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S 000	Initial Comments First Probationary Licensure Survey Change of Ownership Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: ONE OF THREE 300.1210b) 300.1210d)5) 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and	S9999		

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services to promote healing, prevent infection, and prevent new pressure sores from developing.

These requirements were not met as evidenced by:

Based on interview and record review the facility failed to ensure a pressure injury was identified prior to becoming a stage three. This failure resulted in R31 developing a stage three pressure injury to his left ischium that had light serous drainage. This applies to 1 of 1 residents (R31) reviewed for pressure injuries in the sample of 18.

The findings include:

R31's Face sheet dated 3/5/25 shows R31 has diagnoses including, but not limited to: cerebral palsy, major depressive disorder, epilepsy, anxiety, schizoaffective disorder, paraplegia, hypokalemia, gastro-esophageal reflux disease (GERD), hyperkalemia, encephalopathy, hypertension, and hyperlipidemia.

R31's Face sheet also shows that R31 was admitted to the facility on 12/1/23.

R31's Admission/Readmission Nursing Evaluation form dated 12/1/23 shows R31 requires dependence upon staff to shower/bathe, get dressed, move from a seated position to lying position, move from a lying position to a sitting position, and R31's skin was normal with no noted pressure injuries.

R31's Braden Scale form dated 12/1/23 shows R31 had a score of 15, indicating R31 is at high risk of developing a pressure injury. R31's Braden Scale form states R31 does not have any stage

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2, 3, or 4 pressure wounds present in the last 7 days and no pressure wounds have been resolved in the last 90 days.

R31's Order Summary Report shows R31 has an order for daily skin check with a start date of 12/5/23.

R31's Skin Only Progress Note dated 1/28/24 states, "Skin warm & dry, skin color WNL (within normal limits), mucous membranes moist, turgor normal. No current skin issues noted at this time."

R31's quarterly Braden Scale form dated 2/8/24 shows R31 had a score of 15. R31's Braden Scale form also states R31 does not have any stage 2, 3, or 4 pressure wounds present in the last 7 days and no pressure wounds have been resolved in the last 90 days.

R31's Initial Wound Evaluation and Management Summary form dated 5/24/24 states, "Patient present with a wound on his left ischium... Stage 3 pressure wound of the left ischium full thickness. Exudate: Light Serous..." The measurements upon this initial examination were as follows: length of 1.2 centimeters (cm), width of 1.5 cm and a depth of 0.2 cm with a total surface area of 1.80 cm squared.

The facility could not provide any other documentation between 2/8/24 and 5/24/24 indicating any skin abnormalities were found prior to 5/24/24.

R31's Wound Evaluation and Management Summary form dated 2/28/25 shows R31's pressure wound of the left ischium is now a stage 4. The measurements upon this examination were as follows: length of 0.4 cm, width of 0.3 cm

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and a depth of 2.2 cm with a total surface area of 0.12 cm squared.

On 3/3/25 at 12:13 PM and again at 1:08 PM, R31 was seen lying on his back with the head of the bed at an approximate 45-degree angle.

On 3/5/25 at 10:51 AM, V17 Registered Nurse (RN) said R31 is dependent upon staff for all care.

On 3/5/25, V3 (Infection Preventionist Nurse/RN) was attempted to be contacted by phone and was unable to be reached.

On 3/5/25 at 1:54 PM, V2 (Director of Nursing) said nursing staff will complete a head-to-toe assessment upon admission and note any skin discrepancies. V2 also said nursing staff should at minimum complete a skin check at least weekly. Certified nursing assistants (CNAs) will complete a shower sheet and document any potential skin issues and bring the form to the nurse when completed. V2 said it is the expectation that staff should find skin concerns prior to it developing into a stage 3 pressure wound so the facility can provide treatment before it develops further.

