Illinois De	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI, IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		IL6000103	B. WING		04/	18/2024
NAME OF P	ROVIDER OR SUPPLIER					
ALDEN D	EBES REHAB & HC		TH MULFORD RD, IL 61108			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 9, 2024/IL172041	cility Reported Incident of April				
S9999	Final Observations		S9999			
	Statement of Licensure Violations: 300.610a) 300.1210b)3)4) 300.3240a)					
	a) The facility shall procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating II be reviewed at least annually documented by written, signed				
	Nursing and Person b) The facility shall and services to atta practicable physica well-being of the re each resident's cor plan. Adequate and care and personal resident to meet the care needs of the r 3) All nursing p	provide the necessary care ain or maintain the highest il, mental, and psychological sident, in accordance with nprehensive resident care d properly supervised nursing care shall be provided to each e total nursing and personal				
BORATORY	ment of Public Health DIRECTOR'S OR PROVIE cally Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	INATURE	TITLE		(X6) DATE 05/03/24
ATE FORM			6899 O	FRH11	If continu	ation sheet 1

TATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LDEN D	EBES REHAB & HC		TH MULFORD DRD, IL 61108	AVENUE		
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S9999	appropriate treatme urinary tract infection normal bladder func- personnel shall assis who enters the faci- catheter is not cath- clinical condition de- catheterization was 4) All nursing p encourage resident in activities of daily circumstances of th- demonstrate that di This includes the re- dress, and groom; eat; and use speec functional commun- who is unable to ca- shall receive the se- good nutrition, groot Section 300.3240 A a) An owner, licens agent of a facility sh- resident. (Section 2) This REQUIREMEN Based on observati- review, the facility to be free from negled reviewed for negled failure resulted in R	el and/or bladder receives the ent and services to prevent ons and to restore as much ction as possible. All nursing sist residents so that a resident lity without an indwelling eterized unless the resident's emonstrates that a necessary. ersonnel shall assist and ts so that a resident's abilities living do not diminish unless ne individual's clinical condition iminution was unavoidable. esident's abilities to bathe, transfer and ambulate; toilet; h, language, or other ication systems. A resident irry out activities of daily living ervices necessary to maintain oming, and personal hygiene. Abuse and Neglect ee, administrator, employee of nall not abuse or neglect a	r			

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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALDEN I	DEBES REHAB & HCO		TH MULFORD			
		ROCKFO	RD, IL 61108			
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S9999	Continued From pa	ge 2	S9999			
	admitted to the faci acute cystitis with h collapse, acute kidr apnea, hypertensio failure to thrive, and On 4/18/24 at 10:47 became tearful and spoke about the ind "I done forgot about help me go to the b waited hours and st nurse." She had a r to be bothered with she was abusive to attitude. I don't thinl of people. Some per for, but they think th made it through the help. She was the c want to call that per say it but that's the that I had to wet my On 4/18/24 at 9:41 Nurse/RN) said R1 was told a resident night and was upse management. If it's perform their duties true." On 4/18/24 at 9:48 Assistant/CNA) said told her nobody cha up and cleaned up, was wet all the way	owed an 88-year-old female lity on 4/5/24 with diagnosis of new failure, obstructive sleep n, history of falling, adult d urinary tract infection. AM, R1 was in her room. R1 her crying increased as she cident night of 4/9/24. R1 said t that girl. She didn't want to athroom. I put the call light on tarted calling out "nurse, masty remark. She didn't want me. I wet myself. I feel like me. You got to have a decent k she is qualified to take care cople got jobs they ain't cut out hey are. I prayed and hoped I e night. I felt afraid to ask for one waiting on me. You don't rson to come back in. I hate to way I feel. I was embarrassed yself." AM, V7 (Registered alert and oriented x 3. "If I had not been changed all et, I would report it to true, then someone did not s. I would call it neglectful if it's AM, V8 (Certified Nursing d the morning of 4/10/24, R1 anged her all night. "I got her washed her good. R1's bed to the mattress. I reported it r) as soon as I cleaned her up.				

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S9999	Continued From pa	ge 3	S9999			
	report that she gets she gets up to the the herself. She is very She was very upset as wet as she was, or toileted at all. I ku lets you know when bathroom. She'll put them in their urine the breaking down and On 4/18/24 at 2:24 she arrived at the fat 4/10/24. R1 told heil her call light on to the the bathroom. R1 st the call light and tol undergarment and her. She (R1) was (Administrator) was back to work so I le Director's) desk at fat wanted to speak to told the nurse on du changed her mood. I would say it was in attend to her care in On 4/18/24 at 3:08 R1's room on 4/10/2 R1's reach. R1's 4/5/24 transfer required 2 persons plan showed she w skilled stay requirin necessary services	PM, V11 (R1's daughter) said acility around 10:00 AM on r that during the night she put ell staff she needed to go to aid a staff person answered d her to go (urinate) in her moved the call light away from angry and embarrassed. "V1 is in a meeting, and I had to get ft a note on V4 (Admissions 11:10 that morning that I him about the situation. I also uty about it. This incident has . I would not say it was abuse. reglect. They neglected to				

