

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 #2512555/IL188766	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.686 a)8)10) 300.686 h)1)2)3 Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications a) For the purposes of this Section, the following definitions shall apply: 8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications. 10) "Psychotropic medication" - medication that is used for or listed as used for psychotropic, antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database. Psychotropic medication also includes any	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

04/02/25

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HIGHLIGHT HEALTHCARE OF ROCHELLE

**1021 CARON ROAD
ROCHELLE, IL 61068**

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S9999	Continued From page 1 medication listed in 42 CFR 483.45(c)(3). (Section 2-106.1(b-3) of the Act) h) Protocol for Securing Informed Consent for Psychotropic Medication 1) Except in the case of an emergency as described in subsection (g), a facility shall obtain voluntary informed consent, in writing, from a resident or the resident's surrogate decision maker before administering or dispensing a psychotropic medication to that resident. When informed consent is not required for a change in dosage as described in subsection (h)(12)(A), the facility shall note in the resident's file that the resident was informed of the dosage change prior to the administration of the medication or that verbal, written, or electronic notice has been communicated to the resident's surrogate decision maker that a change in dosage has occurred. (Section 2-106.1(b-3) of the Act) 2) No resident shall be administered psychotropic medication prior to a discussion between the resident or the resident's surrogate decision maker, or both, and the resident's physician or a physician the resident was referred to, a registered pharmacist, or a licensed nurse about the most common possible risks and benefits of a recommended medication and the use of standardized consent forms designated by the Department. (Section 2-106.1(b-3) of the Act) 3) Prior to initiating any detailed discussion designed to secure informed consent, a licensed health care professional shall inform the resident or the resident's surrogate decision maker that the resident's physician has prescribed a psychotropic medication for the resident, and that informed consent is required from the resident or	S9999		

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S9999	Continued From page 2 the resident's surrogate decision maker before the resident may be given the medication. These REQUIREMENTS were not met as evidenced by: Based on interview and record review the facility failed to obtain informed consents from residents or their resident representatives prior to administering psychotropics medications to residents for 3 of 3 residents (R1-R3) reviewed for psychotropic medications in the sample of 3. The findings include: R1's March 2025 Order Summary Reports and Order Audit Reports showed R1 was prescribed the following medications: Alprazolam 0.5 mg (milligrams), one tablet every 24 hours as needed for anxiety. Fluoxetine 40 mg, one capsule once a day for depression. Phenytoin Sodium 100 mg, one capsule two time a day for schizophrenia. R2's March 2025 Order Summary Report showed R2 was prescribed the following medications: Divalproex Sodium Delayed Release 250 mg, one tablet two times a day for mood disorder. Risperdal (anti-psychotic) 1 mg, one tablet once a day for schizoaffective disorder. R3's March 2025 Order Summary Report showed R3 was prescribed the following medications: Sertaline HCL 100 mg, give two tablets once a day for depression. Trazadone 50 mg, one tablet once a day for insomnia/major depressive disorder. On 3/25/25 at 12:15 PM, V1 Administrator stated	S9999			

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S9999	Continued From page 3 the facility had never obtained consents for R1's Alprazolam, Fluoxetine, or Phenytoin Sodium from R1 or V6 (Power of Attorney (POA)/Guardian for R1). On 3/25/25 at 2:06 PM, V2 Director of Nursing stated the facility had never obtained consents for R2's medications (Divalproex Sodium, Risperdal) or R3's medications (Sertaline, Trazadone). V2 stated informed written consents for anti-anxiety, antipsychotic, and antidepressant medications are to be obtained from the resident or their representative prior to administration to ensure the resident/resident representative is aware of what they are taking, know why they are prescribed the medications, and are aware of any potential side effects from the medications. The facility's Use of Psychotropic Medications policy dated March 2025 showed, "Prior to initiating or increasing a psychotropic medication, the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for any antipsychotic medications, in advance of such initiation or increase... The facility will document that the resident or resident representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives or other options and the preferred option to accept or decline in a format the facility deems to use (e.g., written consent form, narrative note, etc.)..." (C)	S9999			