/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ROCHELLE GARDENS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1021 CARON ROAD</b> <b>ROCHELLE, IL 61068</b>
---	--

(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	<p>Continued From page 3</p> <p>The controlled substance proof of use forms for R1's Norco dated 8/16/24 shows the last Norco was given on 9/1/24 at 5:00 PM. The controlled substance proof of use form dated 9/4/24 for R1 shows a dose of Norco was given at 11:58 PM to R1. R1 missed 12 doses of his prescribed pain medication.</p> <p>The nursing progress notes dated from 9/1/24 to 9/4/24 shows the Norco was not given due to the medication being on order.</p> <p>The care plan for R1 with a revision date of 4/8/24 shows R1 is prescribed pain medications due to back pain and the interventions include administer prescribed pain medications.</p> <p>The facility policy with a review date of 6/24/21 for medication administration shows medications shall be administered in a safe and timely manner as prescribed.</p> <p>The facility said they do not have a policy for pain when one was requested.</p> <p>(B)</p>	S9999		