STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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 Complaint Investigation: #2419424/IL181118	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 1 The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 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: 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. These requirements were not met as evidenced by: Based on interview and record review the facility failed to assess and identify a change in condition for a resident after a fall. This failure resulted in a delay in identifying and obtaining treatment for R2's right hip fracture. This applies to 1 of 4	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 2	S9999		

residents (R2) reviewed for injuries in the sample of 5.

The findings include:

R2's face sheet shows she has diagnoses including: Schizoaffective Disorder Bipolar Type, unspecified abnormalities of gait and mobility, unspecified dementia, and mild intellectual disabilities.
R2's care plan shows she has altered mood and thought process relative to Bipolar disease and dementia, she is at risk for falls due to poor safety awareness and she requires staff assistance with her Activities of Daily Living (ADL's) including toileting and transfers.

R2's Nursing Progress Notes includes a late entry documented by V15 (Registered Nurse/RN) that shows that R2 had a fall on 11/13/24 at 6:15 AM. R2 was in the dining room sitting and had a fall transferring herself from her wheelchair into a chair and fell on the floor. The Nursing Progress Note shows that staff assisted R2 to get off the floor and she was placed in a wheelchair and there was no skin concern noted at the time. The note additionally shows that R2 had been agitated at the time and nursing staff were attempting to calm her down.
The next documentation or assessment in R2's Nursing Progress notes is on 11/14/24 at 5:46 PM, and it shows that R2 was not feeling well and remained in her room getting up out of bed into a wheelchair for a short period only. There is no documented assessment of R2's skin or any check from the fall on 11/13/24.
On 11/15/24 at 2:53 AM, R2's Nursing Progress Notes documented by V14 (Licensed Practical Nurse/LPN) show that R2 was yelling out in pain with movement and one leg is shorter than the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 3	S9999		

other and she was having right leg/hip pain. R2 was immediately sent to a local Emergency Room (ER) for evaluation and treatment.

R2's hospital records show she was admitted to the hospital on 11/15/24 and diagnosed with a comminuted impacted right femoral neck (hip) fracture with swelling and a hematoma noted. R2 underwent a surgical procedure to repair her hip fracture. R2's hospital records show the facility had informed them that R2 had a fall on 11/11/24 but did not report to them fall on 11/13/24.

R2's November 2024 Medication Administration Record (MAR) shows she received scheduled Tylenol for pain daily at 5:00 PM. R2's MAR has a pain scale assessment which shows on 11/13/24 her pain was a 5 but on 11/14/24 it is documented as a 0 on a 1-10 scale.

On 11/18/24 at 10:10 AM, V15 (RN) said she was called to the dining room on 11/13/24 because R2 had a fall and was on the floor. V15 said she and another staff person whom she could not recall, lifted R2 up and put her in her wheelchair. V15 said she lifted up R2's skirt and looked at her skin but she did not see anything, and R2 was manic and agitated but did not complain of pain to her. V15 denied that anyone reported to her on 11/13/24 or 11/14/24 that R2 had begun complaining of her legs hurting. V15 said it is protocol to chart for 72 hours after a fall, and she thinks she checked R2 on 11/14/24 but did not document any body assessment. V15 said R2 is not someone who would be able to get herself off the floor without staff assistance unless she had something to hold on to and pull herself up.

On 11/18/24 at 10:30 AM, R4 said he was in the dining room sitting near R2 when R2 had her fall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 4	S9999		

on both days 11/11/24 and 11/13/24. R4 said R2 was mad and yelling out that day on 11/13/24 and did not want to sit in a wheelchair so she tried to transfer herself and fell. R4 said R2 fell on her side and landed on her hip. R4 said staff came immediately and helped her up into her wheelchair.

On 11/18/24 at 10:50 AM, V6 (Certified Nursing Assistant/CNA) said she was caring for R2 on 11/13/24 after her fall until 6:00 PM. V6 said after the fall R2 was complaining of her legs hurt and she did not want to go to the dining room to eat because of it. V6 said she did not report R2's complaint to the nurse because it was typical for her, and she assumed it was because she was up in her wheelchair.

On 11/18/24 at 12:36 PM, V16 (CNA) said she worked from midnight of 11/13/24 until 6:00 AM on 11/14/24 and cared for R2. V16 said R2 was still up in her wheelchair when she came on her shift. V16 said R2 would not let her put her to bed and she stayed in her chair overnight with her leg propped up on her bed. V16 did not see R2's hip or leg but R2 was complaining of her leg hurting. V16 said she and another CNA stood R2 briefly to change her underpants and sat her right back down. V16 said she did not tell the night nurse about R2 being up or complaining of her legs hurting because she assumed the nurse knew. V16 also said she was not aware that R2 had a fall on 11/13/24 or she would have went and told the nurse that R2 would not go to bed and her legs hurt.

On 11/18/24 at 11:23 AM, V11 (CNA) said R2 was lackluster on 11/14/24 and she did not want to get out of bed. She was having trouble bearing weight when they transferred her, and she kept

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 5	S9999		

saying her legs hurt. V11 said R2 did not want to eat lunch and was whining during a transfer and having a hard time bearing weight. V11 said R2 was also incontinent at the dining table and that was not usual for her. V11 said she notified the day nurse V15 of the changes for R2 and her complaining of her leg hurting. V11 said she did not notice any bruising or issue with R2's hip.

On 11/18/24 at 10:57 AM, V12 (CNA) said she worked overnight 11/14/24 into the morning of 11/15/24 and provided care to R2. V12 said she and another CNA took R2 to the bathroom and R2 was having a hard time standing so she got her into bed and pulled her pants down to look at her legs and hip and noticed her hip was not right it didn't seem to be in place, so she went and immediately got V14 (LPN) who sent R2 to the ER.

On 11/18/24 at 1:09 PM, V14 (LPN) said she could hear R2 yell out when the CNAs were turning her so she went to the room. She assessed R2 and noticed that R2's right leg was rotated in, and she suspected R2 had a broken hip. V14 said she was not aware that R2 had a fall on 11/13/24 she was only aware of the fall on 11/11/24. V14 said after a fall the protocol is for the resident to be reassessed every shift for 72 hours.

On 11/18/24 at 1:30 PM, V9 (R2's Physician) said he was notified that R2 had a fall on 11/13/24 but was not notified that she had a change in condition including trouble with weight bearing and complaining of leg pain. V9 said he would have had R2 sent to the ER for evaluation had he been notified sooner. V9 said a fall is consistent with the type of fracture R2 has. V9 said R2 could have been able to still transfer if she put the bulk

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: _____ B. WING _____	C 11/18/2024

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

(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	Continued From page 6 of her weight on the other leg but this fracture would be painful. V9 said R2 complains of a lot of things and pain is a common complaint of hers. V9 said with no other clear evidence or reason it is likely R2 hip fracture is from her fall on 11/13/24. V9 also said it is likely she did not yet having any bruising to her hip so staff may not have seen any. V9 said he would expect the facility to follow protocol and if they are supposed to assess for 72 hours after a fall, they should be doing that. The facility provided Fall Prevention and Management Policy last reviewed on 1/2024 shows after a fall nurses should document on the resident for 3 days after to include physical assessments including range of motion, pain, vital signs, and any new interventions that will be implemented post fall. The same policy also states the Director of Nursing or designee will read the reports and nurses notes and make sure all supporting documentation is in the medical record. (A)	S9999		