STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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 Complaint Investigation 2511089/IL186093	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.2090 b) 300.3240 a) 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 resident to meet the total nursing and personal care needs of the resident.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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	S9999		

Section 300.2090 Food Preparation and Service
b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure a resident's safety and prevent a resident from being burned by the heater (radiator) in her room. This failure resulted in R2 sustaining a deep partial-thickness burn to her right foot when she fell against the radiator mounted on the wall in her room. The facility failed to monitor temperatures of hot beverages prior to serving to residents. This failure resulted in R3 sustaining full thickness burns to her right thigh, left thigh, and buttock after spilling tea on her lap. These failures have the potential to affect all 160 residents in the facility.

The findings include:

The Facility Data Sheet, dated 2/11/25, showed a resident census of 160. On 2/11/25, V1, Administrator, stated every resident room in the facility had a wall mounted radiator.

1. R2's Post Occurrence Documentation note, dated 1/17/25 at 8:04 PM, showed R2 was found,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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	S9999		

by staff, on the floor of her room with "her right leg stuck under the heater." The note showed R2 was found to have a burn to her dorsal area (top) of her foot.

R2's Nurses Note, dated 1/17/25 at 8:33 PM, showed facility staff were notified of abnormal lab results on R2. R2 was sent to a local hospital for an evaluation due to her abnormal labs.

R2's hospital records, dated 1/17/25-1/27/25, showed R2 was subsequently hospitalized with diagnoses of a high blood potassium level, Influenza A, urinary tract infection (UTI), and a second-degree burn to her right foot. The records showed R2's right foot burn required wound debridement during her hospitalization. R2 was discharged from the hospital on 1/27/25 and was readmitted to the facility.

R2's readmission medical provider/nurse practitioner note, dated 2/3/25, showed R2 "was seen today for readmission. She was recently hospitalized due to shortness of breath, cough, and a fall out of bed. She was admitted for sepsis due to UTI as well as bacterial... She was found to have a deep partial-thickness contact burn of the right dorsum of the foot and underwent bedside debridement..."

R2's wound note, dated 1/31/25, showed R2 was assessed by the facility's wound physician upon her readmission to the facility. The note showed, "Report new wound to right foot. Burnt her foot via radiator ..." The note showed R2's burn covered the top (dorsal area) of her right foot and the first two toes of her right foot. The note showed R2's burn measured 9 cm (centimeters) x 5.5 cm x 0.1 cm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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	S9999		

On 2/11/25 at 11:25 AM, R2 was in bed with her right foot propped up on a pillow. A large gauze dressing was noted around R2's right foot and ankle. When R2 was asked what happened to her foot, R2 stated, "I got burned. I fell and my foot got stuck under the heater. My bed used to be over by the wall with the heater. I stuck in between there (between her bed and wall/radiator) when I fell. I couldn't get up. My foot was burning."

On 2/11/25 at 9:52 AM, V14, Registered Nurse (RN), stated, "That night (1/17/25), (R2) had a fall. I heard her calling for help. I found her on the floor of her room, stuck between the bed and the radiator on the wall. Her right foot had gotten stuck in the radiator. When I pulled her foot out from under the radiator, the top of her foot was bright red ..."

On 2/11/25 at 1:55 PM, V12, Wound Physician, stated he was currently treating R2 for a second degree burn to her right foot "caused by the radiator in her room."

On 2/11/25 at 11:30 AM, V9, Maintenance Director, stated the facility currently did not have a process in place to monitor the temperatures heat produced by the wall radiators and/or the temperature of the radiator covers. V9 stated wall radiators were located in every resident room in the facility. V9 stated, "We don't check the temperatures of the radiators. We can't control the wall radiators. They just kick in when the forced air heating system of the facility has trouble maintaining room temperatures. When it's colder outside and the forced air system has trouble keeping the temperatures up, the wall radiators will work longer and harder to help keep the room temperatures where they need to be."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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	S9999		

V9 also stated the facility did not monitor the outdoor daily temperatures.

On 2/11/25, V1, Administrator, stated the facility did not have a policy or process on monitoring the temperatures of the wall mounted radiators.

2. A facility incident report, dated 1/23/25, showed R3 sustained burns to her right thigh, left thigh, and buttock area after spilling hot tea in her lap on 1/19/25.

R3's wound note, dated 1/24/25, showed R3 was evaluated by V12 Wound Physician for burns to her bilateral thighs and buttocks caused by "scalding of hot water." R3's right thigh burn measured 3.5 cm x 1.8 cm x 0.1 cm. R3's left thigh burn measured 6.0 cm x 4.0 cm x 0.1 cm. The note showed no measurements for R3's burn to her buttocks but showed the skin to R3's buttocks appeared red.

On 2/11/25 at 2:34 PM, R3 was seated in bed. R3 stated on 1/19/25, "the aide had just gotten a cup of hot water for my tea. I eat in my room. She put the cup on my table. I went to pick up the cup. My hand started shaking and spilled the whole cup all over my lap. It was hot. Not sure how hot it was but it burnt my legs."

On 2/11/25 at 1:23 PM, V10, Dietary Manager ,stated it is the policy of the facility that no hot beverages leave the kitchen until the temperature of the beverage is at 120 degrees Fahrenheit (F) or below. V10 stated, "We would get hot water for tea either by boiling tap water on the stove or getting it out of the coffee machine. We pour the hot water and/or coffee into separate insulated carafes and wait for the temperatures to drop before taking the carafes to the floor or dining

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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 5	S9999		

room. The dietary aides are responsible for monitoring the beverage temperatures before beverages leave the kitchen. Once the temperatures are ok, the activity aides come down and get the drinks to pass out to residents while they are waiting for the food to come. On the day of the incident, I believe it was a Sunday, the activity aide ran out of hot water for tea. My understanding is that she came down and refilled the carafe with hot water by herself. I am not sure where she got the hot water from, but she did not check the temp of the water before she poured it for a resident ..."

On 2/11/25 at 1:43 PM, V11, Activity Aide, stated on 1/19/25, "I was serving coffee, cocoa, and tea to the residents before dinner. I ran out of the coffee and hot water I had in the containers I had gotten from the aides in the kitchen. I quick ran down to kitchen to refill my containers. I got the hot water for the tea out of the pot that was on the stove. The stove wasn't on, but the pot of hot water on the stove was steaming. I poured some of the hot water into my container and went back up to the floor. I have no idea what the temp of the water was. (R3) asked for a cup of hot water for her tea. I poured her a cup and put the cup on her table. We didn't put lids on the cups at that time. I was just walking out of her room when I heard her start yelling. She spilled her tea on her lap."

On 2/11/25 at 1:55 PM, V12, Wound Physician, stated R3 had "full thickness burns to her thighs from being scalded by water."

The facility's AT RISK Hot Food and Beverage Temperature Service policy, dated 12/2024, showed, "Food will be served at a temperature that is safe and palatable... Hot beverages to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007165	A. BUILDING: _____ B. WING _____	C 02/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN PARK STRATHMOOR	5668 STRATHMOOR DRIVE ROCKFORD, IL 61107

(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 6 include coffee, tea, hot chocolate, hot water, cappuccino will be served at an ideal temperature of 120 degrees..." (A)	S9999		