

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000472		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD, ROCHELLE, Illinois, 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) COMPLETION DATE
S0000	Initial Comments Investigation of Facility Reported Incident dated 6/15/25/IL195236		S0000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d) 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. 300.1210. General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with		S9999		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE
---	--	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000472	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD , ROCHELLE, Illinois, 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) COMPLETION DATE
S9999	<p>Continued from page 1</p> <p>the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with a fractured leg received scheduled pain control medication for 1 of 1 residents (R1) reviewed for pain in the sample of 3. This failure resulted in R1 experiencing pain rated at a 10 out of 10.</p> <p>The findings include:</p>	S9999		

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000472	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD , ROCHELLE, Illinois, 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) COMPLETION DATE
S9999	<p>Continued from page 2</p> <p>R1's facesheet showed she was admitted to the facility 9/18/19 with diagnoses to include transient cerebral ischemic attack, pseudobulbar affect, disorders of bone density and structure, major depressive disorder, spastic hemiplegia, insomnia, bipolar disorder, hyperlipidemia, mood disorder, and anxiety disorder.</p> <p>R1's facility assessment dated 4/4/25 showed she has moderate cognitive impairment. R1's care plan initiated 7/18/23 showed, "[R1] is at risk for alteration in comfort for pain related to her diagnoses of an old stroke with left side weakness. Has orders for scheduled and PRN (as needed) pain medications for potential breakthrough pain... Interventions: Administer pain medication as ordered. R1's care plan initiated 11/14/23 showed, "[R1] has acute/chronic pain related to depression, Diabetic neuropathy, disease process, and impaired mobility; Goal: [R1] will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date... Interventions: Administer analgesia as per orders... Anticipate resident's need for pain relief and respond immediately to any complaint of pain... Staff to offer non-pharmacological interventions for pain management such as ice, repositioning, guided imagery , relaxation techniques, deep breathing, stretching, ROM (range of motion) exercises, warm packs, etc..." R1's care plan initiated 6/16/25 showed, "[R1] has a pathological bone fracture of the proximal tibial metaphysis related to severe osteopenia. Goal: [R1] will express/exhibit relief of pain after administration of ordered medications, alternative comfort measures... Interventions: Give pain, anti-inflammatory medications as ordered..."</p> <p>R1's 6/14/25 portable X-ray results showed, "... Generalized soft tissue swelling of the leg without lacerations or radiodense foreign bodies or fascial emphsema. Advanced degenerative disease of the knee and the ankle. severe osteopenia. Nondisplaced acute fracture of the proximal tibial metaphysis... Impression: Profound osteopenia of the skeleton of the left leg and nondisplaced acute fracture of the proximal tibial metaphysis..."</p> <p>R1's June and July 2025 Physician Order sheet showed an order for hydrocodone-acetaminophen (narcotic pain control medication), give 1 tablet orally three times a day for pain, an order for acetaminophen 325 mg, give 1</p>	S9999		

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000472	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD , ROCHELLE, Illinois, 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) COMPLETION DATE
S9999	<p>Continued from page 3</p> <p>tablet orally every 6 hours as needed for pain/fever, and an order for oxycodone-acetaminophen 10-325 (narcotic pain control medication), give 1 tablet by mouth every 4 hours as needed for pain.</p> <p>R1's June 2025 eMAR (electronic Medication Administration Record) showed on 6/30/25, R1 received a dose of hydrocodone-acetaminophen at 5:00 PM and subsequently received a dose of her PRN (as needed) oxycodone-acetaminophen at 6:57 PM when she reported her pain level at a 5. (This pain medication was administered within 2 hours of the previous pain medication.) R1's next dose of pain medication documented was on 7/1/25 at 4:36 AM when she received a dose of her PRN pain medication oxycodone-acetaminophen.</p> <p>On 7/1/25 at 10:30 AM, R1 was lying in her bed with a long hinged brace to her left leg. R1 was rubbing and holding her upper leg and wincing in pain. R1 said she rated her pain at a 10 out of 10. R1 said she has breaks in her leg and she is not doing good... I'm hurting so bad. I need to get out. I need something.</p> <p>On 7/1/25 at 10:36 AM, V4 RN (Registered Nurse) said she has been really busy this morning with a resident who is one on one at the nursing station. V4 said she was taking R1's scheduled hydrocodone-acetaminophen scheduled to be administered at 7:00 AM into R1 right now (3.5 hours after the scheduled administration time). V4 said a CNA (Certified Nursing Assistant) came up to her and told her R1 needed something for pain. V4 said she just got the word now regarding R1's pain so she headed down to see her.</p> <p>On 7/1/25 at 2:30 PM, V2 DON (Director of Nursing) said after reviewing R1's medication administration record, "[R1] should not have been given the 6:57 PM dose of oxycodone with a pain level of 5. I would have expected them to give her Tylenol, reposition her, use distraction, or see what else we can do to make it better at that point. It was too soon to give another narcotic pain medication. That is probably why she slept through until the morning after that and didn't need another dose until the morning. This morning with the delayed medication pass she should have pulled an aide to sit with the resident at the nurses station and passed her medications instead of being so far behind."</p>	S9999		

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000472		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER HIGHLIGHT HEALTHCARE OF ROCHELLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 CARON ROAD , ROCHELLE, Illinois, 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) COMPLETION DATE
S9999	<p>Continued from page 4</p> <p>The facility's policy and procedure implemented 3/2025 showed, "Pain Management... Policy: The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences... The facility will utilize a systematic approach for recognition, assessment, treatment, and monitoring of pain. Recognition: 1. In order to help a resident attain or maintain his/her highest practicable level of physical, mental, and psychosocial well-being and to prevent or manage pain, the facility will: a. Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated... c. Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences. 2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain. These indicators include but are not limited to: ... c. Fidgeting, increased or recurring restlessness d. facial expressions (e.g. grimacing, frowning, fright, or clenching of the jaw) e. Behaviors such as: resisting care... irritability, depressed mood... Pain Management and Treatment: 1. Based upon evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual's resident's pain beginning at admission... 7. Pharmacological interventions will follow a systematic approach for selecting medications and doses to treat pain. The interdisciplinary team is responsible for developing a pain management regimen that is specific to each resident who has pain or who has the potential for pain... h. Opioid treatment for acute pain, subacute pain, and chronic pain will be prescribed and dosed in accordance with current professional standards of practice and manufacturers guidelines to optimize their effectiveness and minimize their adverse consequences..."</p> <p>(B)</p>	S9999			