Illinois Department of Public Health

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 02/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANOR COURT OF ROCHELLE	2203 FLAGG ROAD ROCHELLE, IL 61068

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S 000	Initial Comments Complaint Investigation: 2211073/IL143346	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

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 as evidenced by:

Based on observation, interview, and record review the facility failed to supervise a resident, with a history of exit seeking behaviors, from eloping, and failed to ensure the emergency door alarms were alerting staff at all nurse's stations when the doors opened. These failures resulted in R2 exiting the facility through an alarmed door for an unknown amount of time in zero-degree Fahrenheit (windchill) weather on 1/22/22.

This applies to 1 of 3 residents (R2) reviewed for safety/supervision in the sample of 3.

The findings include:

R2's Face Sheet printed on 2/7/22 showed R2 is a 75-year-old resident admitted to the facility on 4/30/21 with diagnoses which include: cognitive communication deficit, anxiety disorder, and altered mental status.

R2's Elopement Risk Assessment dated 11/3/21,

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S9999	Continued From page 2	S9999		

showed R2 is at risk for elopement due to Alzheimer's Disease/related Dementia, Moderately Impaired-decision making which needs staff cuing and required supervision, and behaviors of opening doors and setting off alarms of secured doors.

On 2/8/22 at 9:45 AM, R2 was attempted to be interviewed. When asked if R2 remembered when she tried to leave the building, she replied with "I like working here with all these girls, we are always busy."

On 2/7/22 at 3:55 PM, V6 Registered Nurse stated she was working on the 300/400 unit for the night shift from 1/21/22 to 1/22/22. V6 stated she had seen R2 between 12:15 AM and 12:30 AM sitting in the recliner by the nurse's station with her specialized wheelchair chair close by. V6 stated R2 is a fall risk and tries to self-transfer out of bed a lot. R2 sleeps better when in the recliner. V6 stated she rounded on a few residents down the hallway. V6 stated when she came back to the nurse's station around 1:00 AM, R2 was not in the recliner. V6 stated she checked R2's room, did not find her, and went to the Certified Nursing Assistants (CNAs) desk (on the other side of the unit) to get everyone to look for her. V6 stated, V7 and V8 (CNAs) brought R2 back to the unit in her specialized wheelchair chair about 1:30 AM. They said R2 was outside of the building by the 100-unit dining area door. V6 stated R2 she was "cold to the touch, shivering intermittently, had increased confusion, and complained of chest pain." V6 stated R2 was sent to the local hospital and returned just prior to shift change (6:30 AM). V6 stated R2 has a history of trying to go through doors because she thinks her family is waiting "out there" to take her home. V6 stated R2 does have a baby doll in her room which is used to try

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S9999	Continued From page 3 to decrease R2's hallucinations about babies to show her the "baby" is safe. V6 stated R2 is usually alert and orientated times one most of the time but does have a high level of confusion with her base line. On 2/9/22 at 7:30 AM, V7 CNA stated around 1:00 AM on 1/22/22 the nurse came to the desk asking where R2 was. We started looking on the 300/400 unit and did not find her. We started looking for her on the 100/200 unit. Once we were on the unit, we could hear the alarm going off. The 100/200 unit was not in use so there is nobody on that unit at all. We found R2 outside one of the emergency doors of the 100-unit dining areas. R2's chair was almost out of sight. The back edge of the chair could be seen at the end of the sidewalk about 10 feet from the door. R2 was still sitting in her chair with a long-sleeved shirt, pants, and one shoe on. R2's leg with no shoe on was exposed to the air from her foot to above her knee, and she had a blanket draped over the top of her head. We found R2's other shoe and a pillow in the grass about 4 feet away. V7 stated R2 does try to go through the unit doors to the lobby. When R2 attempts to go out R2 usually says she going to her family or hears "babies" crying. On 2/8/22 at 1:30 PM, V9 Licensed Practical Nurse (LPN) stated at about 1:00 AM on 1/22/22 V6 approached the CNA desk asking where R2 was. We could not find her in the unit, so we started looking for R2. V7 CNA brought R2 back to the unit about 1:30 AM, and stated she was outside the building by the 100 unit. R2's initial temperature was 94.8 degrees Fahrenheit (temporal reading). R2 was very cold to touch, shivering, confused, but a lot quieter than usual. R2's temperature was retaken after about ten	S9999		

