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
	IL6008106	A. BUILDING: ______ B. WING ______	C 07/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE REHAB & HEALTH CARE CENTER	900 NORTH 3RD STREET ROCHELLE, IL 61068

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S 000	Initial Comments Complaint Investigations 2215113/IL148539 2215160/IL148596	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 a) 300.1210 b) 300.1210 c) 300.1210 d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain	S9999	Attachment A Statement of Licensure Violations	

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of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with 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

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

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seven-day-a-week basis:

3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to assess, monitor, and report a change in condition for a resident (R1), failed to provide interventions to prevent skin breakdown, and failed to prevent a resident from ingesting a narcotic medication without a physician's order for 1 resident (R1). These failures resulted in a resident (R1) experiencing an unresponsive episode that resulted in a 2-day hospitalization, and obtaining blisters to her feet.

This applies to 1 of 3 residents (R1) reviewed for quality of care in the sample of 7.

The findings include:

R1's electronic face sheet, printed on 7/5/22, showed R1 has diagnosis including Alzheimer's disease, schizoaffective disorder, seizure disorder, and Dementia with behavioral disturbance.

R1's facility assessment, dated 4/4/22, showed R1 has moderate cognitive impairment, requires 1 person physical assistance for bed mobility, transfers, and personal hygiene.

R1's physician orders for July 2022 showed R1 is allergic to morphine. No reaction was listed.

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R1's fall risk care plan,dated 2/16/21, showed, "If (R1) is awake assist her to bathroom, assist her to bed. If restless, offer to take her for a walk with use of walker and gait belt then assist her back to bed ...assist to her room, after a day of high anxiety and if needed, sit with her as she relaxes. If needed, send to emergency room for any incident that requires medical attention per physician's orders."

R1's care plan, dated 1/16/22, showed, "Resident has risk factors that require monitoring and intervention to reduce potential for self-injury. Risk factors include impulsive and poor safety awareness, non-compliant with staff when assist is offered...frequent HS (nighttime) checks, monitor and assist for proper positioning in bed. Assist her to center of bed ...assist to get up in the mornings."

R1's care plan, dated 8/11/15, showed, "Resident requires use of psychotropic medication to manage mood and/or behavior issues. Assess and report to physician any new or uncontrolled episodes of hallucinations, delusions, or withdrawals ...assess/record/report any changes in mobility or activities of daily living that may be drug related."

R1's nursing progress notes, dated 6/30/22, showed, "12:00PM Family in to visit resident and take her to lunch. Resident would not wake up for family. Nursing informed and went in to assess resident. Resident opened eyes when nurse called her name and asked if she wanted a shower. Resident nodded then closed eyes again. Nurse received report this morning that resident was awake until 4:30-5:00AM. Vital signs taken and are within normal limits. Will continue to

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S9999	Continued From page 4 monitor. 6:00PM Resident still sleeping. Vital signs taken: blood pressure 126/65 pulse 88 respirations 14 temperature 97.8 and oxygen saturations 97% on room air. Resident will respond when asked if she wants a shower with a nod. Resident was incontinent. Physician informed and told us to continue to monitor as long as vital signs are within normal limits. 7:00PM Resident sleeping. Not arouseable with sternal rub, calling name. Will shake head when asked if she wants a shower. Vital signs within normal limits. 8:00PM Resident lethargic, skin waxy in appearance. Vital signs: blood pressure 78/42 pulse 92 respirations 16 temperature 99.7 oxygen saturation 92% on room air. Physician gave order to be sent to emergency department for evaluation. All parties notified at 8:40PM." R1's prehospital care report, dated 6/30/22, showed, "The patient was breathing with snoring respirations, the patient did not respond to verbal or painful stimuli. Airway was patent with slight snoring. Pulse was normal but weak. Patient's skin was cool and waxy. Nursing home staff stated that she had been sleeping all day after a Benadryl shot the night prior at 7:00PM. They stated that she had not eaten or taken her medications all day. The patient had remained unresponsive during the time period of 7:00PM on 06/29/2022 until we were contacted at our time of call. Staff advised that the patient is normally very vocal and agitated. She had an episode last night of agitation and that is when she was given the Benadryl. During the initial assessment, it was pointed out that her feet and heels showed signs of blisters in multiple spots. It was unclear what had caused the blisters ...patient showed a low SpO2 (oxygen saturation) of 87% on room air. The patient was placed on a NRB (Nonrebreather) at 15 lpm (liters per	S9999		

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minute), improving her SpO2 to 99%..... pupils were then checked revealing pinpoint pupils. The patient was still unresponsive to painful stimuli. Once the IV (intravenous access) was established, one dose of 4 mg Narcan was administered through the IV. Within the minute, patient began moving her arms and legs around. The patient remained non-verbal. Patient remained on O2 (oxygen) and was then transported to (local hospital).""

