

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/19/2021
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NAME OF PROVIDER OR SUPPLIER ROCHELLE REHAB & HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH 3RD STREET ROCHELLE, IL 61068
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S 000	Initial Comments	S 000		
	Complaint Investigation: 2114946/IL135960			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			
	300.1210b) 300.1210d)6)			
	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:			
	6)All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.			
	These Requirements were not met evidenced by:			
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Based on interview, and record review, the facility failed to safely transfer a resident via wheelchair for one of three residents (R1) reviewed for safety in the sample of three. This failure resulted in R1 sustaining a fall with injuries including a complex angulated fracture distal femur and a laceration to her head which required four sutures. R1 was transferred to the local hospital.</p> <p>These findings include:</p> <p>R1's Care Plan with a start date of 10/14/14 shows, "Resident has risk factors that require monitoring, and intervention to reduce potential for self-injury. Risk factors include r/t (related to) weakness and not able to ambulate at this time as evidenced by poor knee condition and BLE (bilateral lower extremity) edema. Related diagnosis/condition/history includes osteoarthritis (joint pain). Impaired cognition as related to lower BIMS (Brief interview for mental status) score as related to older age evidenced by forgetfulness, and diagnosis of dementia. Impaired physical mobility related to BLE weakness as evidenced by knee pain with movement, and unable to ambulate."</p> <p>R1's Cognitive Assessment dated 7/7/21 shows R1's cognition of moderately impaired.</p> <p>R1's MDS (Minimum Data Set) dated 7/7/21 shows R1 requires extensive one person assist with bed mobility and extensive two person assist with transferring between surfaces.</p> <p>R1's Fall Risk Assessment dated 7/7/21 shows R1 wears glasses, has decreased muscle coordination and is at high risk for falls.</p> <p>R1's Pain Assessment dated 7/7/21 shows R1 did</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>not have any reports of pain in any location in the last five days.</p> <p>The facility's Initial Report of R1's falls from 7/14/21 shows on "7/14/21 at 12:30 PM, resident had a witnessed fall, licensed staff assessed. Orders obtained to send to emergency department for evaluation and treatment. Facility notified of distal left femur fracture, oblique lucency of age-indeterminate fracture involving the anterior inferior C4 vertebral body corner (neck) and age indeterminate mild anterior wedge-shaped compression deformity involving C5 (neck)."</p> <p>The facility's Quality Care Reporting Form dated 7/14/21 shows, "Alleged fall, bruise, skin tear/laceration. Pain to head and left knee and injury/location left knee, head." The facility's Post Fall Root Cause Worksheet shows "Pushing wheelchair and resident stomped foot down falling face forward. Root cause: need foot pedals."</p> <p>R1's Nurses Notes written by V4 RN (Registered Nurse) dated 7/14/21 at 12:30 PM shows, "This RN called down by [V3] CNA (Certified Nursing Assistant). Observed resident on ground laying on back with head against wall with legs extended out. Laceration to left forehead with moderate blood loss, pressure applied to left forehead. 911 called.</p> <p>Resident report left knee pain and leg is rotated inward. Pain with range of motion. [V3] reports she was pushing resident down hall and resident 'stomped' foot down while wheel chair moving and resident fell down face first." 3:00 PM "spoke with [local hospital] who reports resident 'broke neck' unable to tell me what kind of fracture. Reports resident being transferred to [distant</p>	S9999		

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ROCHELLE REHAB & HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE
**900 NORTH 3RD STREET
ROCHELLE, IL 61068**

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S9999	<p>Continued From page 3</p> <p>hospital]." 4:00 PM, "[Local hospital] called back to report resident fractured C4, C5 (neck) and fracture to left femur."</p> <p>The local hospital's Emergency Room records dated 7/14/21 shows, "There is a gaping approximate 2.5 cm (centimeter) laceration to the left upper forehead with surrounding abrasion. Re-exam: Some soreness to palpation of neck. Age of the fractures is not known. Will assume that it may be new from her fall today. Will transfer to [another hospital] trauma." The local hospitals imaging report dated 7/14/21 shows, "Cervical Spine CT [cat] scan: oblique lucency of age-indeterminate fracture involving the anterior inferior C4 vertebral body corner and age indeterminate mild anterior wedge-shaped compression deformity involving C5. Left knee X-ray: spiral fracture distal femur with angulation and displacement. Cannot exclude fracture of the medial tibial plateau. Conclusion: Complex angulated fracture distal femur."</p> <p>On 7/15/21 at 10:25 AM, V3 CNA said on 7/14/21, R1 was in her wheelchair and asked V3 for a ride to her room. V3 said she asked R1 to lift her feet up. V3 said she maybe took five steps, "It happened so fast. I went to put my hand on her shoulder, I heard her left foot hit the ground and [R1] popped up like a jack in the box." V3 said R1 went to her left and landed on her face. V3 said there was blood coming out of R1's head. The nurse came and applied pressure to R1's forehead. V3 said the blood to R1's head was "gushing". V3 said the nurse was R4 RN's. V3 said the ambulance personnel came and sat R1 up and R1 started vomiting. V3 said R1 was complaining of head, and left knee pain. "It was horrible."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 7/15/21 at 10:37 AM, V4 RN said R1's fall occurred after lunch. V4 said she was called down the call and V3 was holding pressure on R1's head. V4 said R1 was complaining of left knee pain. V4 said she does not know which residents require footrests on the wheelchairs and which residents do not. V4 said that V3 said that R1 never used leg rests. V4 said that residents usually have leg rests on the wheelchairs when they are being pushed by staff.</p> <p>On 7/15/21 at 1:43 PM, V5 Corporate Administrator said if a staff member is pushing a resident in their wheel chair, then the ideal is to put leg rests/foot pedals on the wheel chair so that the resident does not have to hold their feet up. During this same interview on 7/15/21 at 1:43 PM, V1 Administrator said footrests are on the wheelchairs in order to prevent falling. V1 did not know if R1 had footrests available.</p> <p>The facility's Safety Policy dated 10/02 shows, "To ensure safety precautions are being maintained at all times, employees need to have constant vigilance for unsafe conditions and for the protection of the residents." This policy does not include information on leg rest/foot pedals for wheelchairs.</p> <p>The facility's Wheelchair skills policy revised 01/02 shows, "To provide skills needed for ambulation about facility per wheelchair in safe, efficient manner." This policy does not include information on leg rest/foot pedals.</p> <p style="text-align: center;">" A "</p>	S9999		