On 3/5/25 at 2:26 PM, V18 (Wound Doctor) said if the staff taking care of R31 during showering and incontinence care are paying attention and trying and looking at the skin, it should be easier to identify before a stage 3. V18 said the progression of the development of a stage 3 pressure wound is that the skin will first start to turn red. After the redness, the skin will become blanchable (skin that turns pale when pressure is applied to it and returns to normal color when pressure is released). The next phase would

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S9999	Continued From page 4 include the top layer of skin coming off. After the top layer of skin comes off, you can start to see the subcutaneous tissue below it start to show. When the subcutaneous layer shows, that is when you now have a stage 3 pressure wound. In a perfect world, the staff providing showers and incontinence care should be able to capture these stages as they occur. (B) TWO OF THREE 300.610a) 300.1210b) 300.2040b)2) 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	S9999		

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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.

Section 300.2040 Diet Orders

b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.

2) The diet shall be served as ordered.

These requirements were not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure supplements were served and failed to obtain weekly weights for four of eight residents (R18, R24, R5, R34) reviewed for nutrition in the sample of 18. This failure resulted in R18 experiencing a significant weight loss.

The findings include:

1. R18's Admission Record dated March 4, 2025 shows he was admitted to the facility on March 3, 2014 with diagnoses including paranoid schizophrenia, ataxia, dystonia, major depressive disorder, chronic pain syndrome, and cognitive communication deficit.

R18's Order Summary Report dated March 4, 2025 shows a diet order started May 1, 2023 for

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general diet, double protein at breakfast and magic cup twice daily. An order for mighty shake four times a day was started on December 19, 2023. Monthly weights was entered to start January 4, 2024.

R18's Weights Summary shows on January 9, 2025 R18 weighed 140.2 and on February 1, 2025 R18 weighed 123.7 pounds, which is a weight loss of 16.5 pounds or 11.8 % in one month.

R18's Nutrition/Dietary noted dated February 8, 2025 shows, "Resident with a weight loss of 16.5 pounds in one month or 11.8%. Body mass index is 18.3=underweight. Currently on a general regular diet with double protein at breakfast, shakes four times daily, magic cup twice a day...Suggest weekly weight x 4 to assure weight accuracy and three day calorie count."

R18's Weights Summary shows that R18 was weighed on February 25, 2025 and February 26, 2025. There were no weekly weights documented for R18.

On March 5, 2025 at 8:05 AM, R18 was sitting in the dining room eating breakfast. R18 did not have magic cup or a mighty shake with his meal.

On March 5, 2025 at 10:37 AM, V7 Dietary Manager said R18 gets double protein. V7 said she did not know that R18 was supposed to get mighty shakes four times per day.

On March 5, 2025 at 10:58 AM, V16 Dietitian said she has not seen or assessed R18 yet. V16 said she was notified of R18's weight loss and that R18 was on her list to see this week.

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R18's Care Plan initiated July 28, 2023 shows R18 has a nutritional problem or potential nutritional problem of low weight related to lack of nutrients and provide and serve supplements as ordered.

2. On 3/3/25 at 12:30 PM, R24 was in her room eating lunch. R24 had a barbecue sandwich, coleslaw, bag of chips and a piece a cake for her meal. R24 did not have any yogurt with her meal.

On 3/4/25 at 8:12 AM, R24 was in the dining room for breakfast. R24 was served cream of wheat, 3 pancakes, a sausage, milk and orange juice. R24 was not served yogurt.

On 3/4/25 at 8:12 AM, V7 (Dietary Manager) said that all nutritional supplements that a resident is ordered to receive is on a list that is posted in the kitchen and should be provided during meals. V7 said that they do not have any residents with an order for super cereal (fortified cereal).

On 3/4/25 at 8:44 AM, V7 said that R24 is supposed to get yogurt with every meal, but it wasn't put in the computer right so she has not been getting it.

R24's Dietary Note dated 12/18/24 shows, "Resident with weight loss of 22.8# in a month or 13%. Resident is on diuretics which may account for some of weight loss. Intakes recently decreased. Intakes 26 to 100%. Resident with set up and supervision at meals. Resident on a General regular texture diet with thin liquids, magic cup daily, yogurt at meals. Weight 149.5 # and BMI = 22. Suggest add super cereal and weekly weights...."

R24's Weights and Vitals Summary printed on

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3/4/25 shows that her weight was 172.3 pounds on 11/2/24 and on 12/3/24 she was 149.5 pounds (13% loss in 1 month). R24 was weighed again on 1/9/25, 2/16/25 and 2/25/25.