R1's local hospital records, dated 6/30/22 at 8:55PM, showed, "The patient was brought here from (nursing facility) because of altered level of consciousness. The patient reportedly was given Benadryl last night because she was agitated, had a recent change to her Abilify dosing, and since last night she has been sleeping and difficult to arouse. The patient reportedly has been lying in bed all day. The patient has a history of seizures but no seizure activity has been reported ...The patient has a blister to her right heel and to the left lateral foot which (nursing facility) says was because she has been lying in bed all day. The patient has rectal temperature of 100.2 upon arrival ...Pupils minimally reactive, breath sounds decreased."

R1's local hospital records, dated 6/30/22 at 8:55PM, showed ..."The patient is POSITIVE for barbiturates, opiates, phencyclidine, and benzodiazepines. The patient is on Phenobarbital, but otherwise these positive values do not reflect her medication list ...The patient will be transferred to a higher level of care due to elevated troponin (protein found in the heart) levels."

R1's secondary local hospital records, dated 7/1/22 at 1:57AM, showed, "Patient received

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S9999	Continued From page 6 intravenous Narcan and responded very well to it. After Narcan, patient was awake and alert. She was asking for food and was moving all 4 extremities. Acute encephalopathy is most likely related to probably narcotic use which may be accidental in nature ...The reason patient was brought into the hospital after she had hypotension (low blood pressure) and was minimally responsive. Reportedly on the day of admission patient had not been sleeping well so she was given Benadryl for insomnia and she was able to sleep but they were not able to wake her up and noted hypotension so patient was transferred. Since that time patient has woken up and seems to be back at her baseline ...Encephalopathy: Possibly toxic metabolic in etiology and possibly related to medication. Patient had received Benadryl which could have contributed along with all her underlying medications ...Need to clarify why patient is positive for opioids and phencyclidine which could have contributed to her presentation ...A repeat drug screen on 7/1/22 at 12:52PM showed patient continues to be positive for opiates but now negative for phencyclidine." R1's June 2022 physician's orders showed no order for skin care to lower extremities. R1's shower/skin check sheets for 6/28/22 and 6/29/22 showed no abnormal skin issues to R1's lower extremities. R1's medication administration record for 6/30/22 shows R1 did not receive any of her scheduled medications for the entire day. R1's meal intake log for 6/30/22 shows no intake of food or fluids. R1's June 2022 physician's orders showed no order for Opioid medications, and no documentation related to Benadryl being given on 6/29/22 or 6/30/22. R1's nursing progress notes	S9999		

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showed no documentation related to R1 being agitated on 6/29/22 or Benadryl being administered

On 7/5/22 at 9:14AM, V4 (Registered Nurse) stated, "(R1) just went to the hospital on 6/30/22 for an unresponsive episode and came back to the facility on 7/2/22. She slept for about 18 hours straight and her blood pressure was low and she was very pale. She now has 2 fluid filled blisters on each heel which she developed here at the facility. She probably got those from not being moved and lying in bed for 18 hours."

On 7/5/22 at 11:17AM, V5 (Registered Nurse) stated, "When I worked on 6/30/22, (R1) was sleeping for my whole shift. During nursing report, I was told that she had been given Benadryl for insomnia and anxiety and was also kicking doors. Sometimes she will stay up for 24-48 hours and then be out of it. I let her sleep and monitored her vital signs. V8 (Registered Nurse) reported to me that she had given Benadryl at 4:30-5:00AM and then (R1) fell asleep right before I came in for my shift at 6:00AM. (R1) does not have any narcotics prescribed to her so I'm not sure why they were in her system unless someone gave them to her."

On 7/5/22 at 1:56PM, V6 and V7 (Certified Nursing Assistants) stated, "(R1) was her normal self on 6/29/22. The next day we came in and we were told she didn't go to bed until 3:00AM so to leave her alone and let her sleep. We didn't think much of it because sometimes she sleeps during the day."

On 7/5/22 at 2:55PM, V8 (Registered Nurse) stated, "(R1) was extremely agitated on 6/29/22 during the night shift. She was beating her chest really hard and making manic statements about