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S9999	Continued From page 4	S9999		

minutes later while in bed and was 97.6 degrees Fahrenheit (temporal). After warming up, R2 started complaining of chest pain. The temporal thermometer was the only thermometer used to take temperatures. R2 was dressed in a long sleeve shirt and light sweat pants. V9 stated she did not remember seeing any coat or other clothing on R2 when she came back with the CNAs.

On 2/8/22 at 1:40 PM, V6 confirmed R2's initial temperature taken by V9 was 94.8 degrees Fahrenheit.

On 2/8/22 V2 at 12:45 PM, V2 Director of Nursing stated R2 has hallucinations and exit seeking behaviors which usually involves R2 thinking her family is waiting for her, her family helps her get out of bed, and seeing/hearing babies. V2 stated R2 has been doing these things since she started working in the facility since September of 2021.

The Local Hospital Visit Summary dated 1/22/22 showed a visit complaint of "hypothermia and altered mental status."

R2's Facility Assessment dated 11/3/2021 showed R2 having no behaviors of hallucinations or wandering.

R2's Care Plan dated 11/3/21 showed a concern of exit-seeking behaviors through unit doors "because her family is waiting for her or because she hears her baby crying."

On 2/9/22 at 12:00, V13 Medical Director stated elderly individuals are susceptible to cold weather conditions. A temperature reading of 94.8 could be considered hypothermic depending on the persons baseline temperatures. V13 stated R2

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S9999	Continued From page 5	S9999		

has a poor safety self-awareness, history of falls, exit-seeking behavior, and hallucinations which started just after being admitted.

On 2/7/22 at 1:45 PM, V12 Maintenance Manager stated he arrived at the facility around 3:00 am (1/22/22). At that time the 100/200-unit doors were open. The alarm for 100/200 emergency door was going off. The door alarm was going off only at the 100/200-unit nursing station. V12 stated he did not know why it was only alarming at the 100/200 nurse's station and not at the 300/400 unit. Emergency doors alarm should go off at all nurses stations to alert staff a door has been opened, and so the staff can identify the location of the door in the facility. V12 stated the alarm log showed the door alarm was tripped at 10:30 PM on 1/21/22. V12 stated why door alarm was tripped is still unknown. When a door alarm is tripped the door becomes an open access which will not have the delayed opening safety measure in place, until the door/system is reset. V12 stated at the time R2 was missing (12:30 am-1:30 am) the door would have been an unlocked doorway. At 2:45 PM V12 stated none of the units in the facility are "locked" units. V12 stated the distance from 300/400-unit doorway to the 100-wing door R2 used to get outside is approximately 300 feet apart. V12 stated he used a laser measuring device to calculate the distance. To travel from the 300/400-unit doors to the door R2 used to exit the building a person must get to the other side of the building. The route from 300/400 unit goes through the lobby, past the therapy gym, around a corner (left), past 5 resident rooms, and through the 100-unit dining area which will bring you to the emergency door.

The facility's Group Incident List dated 1/22/22 showed the 100-wing door alarm was tripped at

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S9999	Continued From page 6 10:25 PM (1/21/22) and was reset at 3:15 AM (1/22/22). The Facility's Missing Resident Policy revised 2/25/19 showed "Immediately following the alarm signal, staff shall check the alarm panel and respond to the door indicated." The Weather Underground Daily Observations report showed for 1/21/22 11:54 PM to 1/22/22 2:54 AM the temperature range was 15-18 degrees Fahrenheit with a wind 15-18 miles per hour. The wind chill calculator shows with the conditions the wind chill would have been around 0 degrees Fahrenheit. (A)	S9999		