R24's Physician's Order Sheet printed on 3/4/25 shows an order dated 4/11/23 for, "General diet. Regular texture, Yogurt with meals...magic cup daily..." There is no orders for weekly weights or supercereal.

The facility provided Nutritional Supplement list printed 3/3/25 does not have R24 on the list to receive any nutritional supplements.

R24's Meal Ticket shows that she likes hot cereal and yogurt. The meal ticket does not document any nutritional supplements that need to be provided.

3. R5's Nutrition/Dietary note dated 2/8/25 written by V12 (Former Dietitian) recommended trying adding an appetite stimulant and increasing the daily oral nutrition supplement shake from once daily to "BID" (two times per day).

R5's Order Summary Report dated 3/5/25 shows R5 is to receive an oral nutrition supplement shake once daily with a start date of 2/6/25. There are no additional orders showing supplementation was ever increased after V12's recommendations.

On 3/5/25 at 10:56 AM, V16 (Registered Dietitian) said R5 experienced a significant weight change before V16 started working at the facility. V12's nutrition notes show the significant weight change was addressed at the time the weight change occurred. V16 said R5 has remained weight stable for about one month but V16 would hope

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that any recommendations made by V16 or other Dietitians would be followed and implemented.
4. On 3/4/25 the morning breakfast service was observed between 8:10 AM and 8:35 AM. No residents including R34 were given any supplements with their trays.

R34's 1/20/25 Dietary note written by V12 (former Dietician) shows that R34 had a significant weight loss of 13.7 lbs. 10% in 6 months and he should receive mighty shakes 2 times a day. R34's electronic medication administration summary shows that the mighty shakes should be given with breakfast at 8:00 AM and with dinner at 5:00 PM.

A diet list of residents on nutritional supplements was provided during the breakfast service on 3/4/24 by V7 (Dietary Manager). The provided list shows R34 should receive mighty shakes twice a day.

On 3/4/25 at 9:30 AM, R34 said, "I have lost a lot of weight here, they used to give those shakes but I haven't gotten one in months."

On 3/5/25 at 10:54 AM, V16 (Dietician) said I would hope residents get the supplements as ordered. The purpose of nutritional supplements is to prevent additional weight loss and for weight stabilization.

The facility provided Weight Monitoring policy last revised on 10/2024 shows unintended weight loss may indicate a nutritional problem and the facility will implement and assess interventions to prevent and stabilize weight loss.

(B)

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S9999	Continued From page 10 THREE OF THREE 300.610a) 300.1210b) 300.1060a) 300.1060b) 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 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. Section 300.1060 Vaccinations a) A facility shall annually administer or arrange for administration of a vaccination	S9999		

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against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act)

b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to offer the influenza vaccine at the start of influenza season for two of nine residents (R40, R4) reviewed for Influenza Vaccines in the sample of 18. This failure contributed to the facility experiencing an Influenza Outbreak and the hospitalization of R40 and R4.

The findings include:

1. R40's Admission Record shows she was

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admitted to the facility on September 16, 2024 with diagnoses including diabetes mellitus, anxiety disorder, major depressive disorder, bipolar disorder, and chronic pain.

R40's MDS (Minimum Data Set) dated December 23, 2024 shows she is cognitively intact.

R40's Progress Notes dated December 18, 2024 shows she was admitted to the local hospital with pneumonia and influenza A.

R40's Hospital Records dated December 19, 2024 shows her admitting diagnoses were influenza A, pneumonia of right lower lobe due to infectious organism, and chronic obstructive pulmonary disorder exacerbation. R40 had new prescriptions for tamiflu (antiviral for influenza), prednisone (steroid), and levofloxacin (antibiotic).

On March 5, 2025 at 11:40 AM, R40 said she did not remember what symptoms she was having when she got sent to the hospital. "I was too out of it." R40 said she was not offered the influenza vaccine before she went to the hospital but would have taken the influenza vaccine if she was offered it. R40 said she received the influenza vaccine after she came back from the hospital. V19 RN (Registered Nurse) was nearby during this interview. V19 said she was the nurse that sent R40 to the hospital. V19 said she sent R40 to the hospital because R40 was having shortness of breath and coughing. V19 said the facility did not have the rapid result influenza tests. V19 said it was faster to send R40 to the hospital. V19 said R40 was diagnosed with influenza while at the hospital, but V19 suspected R40 had influenza while R40 was still at the facility. V19 said the facility usually administers the influenza vaccine in September, but V19 did

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not know why it was not administered until January this year. V19 said, "I thought that was odd."

