Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			BOILDING.			
		IL6008049	B. WING		10/0	9/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROCK R	IVER HEALTH CARE		FRIVERSIDE RD, IL 61103	BOULEVARD		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1010h) 300.1210b)					
	300.1210d)1) 300.1210d)3)					
	Section 300.610 R	esident Care Policies				
	procedures governi facility. The written	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the				
	medical advisory co of nursing and othe	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part.				
	the facility and shall	shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting.				
	Section 300.1010	Medical Care Policies				
	physician of any acchange in a resident health, safety or we but not limited to, the manifest decubitus of five percent or m	shall notify the resident's cident, injury, or significant at's condition that threatens the elfare of a resident, including, are presence of incipient or ulcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's				
	 rtment_of Public Health y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

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

Electronically Signed 10/28/24

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6008049	B. WING		10/0	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCK RIVER HEALTH CARE			RIVERSIDE RD, IL 61103	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
		care or treatment of such change in condition at the time				
	Section 300.1210 (Nursing and Person	General Requirements for nal 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.					
	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:					
	Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.					
	3) 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.					
	1 of 2					
	These requirement	s are not met as evidenced by:				
		on, interview and record illed to perform a pain				

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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 A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008049	B. WING		10/0	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROCK RIVER HEALTH CARE		T RIVERSIDE RD, IL 61103	E BOULEVARD B			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	assessment on R4: tibia and fibula frac provide R42 with he discharge pain med in R42 having to retreated for uncontro (R42) reviewed for The findings included on 10/07/24 at 9:00 with her left lower led dressing. On 10/07/24 at 9:00 broke my tibia and currently non-weigh he was going to wraplace me in a cast admitted 09/13/24. The facility's pharmaway. On 09/14/24 meds or regular memuch pain I had to provided with pain I had to provided with pain I back. My medications fro compliance, but the medication routine them at home. Son an empty stomach, will not get my 7:00 10:00AM-10:30AM On 10/09/24 at 11:2 Nursing) said, somarrived. At 2:00 PM hospital. On 09/15/her oxycodone. Weilton in R42 with her oxycodone. Weilt not get my 7:00 15/her oxycodone.	2 who was admitted for a left ture. They also failed to be prescribed hospital dications, this failure resulted turn to the hospital to be colled pain for 1 of 2 residents pain in the sample of 20. e: O AM, R42 was lying in bed be be with an elastic of the foot. I am and the bearing. The doctor told me ap it for now and will eventually a walking cast, I hope. I was I did not get my medications. I are to the hospital and sent ons are late today. I brought meds by the evening. I was in so return to the hospital and sent ons are late today. I brought meds at the hospital and sent ons are late today. I brought meds at the hospital in take on others I must take with food. I was meds at the hospital of take on others I must take with food. I was medication until 29 AM, V2 DON (Director of e of R42's medication had not 1 (09/14/24) R42 was sent to 24 at 1:37 PM, R42 received	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
		IL6008049	B. WING		10/	09/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
ROCK RIVER HEALTH CARE		RIVERSIDE RD, IL 61103	BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
\$9999	pharmacy, the hosp with the discharge in R42's hand signed uploaded into R42's 09/13/24 shows, "S 9:29AM, oxycodoned dispense 30 tablets 8 hours as needed On 10/09/24 at 11:5 hydrocodone/aceta well as oxycodone, hydrocodone/aceta I went to the hospita oxycodone. When I the facility still did nexplained they had and then provided rhydrocodone/aceta about 4:00PM, on Fpain 10/10, I think to order it from a protoget my regular repain is from my bromy fall. On 10/09/24 at 12:2 Practitioner) said, the was first admitted. I oxycodone to be decently admitted to the what will work to religible the than the other what will work to religible to the what will work to religible to the same the same than the other what will work to religible to the same the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other what will work to religible the same than the other work when the same than the sa	pital did not send a prescription instruction. prescription from the hospital is electronic medical record on eptember 13, 2024, at a hydrochloride 5 milligrams is, take 1 tablet by mouth every for pain." 64 AM, R42 said, minophen does not work as I did not get the minophen until Sunday. When all they gave me the returned from the hospital, ot have my medication. They access to other medication me with minophen. The pain started friday (09/13/24). I reported hey gave me acetaminophen. Inedications because they had harmacy two hours away. I did medications until Monday. The ken foot, ankle, leg area from the facility called me when R42 put in my note, waiting for elivered. On September 14,	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6008049	B. WING		10/0	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCK R	VER HEALTH CARE		RIVERSIDE RD, IL 61103	E BOULEVARD 3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	prescription in right requested to go to the facility at 7:00Al go to the facility at 7:00Al go to the Emergence have any complaint R42's progress note "R42 Admission Da Admitted From: Host fracture left fibula V 9/16/2024 10:27 Sc Pressure 118/64 - 9 Sitting Right arm Te 17:49 Route: Foreh 9/13/2024 17:49 Pu 9/13/2024 17:50 He 16:22 Method: Lying No Added Salt, Psy Hypoglycemic Opio PERFORMED) R42's admission as 4:13PM, shows, "In Assessment was bl R42's first pain asset the Vital Sign Reco AM, shows, PAIN 1 R42's progress note "This writer alerted lying flat in bed, face	in I would have sent the away. When I saw R42's the Emergency Room, I was in M, by 2:00PM, R42 wanted to by Room for Pain. R42 did not its after. Ite dated 9/13/2024 shows, ate/Time: 9/13/2024 3:00 PM spital Primary Admitting Dx: (itals: Weight 367.6 lb - cale: Mechanical Lift Blood 6/13/2024 15:48 Position: Emperature 98 - 9/13/2024 at a lead (non-contact) Pulse 72 - calse Type: Regular R 20 - leight 67.5 inches - 9/13/2024 at g down, skin issues: No, Diet: rechotropics Anticoagulants incid." (NO PAIN ASSESSMENT) assessment dated 9/13/2024 at a Progress." R42's Pain lank. In the sessment in facility, found in red dated 09/14/2024 at 9:01 0/10. Ite dated 9/14/2024 shows, to resident room. Resident gency Room transport for	\$9999			
		(B)				
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Illinois D	epartment of Public	Health				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008049	B. WING		10/0	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCK R	IVER HEALTH CARE		RIVERSIDE	E BOULEVARD 3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 5	S9999			
	300.625c)2)					
	Section 300.625 Id	lentified Offenders				
	history background is an identified offer	s of a resident's criminal check reveal that the resident nder as defined in Section , the facility shall do the				
	fingerprint-based or be requested on the The inquiry shall be sex, race, date of b other identifiers req State Police. The in through the files of Police and the Fede locate any criminal may exist regarding Bureau of Investiga Department of State inquiry under this se	ours, arrange for a riminal history record inquiry to e identified offender resident. It based on the subject's name, wirth, fingerprint images, and quired by the Department of nquiry shall be processed the Department of State eral Bureau of Investigation to history record information that go the subject. The Federal action shall furnish to the eral Police, pursuant to an subsection (c)(2), any criminal mation contained in its files.				
	These REQUIREM evidenced by:	ENTs were not met as				
	failed to ensure res identified offenders hours of admission residents (R51, R7	and record review the facility sidents identified as an were fingerprinted within 72 This applies to 5 of 10 1, R129, R130 & R131) ied offenders in the sample of				
	The findings include	e:				

