

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146152	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER ROCHELLE GARDENS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1021 CARON ROAD ROCHELLE, IL 61068	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents maintained social distancing in common areas, and failed to ensure a resident on isolation precautions did not walk around the facility and sit in a common area to prevent the potential spread of COVID-19. This has the potential to affect all of the resident's in the facility.</p> <p>The findings include: On 10/6/20 at 9:13 AM, 13 residents were standing side-by-side, in a line by the patio door. The residents were waiting to go outside for their smoking break. None of the residents in the line were wearing a face mask.</p> <p>At 9:50 AM, R2, who was on droplet isolation precautions, walked out of her room without a mask on. R2 walked down the hall to the restroom located on hall A. R2 entered the restroom and proceeded to use the toilet without closing the restroom door. V4 (Certified Nursing Assistant-CNA) closed the door when she heard R2 going to the bathroom. At 10:08 AM, R2 exited the restroom and walked back up the hall, passing by her room and continuing down the hall and around the nurse's desk. R2 sat in a chair that was by the entrance to the dining room. At 10:10 AM, R2 stood up, walked past the nurse's station and started walking down the opposite hallway (hall B) before being observed by staff. At 12:29 PM, ten residents were sitting in the activity dining room. 7 of the residents were seated at a long narrow table. the 7 residents were approximately three to four feet apart (less than the recommended six foot social distancing guidelines). V5 (CNA) agreed that the residents were not six feet apart. On 10/6/20 at 9:02 AM, V1 (Administrator) said there were 48 residents in the facility. On 10/7/20 at 10:13 AM, V6 (Registered Nurse-RN) said residents who are new admissions or a readmission from the hospital are placed on droplet isolation for 14 days. V6 said these residents should remain in their rooms during the 14 day isolation period. V6 said these residents should not be walking around the facility and sitting in a chair in a common area because they are potentially infectious. At 10:19 AM, V5 CNA said almost all of the CNA staff had said something to the previous Director of Nursing about there being so many people in the activity dining room. V5 said it is important to social distance because people can have COVID-19 and not show symptoms. V5 said residents readmitted and placed on isolation for 14 days should not be out of their room walking down the halls and sitting in chairs. V5 said the residents are put on isolation for 14 days because the facility does not know if the resident contracted Covid-19 while they were in the hospital. V5 added it was for the residents safety. R2's Nurse Progress Note dated 9/15/20 shows R2 was admitted to the facility and placed on droplet isolation for 14 days. The note shows She continues to wander hallway. Redirected to room. The Nurse Progress Notes dated 9/16/20 and 9/19/20 show R2 remained on isolation and continued to need redirection when seen walking in the hallways. The Nurse Progress Note dated 10/2/20 shows R2 had a fall in her room and was sent to a local hospital via ambulance to be evaluated and returned to the facility that same day. The Nurse Progress note dated 10/4/20 shows R2 had another fall and was again sent to a local hospital. No progress note provided as to when she actually returned to the facility, however and email provided on 10/7/20 by V1 (Administrator) shows R2 returned to the facility on [DATE]. The Nurse Progress note dated 10/6/20 shows R2 uses assistance for ambulation with a walker and can independently use a wheel chair. R2's minimum data set assessment ((MDS) dated [DATE] shows [DIAGNOSES REDACTED]. R2's Droplet Precaution Care Plan dated 10/4/20 shows she is on droplet precautions due to a highly contagious respiratory illness. Covid precautions due to emergency room visit. The care plan shows Limit the movement and transport of the resident from the room to essential purposes only. If transport or movement is necessary, minimize resident's dispersal of droplets by masking the resident. Maintain spatial separation of at least three feet between the infected resident and other residents and visitors. The facility's policy and procedure titled COVID-19 Control Measures with a revision date of 8/26/20 shows Admissions and Readmissions .3. New admissions and re-admissions whose COVID status is unknown, should be placed in a private room and all recommended COVID-19 PPE should be worn during care of residents under observation, which includes N95 respirator eye protection, gloves and gown. Residents are to remain in a private room under observation for 14 days. The policy and procedure shows Additional Actions: 1. Small group activities can occur for residents not suspected of having COVID-19, however, must maintain social distancing. Residents must wear a face cover .2. Suspend communal dining. Identify asymptomatic residents requiring assistance and who are high risk for choking, and allow in dining or other designated area for observation and assistance during meals. Maintain social distancing to other residents.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.