R40's Vaccine Administration Record for the influenza vaccine shows that she signed the consent on December 30, 2024. The vaccine was administered to R40 on January 21, 2025.

2. R4's Admission Record dated March 4, 2025 shows she was admitted to the facility on August 17, 2023 with diagnoses including generalized anxiety disorder, asthma, personality disorder, chronic obstructive pulmonary disease, acute and chronic respiratory failure, morbid obesity, and personal history of Covid-19.

R4's Order Summary Report shows an order for may have annual flu vaccine with consent entered February 8, 2024.

R4's local hospital records dated December 26, 2024 shows she was admitted to the hospital with influenza A.

R4's Health Status Note dated December 29, 2024 shows, "Contact and droplet isolation continues. Resident states she isn't feeling as bad as she did when she first went into the hospital. Resident states, 'I was feeling really bad before.'"

R4's Vaccine Administration Record-Immunization Consent Form 2024-2025 shows R4 signed the consent to received the influenza vaccine on December 30, 2024. The vaccine was administered on January 21, 2025.

On March 5, 2025 at 11:33 AM, R4 said she had shortness of breath for about a week. R4 said

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 _____	03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLIGHT HEALTHCARE OF ROCHELLE	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 14	S9999		

she was sent to the hospital because it was not getting better. R4 said she got breathing treatments and steroids in the hospital. R4 said she got the influenza vaccine when she came back to the facility. R4 said the influenza vaccine was not offered before she went into the hospital. R4 said she would have taken the influenza vaccine prior to going to the hospital if the facility offered it.

On March 4, 2025 at 12:56 AM, V2 DON (Director of Nursing) and V3 Infection Control Preventionist were interviewed together. V2 and V3 stated they both share the duties of the facilities Infection Control Program. V2 said she became the facility's DON in December 2024. V2 said the previous administrator was in charge of the immunizations. V2 said the influenza vaccine was given to the residents on January 21, 2025. V3 said the previous DON did not order the influenza vaccine at the beginning of the season. "It fell through the cracks." V3 said the current administrator ordered the influenza vaccine that was administered in January 2025. V2 said the facility's influenza outbreak began December 13, 2024. V2 said there was a total of ten residents that had influenza. V2 DON said no residents were hospitalized with influenza. (R40 and R4 were hospitalized with influenza symptoms)

On March 5, 2025 at 1:52 AM, V24 Director of Local Health Department said she got an email from the previous administrator at the facility reporting the influenza outbreak in December 2024. V24 said she assumed the facility gave their residents the influenza vaccine at the beginning of the influenza season in September/October due to the report of the influenza outbreak being in December. V24 said influenza vaccines can be given as early as

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S9999	Continued From page 15 September. V24 said that's when the influenza vaccine should be given, at the start of the season in September/October. V24 said there was no influenza vaccine shortage. "In fact, we had a surplus of the influenza vaccine left over." V24 said. The facility's Influenza Congregate Setting Outbreak Log shows ten residents were positive for influenza from December 13, 2024-January 8, 2025. Only one resident was vaccinated with the influenza vaccine during the current influenza season, and that was when the resident was at a previous facility. R4's most recent vaccination date was 2023 and R40 was vaccinated January 27, 2024. The facility's Influenza Vaccination Policy revised January 2025 shows, "It is the policy of this facility to minimize the risk of acquiring, transmitting or experiencing complication from influenza by offering out residents, staff members, and volunteer workers annual immunization against influenza. Influenza vaccinations will be routinely offered annually from October 1st through March 31st unless such immunization is medically contraindicated, the individual has already been immunized during the this period, or refuses to receive the vaccine. Additionally, influenza vaccinations will be offered to residents upon availability of the seasonal vaccine until influenza is no longer circulating in the facility's geographic area." (A)	S9999		