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CIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6000103		B. WING			C 18/2024
OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
EHAB & HC	-		AVENUE		
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on and/or tea to the reaso ition to a les an showed t me and R1 ndently. 12/24 facility rely intact, re nee to toilet ent of blado 9/24 antibiotion an antibiotion and antibiotion affirms the r puse, neglect o provide go I physical ha or in the de I or mental so rin the de I or mental sility's report ed Certified pated for res fied with cal isor showed th. An intervit tually done were wer of attorr d R1 was ch ry to surveyor A) showed I a long time w g of 4/10/24 turated in ur	aching and training activities on for the stay or in preparation aser care environment. R1's he intended discharge location was unable to turn side to side advection a unable to turn side to side and was occasionally der and bowel. ic therapy note showed she c for a uninary tract infection. 7 Abuse Policy showed the ight of our residents to be free itNeglect is the bods and services necessary arm, mental anguish, mental terioration of a resident's condition. ed incident showed V6 (an Nursing Assistant/CNA) was ident neglect as R1 was re. An interview with a CNA V6 was not always the most ew with V10 (R1's daughter) with V11 (R1's other daughter tery). The investigation showed hanged during the night or interview). An interview with R1 told her she had been when she was found soiled the . This interview showed R1 ine and all linens had to be	S9999	DEFICIENCY	<u>)</u>	
	CIENCIES ECTION OR SUPPLIER EHAB & HCC SUMMARY STA CH DEFICIENCY ULATORY OR L DEFICIENCY ULATORY OR L Deficiency OR SUPPLIER Deficiency OR SUPPLIER Deficiency Deficiency OR SUPPLIER Deficiency Deficiency OR SUPPLIER Deficiency Deficiency OR SUPPLIER Deficiency Deficiency OR SUPPLIER Deficiency Deficienc	ECTION IDENTIFICATION NUMBER: IL6000103 IL6000103 OR SUPPLIER STREET AD EHAB & HCC 550 SOUT SUMMARY STATEMENT OF DEFICIENCIES ROCKFOI SUMMARY STATEMENT OF DEFICIENCIES SUMMARY OR LSC IDENTIFYING INFORMATION) Ided From page 4 on and/or teaching and training activities to the reason for the stay or in preparation ition to a lesser care environment. R1's an showed the intended discharge location me and R1 was unable to turn side to side	CIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE IDENTIFICATION NUMBER: A. BUILDING: IL6000103 B. WING OR SUPPLIER STREET ADDRESS, CITY, ST EHAB & HCC 550 SOUTH MULFORD ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES CH DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG and for the aching and training activities to the reason for the stay or in preparation me and R1 was unable to turn side to side idently. S9999 12/24 facility assessment showed rely intact, required partial/moderate nee to toilet and was occasionally tent of bladder and bowel. S9999 2/24 antibiotic therapy note showed she an antibiotic for a urinary tract infection. IIII SUBJACT Abuse Policy showed the affirms the right of our residents to be free puse, neglectNeglect is the o provide goods and services necessary d physical harm, mental anguish, mental or in the deterioration of a resident's il or mental condition. IIII showed V6 (an ed Certified Nursing Assistant/CNA) was pated for resident neglect as R1 was fied with care. An interview with a CNA isor showed V6 was not always the most it. An interview with V10 (R1's daughter) trually done with V11 (R1's other daughter wer of attorney). The investigation showed d R1 was changed during the night ry to surveyor interview). An interview with A) showed R1 told her she had been a long time when she was found s	CIENCIES (X1) PROVIDERISUPPLIER/CLA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A BUILDING: IL6000103 B. WING OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE EHAB & HCC 550 SOUTH MULTORD AVENUE ROCKFORD, IL 61108 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIVE CAOSS-REFERENCE CO TO DEFICIENCY MUST BE PRECEDED BY FULL ULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIVE CROSS-REFERENCE CO TO TO DEFICIENCY eed From page 4 S9999 S9999 an and/or teaching and training activities to the reason for the stay or in preparation tition to a lesser care environment. R1's an showed the intended discharge location me and R1 was unable to turn side to side idently. 12/24 facility assessment showed rely intact, required partial/moderate noe to toiled and was occasionally tent of bladder and bowel. 3/24 antibiotic for a urinary tract infection. an antibiotic for a urinary tract infection. an antibiotic for a urinary tract infection. and the deterioration of a resident's I or mental condition. ility's reported incident showed V6 (an ed Certified Nursing Assistant/CNA) was inted for resident neglect as R1 was fied with care. An interview with A CNA isor showed V6 was not always the most t. An interview with V10 (R1's daughter) turally done with V11 (R1's other daughter wer of attorney). The investigation showed d R1 was changed during the night ty to surveyor inte	CIENCIES (X1) PROVIDERSUPPLIERCLIA IDENTIFICATION NUMBER A: BUILDING:

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S9999	Continued From pa	age 5	S9999			
	within reach. This r due to poor perforn	report showed V6 was let go nance.				
	"B"					

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