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1. R51's face sheet shows, he was admitted to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROCK R	IVER HEALTH CARE		「RIVERSIDE RD, IL 61103	E BOULEVARD B		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	the facility on Septe	ember 13, 2024.				
	R51's criminal history record (background check) dated September 13, 2024 shows, he has a HIT (potential criminal record). He has not been fingerprinted.					
	2. R71's face shee the facility on Septe	t shows, he was admitted to ember 3, 2024.				
		ry record dated August 30, s a HIT. He has not been				
	3. R129's face she the facility on Augus	et shows, he was admitted to st 26, 2024.				
	R129's criminal history record dated September 24, 2024 shows, he has a HIT. He has not been fingerprinted.					
	4. R130's face she the facility on Septe	et shows, he was admitted to ember 16, 2024.				
		ory record dated September has a HIT. He has not been				
	5. R131's face she the facility on Augus	et shows, he was admitted to st 27, 2024.				
		ory record dated August 27, s a HIT. He has not been				
	Services stated, on background checks	at 8:54 AM, V3 Social ce they check the resident's and they come back with a to email to get fingerprinted d have been done.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	IL6008049		B. WING		10/09/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ROCK RI	VER HEALTH CARE		RIVERSIDE	BOULEVARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	August 2024 shows policy of this facility sensitive and reside accordance with the Home Act, this facil history background admission to the far previous criminal conference of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of State Police for a admission to the far esponse contains of the far espons	and must be conducted within after receiving the				

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