STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016976	A. BUILDING: _____ B. WING _____	C 12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG 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 Facility Reported Incident of December 2, 2021/IL141485	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240e) 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. 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.	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016976	A. BUILDING: _____ B. WING _____	C 12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG 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 Section 300.3240 Abuse and Neglect e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident was free from abuse for 1 of 3 residents (R1) reviewed for abuse in the sample of 7. This failure resulted in R1 being held down and threatened by a Certified Nurse Assistant. R1 remains tearful at times, and fearful the staff member will return. The findings include: R1's face sheet documents he was admitted to the facility on 10/27/20 with heart failure and difficulty walking. His 11/3/21 facility assessment documents he is cognitively intact. The same assessment shows he requires one person assist for toilet use, dressing, transfers, and personal hygiene. The nursing progress note of 12/2/21 at 8:55 AM documents R1 was tearful and anxious and wanted to know where "she" was. When	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016976	A. BUILDING: _____ B. WING _____	C 12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG 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 questioned R1 stated, the red head from last night got in his face and yelled at him that she was the "f***ing boss now" and he (R1) needed to answer to her (the red head). R1 told the nurse he was held down by his arms and could not move. On 12/17/21 at 10:15 AM, R1 said an aide had held him down by his arms and told him he was going do what she told him. R1 said no one has ever spoken to him that way and it scared the hell out of him. R1 said sometimes he gets fearful the aide will come walking through the door, he (R1) was not used to being treated like that. R1 appeared visibly upset when recalling the incident, he was rubbing his arms and shaking his head with a frowned look on his face. On 12/17/21 at 11:00 AM, V9 CNA (Certified Nursing Assistant) said on 12/2/21 between 4:00 AM and 5:00 AM, she was working with V7 CNA. V9 said V7 came out of R1's room and was upset R1 had no incontinence briefs in his room. V9 said V7 found briefs and returned to R1's room and was in the room for a long time. She reported V7 said R1 was bickering with her about not having the briefs available in the room and V7 was getting upset with R1. V9 said V7 told her she had grabbed R1 by his shirt and was telling him not to talk to her like that, and when she put him into bed, she pinned R1 down by his arms. V9 said V7 reported to her that as she was pinning R1's arms down (V7) told R1 there was no cameras in the room and nothing stopping her from hurting him. V9 said V7 was showing her how she then waived her fist in R1's face while she was threatening him.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016976	A. BUILDING: _____ B. WING _____	C 12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG 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 On 12/7/21 at 11:10 AM, V10 CNA said she was the day shift aide for R1 on 12/2/21. V10 said R1 had tears in his eyes and asked, "where is that red headed bitch from last night?". V10 said R1 reported to her another CNA had pinned his arms down and told him she was the boss. V10 said R1 was very shook up and said he did not want that CNA back in his room. V10 said she immediately reported the incident to V8 (Human Resource Manager). On 12/17/21 at 10:45 AM, V2 DON (Director of Nursing) said she was notified of the allegation of abuse on 12/2/21 and began her investigation. V2 said V7 was an agency aide and immediately dismissed from all further shifts. V2 said during her investigation she interviewed staff and concluded the incident had occurred. V2 said V9 reported to her V7 said she had grabbed R1 by his shirt, raised her fist to him and threatened him. On 12/17/21 at 11:45 PM, V2 said V9 should have reported to the administrator immediately when V7 told her of the incident. V2 said since the incident was not reported, V7 was allowed to finish her shift after the abuse occurred with R1. The facility's 12/6/21 incident report documents the employee (V7) denied the alleged incident however, during the investigation, we acknowledged a statement by (R1) and confirmed statement by (V9) who was directly told about the details of the staff to resident interaction. Therefore, the facility is finding this allegation of abuse substantiated. The facility's 11/28/19 abuse policy states the facility actively prohibits resident abuse. The	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016976	A. BUILDING: _____ B. WING _____	C 12/17/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG 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 purpose of the policy is to protect residents from any kind of abuse such as verbal, sexual, mental, physical, including corporal punishment, involuntary seclusion, neglect, misappropriation of property, exploitation and any physical or chemical restrain not required to treat the resident's symptoms. (B)	S9999		