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S9999	Continued From page 8 someone choking her and was kicking doors. We usually redirect her, try to distract her with food, play music, and try to reorient her. She has an order for Benadryl so I gave it to her. I didn't document that I gave it, or document any progress notes about it. I should have but I didn't. I did not notify the physician of her behaviors. Maybe she was having a seizure, I don't really know." On 7/6/22 at 9:26AM, V10 (Nurse Practitioner) stated, "(R1) has received Benadryl several times. She would not sleep for that period of time from one dose of Benadryl. She had an increase in her Abilify dose but that would not have caused her excessive sleepiness. She is on heavier medications so the dosage increase is very minimal for her. She is not on any medications that would have caused her to be positive for opiates. As far as I'm concerned, there wouldn't be a false positive result for opiates." On 7/6/22 at 9:50AM, V15 (R1's sister/power of attorney) stated, "On 6/30/22, my cousin came to take (R1) to lunch and called me and said she was sleeping. (V5-Registered Nurse) said she was sleeping and hadn't given her any medications because she had been sleeping. Later that night, we got a call that (R1) had been unresponsive and they sent her to emergency room. The doctor from the hospital told us that (R1's) urine drug test showed several medications that she is not on. She is on Phenobarbital which explains one of them but not the phencyclidine, opiates, and Benzodiazepines. We had taken (R1) out to lunch on Wednesday and she was perfectly normal for her state. At the hospital, (R1) had bruises to both of her feet and blisters so she was clearly left in bed for a long time. The upper part of her bottom and lower	S9999		

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back were also very red. She has been on the Benadryl for 3-4 months and has never had this reaction. The nurses at the facility tell us it doesn't even work most of the time.""

On 7/6/22 at 10:59 AM, V11 (Pharmacist) stated, "(R1) is not on any benzodiazepines or opiates so there is no reason why she would receive a positive drug test for these classes of medications. Benadryl would not cause a false positive for these medications. The only reason I can professionally say that Narcan worked for her is because she had Opioids in her system."

On 7/6/22 at 2:05PM, V13 (R1's physician) stated, "I would not expect this sort of reaction from Benadryl. I have never heard or seen (R1) sleep for that period of time and would expect to be notified if she had. It was never reported to me by the facility that (R1) had not received any food, fluids, or medications on 6/30/22. If that had been reported, I probably would have given different orders other than just to monitor her."

On 7/6/22 at 11:55AM, V8 (Registered Nurse) stated, "(R1) received Benadryl between 4-5:00AM on 6/30/22. The aides put her to bed on 6/29/22 at some point. They didn't have me check on her at all during the night. Sometimes the Benadryl works for (R1) and sometimes it doesn't. I crushed a Benadryl pill and mixed it with water and gave it to her that way. Sometimes she needs an intramuscular injection of Benadryl but I'm skilled in knowing which way she will take it, so I gave it orally."

On 7/6/22 at 2:05PM, V13 (R1's physician) stated, "I would not expect this sort of reaction from Benadryl. I was notified that (R1) had opiates in her system and that is very concerning

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to me. That test is valid and the only way she would have tested positive is with opiates in her system."

On 7/6/22 at 3:13PM, V14 (Certified Nursing Assistant) stated, "When I arrived for my shift on 6/29/22 it was around 10:00PM. (R1) was going down to the end of the hallway, kicking the door and saying she was leaving. This is pretty normal for her but she never tries to leave. She followed me back to the nurse's station, we talked for a few minutes and then I had to go down the hallway. I came back a few minute later and (R1) told me the nurse gave her cough medicine. As I was talking to her, V8 (Registered Nurse) came and took (R1) to her room and told her it was time for bed. When I went to (R1's) room about 20 minutes later, (V8) told me that she gave (R1) Benadryl and (R1) was sleeping in her wheelchair. (V8) then left the room while we put (R1) to bed. (R1) was sleeping so sound we couldn't wake her up and she couldn't stand. We told (V8) we were worried about (R1) because she doesn't ever sleep like that and we had to watch her breathe to make sure she was still alive. (V8) told us that she gave (R1) her Benadryl so she would be "knocked out for the night." We put her to bed around midnight. I am positive about this because it wasn't long after I got to work and we start our morning get up routine at 4:30AM, and (R1) had been in bed for pretty much my whole shift. I checked in on (R1) a few times in the night but didn't go in the room to give cares to her at all. She usually doesn't need a lot of help from us so I figured she would call us if she needed something."

During the course of this survey, observations of R1's skin were not able to be made due to R1's mental state.

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S9999	Continued From page 11 The facility's undated policy titled, "Notification for Change in Resident's Condition or Status" showed, "The facility and/or facility staff shall promptly notify appropriate individuals (i.e. Administrator, Director of Nursing, Physician, Healthcare Power of Attorney, etc) of changes in the resident's medical/mental condition and/or status ...1. The nurse supervisor/charge nurse will notify the resident's attending physician or on-call physician when there has been: ...d. a reaction to medication ...g. Refusal of treatment or medications (i.e. 3 or more consecutive times). 2. The nurse supervisor/charge nurse will notify the Director of Nursing, physician, and unless otherwise instructed by the resident the resident's next of kin or representative when the resident has any of the afore mentioned situations or: ...b. There is a significant change in the resident's physical, mental, or psychological status." The facility's policy titled, "Preventative Skin Care", dated 10/06, showed, "To provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin to keep them clean, comfortable, well groomed, and free from pressure ulcers ...2. Staff on every shift and as necessary will provide skin care." (A)	S9999		