PRINTED: 05/14/2025 FORM APPROVED

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			,	
		IL6008049	B. WING			, 4/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
ROCK RIVER HEALTH CARE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Complaint Investiga 2512493/IL188728	ation					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	300.610a) 300.1210b 300.3210t						
	Section 300.610 R	esident Care Policies					
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory confinersing and othe policies shall complime written policies the facility and shall by this committee, and dated minutes	dvisory physician or the ommittee, and representatives in services in the facility. The ly with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed					
	Nursing and Persor						
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest life, mental, and psychological sident, in accordance with apprehensive resident care life properly supervised nursing care shall be provided to each extend nursing and personal					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 04/04/25

TITLE

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		IL6008049	B. WING			C 24/2025	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROCK RIVER HEALTH CARE 707 WEST RIVERSIDE BOULEVARD							
	ROCKFORD, IL 61103						
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S9999	Continued From pa	ge 1	S9999				
	care needs of the re	esident.					
	Section 300.3210	General					
	not subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.					
	These requirements	s are not met as evidenced by:					
	failed to ensure a reabuse for 2 of 3 resabuse in the sample R1 being kicked in	and record review the facility esident was free from physical idents (R1, R2) reviewed for e of 6. This failure resulted in the genitals and R2 being and and sustaining a fracture of					
	The findings include	9 :					
	facility 4/23/2021 wi kidney failure, obstr prostatic hyperplasi disorder. R1's medi inguinal hernia repa normal activity 3/17	owed he was admitted to the ith diagnoses to include acute ructive uropathy, benign a, and major depressive cal record showed he had an air 3/13/25 and could return to /25. R1's 2/17/25 assessment cognitive impairment and rs.					
	room watching telev	2 AM, R1 was sitting in his vision. R1 was calm and ed to discuss the incident with					
	"Resident [R1] state pushed him back a	ng Progress Note showed, es [R2] kicked him, and he nd resident [R2] fell down. [R2] t and said he was not hurt."					

Illinois Department of Public Health

STATE FORM 6899 7BTW11 If continuation sheet 2 of 4

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IL6008049	B. WING		I	C 24/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE				
	707 WEST RIVERSIDE BOULEVARD							
ROCK R	IVER HEALTH CARE		RD, IL 61103					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
S9999	Continued From pa	ge 2	S9999					
	facility 6/19/23 with dependence, epilep encephalopathy, an R2's facility assessine has severe cognital hallucinations and cinitiated 3/14/24 shopsychotropic medic							
	"Late entry on 3/20/ to observe resident resident tried to sit I awkwardly placed. S (Director of Nursing Department) and br	ng Progress Note showed, 25, I heard an altercation went laying on the floor when notice his left leg was 911 called and the DON 1), ED (Emergency rother, other resident stated him, and he pushed him						
	showed, " CT (Dia	spital notes dated 3/20/25 agnostic Scan) of the left hip fracture of the proximal						
	Nursing Assistant) s and doesn't undersi ambulatory and roa aggressive with oth verbally If you dor	5 AM, V3 CNA (Certified said, " [R2] gets confused tand why he is here. [R2] is ms the halls He gets er residents but usually just n't intervene fast enough a sause he won't back down						
	Nursing Assistant) s	5 PM, V7 CNA (Certified said, " My coworker was e to help, [R2] was on the floor						

Illinois Department of Public Health

STATE FORM 6899 7BTW11 If continuation sheet 3 of 4

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	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	,					
IL6008049	B. WING		03/2	4/2025		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
ROCK RIVER HEALTH CARE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103						
ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE DATE		
page 3	S9999					
er seen him yell at or be physical nts. He says a lot of things but						
t) said, "[R2] was on the floor. I happened, and he said [R2] balls, so he hit him [R1] said						
said, "On that day [R2] was to redirect him but towards the e starts sundowning (period of ors in the evening hours) I ually when you got yelling, there ng on, by the time I got out there ng up and [R2] was on the floor. pened and [R1] said [R2] kicked did something I shouldn't of' trying to get up, he started yelling have never seen [R2] hit but he esive I think since [R1] just had it was a reaction to get getting me it was a reaction When aggressive you have to kly as possible" by with issue date of 01/24 Prevention Program Policy: the right to be free from abuse, tion, misappropriation of property						
R 1978 - I wrb side of the critical theory could the	ER STREET ADI	IL6008049 STREET ADDRESS, CITY, STOT WEST RIVERSIDE ROCKFORD, IL 61103 STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) Page 3 Page 3 Per seen him yell at or be physical nts. He says a lot of things but be physical" 2:24 PM, V6 CNA (Certified att) said, "[R2] was on the floor. I happened, and he said [R2] a balls, so he hit him [R1] said" 2:22 AM, V4 LPN (Licensed said, "On that day [R2] was to redirect him but towards the estarts sundowning (period of iors in the evening hours) I ually when you got yelling, there ng on, by the time I got out there ing up and [R2] was on the floor. Opened and [R1] said [R2] kicked I did something I shouldn't of' trying to get up, he started yelling have never seen [R2] hit but he ssive I think since [R1] just had rit was a reaction to get getting me it was a reaction When y aggressive you have to ckly as possible" cy with issue date of 01/24 Prevention Program Policy: the right to be free from abuse, tion, misappropriation of property	ER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103 STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) Page 3 For seen him yell at or be physical ints. He says a lot of things but be physical" 2:24 PM, V6 CNA (Certified it) said, "[R2] was on the floor. I happened, and he said [R2] is balls, so he hit him [R1] said" 2:22 AM, V4 LPN (Licensed said, "On that day [R2] was to redirect him but towards the electric standowning (period of iors in the evening hours) I ually when you got yelling, there ing up and [R2] was on the floor. I papened and [R1] said [R2] kicked idid something I shouldn't of trying to get up, he started yelling have never seen [R2] hit but he ssive I think since [R1] just had rit was a reaction When yaggressive you have to city as possible" cy with issue date of 01/24 Prevention Program Policy: the right to be free from abuse, tion, misappropriation of property	ILE008049 B. WING O33/2 TOT WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103 STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) PREFIX TAG TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFICIENCY (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERINCED TO THE APPROPRIATE DEFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERIX (EACH CORRECTIVE ACTION SHOULD (EACH CORRECTIVE ACTION SH		

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