

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0053231		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/10/2025	
NAME OF PROVIDER OR SUPPLIER ROCK RIVER HEALTH CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD , ROCKFORD, Illinois, 61103			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000			12/18/2025	
	Annual Licensure Survey						
S9999	Final Observations		S9999			12/18/2025	
	Statement of Licensure Violations:						
	1 of 5						
	300.610a)						
	300.1010)h)						
	300.1210b)						
	300.1210d)2)						
	300.1210d)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 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						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 condition at the time of notification. 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 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 obtain accurate weights on a resident with a feeding tube (R14). The facility failed to weigh a resident (R14) as per the dietician's recommendations. The facility failed to notify the dietician of a resident's (R14) refusals of tube feedings. The facility failed to notify the dietician of missed or omitted tube feedings for R14. The facility failed to notify the dietician or nurse practitioner of R14's significant and continued weight loss in a timely manner. These failures contributed to R14 sustaining a significant weight loss. These failures apply to 1 of 7 residents (R14) reviewed for weight loss in the sample of 19. The findings include: R14's current care plan showed R14 had diagnoses including end stage renal disease requiring dialysis, oral cancer, and Type 2 Diabetes Mellitus. R14 had a gastrostomy tube (G-tube) in place to receive nutritional support. The plan showed R14 was Full Code.		S9999				

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S9999	Continued from page 2 R14 was not on hospice. Physician notes for R14 dated 11/4/25 and 12/10/25 showed R14 was cognitively intact. R14's November 2025 Medication Administration Record (MAR) showed R14 received a continuous infusion of Nephro (enteral feeding solution) at 40 mls (milliliters) per hour, twenty-four hours a day, from 11/1/25-11/9/25, for nutritional support. R14 was NPO (ate nothing by mouth) during this time. R14's progress note dated 11/9/25 showed R14 was hospitalized for pneumonia and altered mental status. A progress note dated 11/14/25 showed R14 was readmitted to the facility. R14's November 2025 MAR showed R14's tube feedings were changed from continuous feedings to bolus feedings every six hours, upon his readmission to the facility on 11/14/25. R14 was allowed to eat foods upon his readmission. R14's Dietary Progress Note dated 11/24/25 showed R14 was seen and assessed by V4 Dietician. The note showed R14 was readmitted (on 11/14/25) on "an oral diet with tube feedings to supplement nutritional intakes. Per hospital records, he passed his swallow evaluation and diet was upgraded. PO (oral) intakes have been variable. Tube feeding does provide approximately 88% of residents estimated caloric needs.... Plan: continue to monitor... Weekly weights to monitor resident and new tube feeding order..." R14's Weights and Vital Summary report, printed 12/9/25, showed R14 weighed 135 pounds (lbs) on 11/1/25. This report showed no documented weight was obtained on R14 upon his readmission to the facility on 11/14/25. The report showed no documented weight was obtained on R14 for the week of 11/24/25. The report showed R14 was weighed in the facility on 12/5/25 with a recorded weight of 101.4 lbs. R14's weight decreased to 101 lbs on 12/8/25. This showed R14 sustained a significant weight loss of 25.2% from 11/1/25-12/8/25. On 12/8/25 at 9:40 AM, R14 was in bed. R14 appeared thin and pale. R14 was alert and oriented to person, place and time. R14 stated he is able to eat "regular" food and also gets bolus tube feedings via his G-tube four times a day. When asked about his bolus tube feedings, R14 stated, "I'm not going to lie. Sometimes I don't get a tube feeding because I am too full and don't want it but this weekend, I didn't get my tube feedings like I was supposed to."			S9999			

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S9999	Continued from page 3 R14's progress note dated 11/28/25 showed R14 refused one of his bolus tube feedings. The note showed no documentation that V4 Dietician was notified. R14's December 2025 MAR showed R14 did not receive his bolus tube feedings on 12/6/25 at 8 AM and 2 PM. The MAR showed no documentation of R14 refusing these feedings or that V4 Dietician was notified of these omitted/missed feedings. On 12/9/25 at 9:42 AM, V4 Dietician stated she works on a consulting basis for the facility which only requires her to be in the facility once a month. V4 stated she monitors residents for weight loss by monitoring their weight and oral intakes that are documented in the facility's electronic medical records. V4 stated residents should be weighed as per their physician order or by her recommendation. V4 stated residents are to be weighed upon admission and readmission to the facility to "ensure we have an accurate weight." V4 stated R14 was readmitted to the facility on 11/14/25 with an order to eat orally and his tube feedings were decreased to bolus feedings, four times a day. V4 stated, "I saw (R14) on 11/24/25. I requested to have him weighed once a week due to the changes in his diet and tube feedings." R14's Weight and Vitals Report (printed 12/9/25) was reviewed with V4. V4 stated, "I don't see that he was weighed when he got readmitted (on 11/14/25). I don't see a weight for the week of 11/24/25. No one from the facility called me to tell me about his weight on 12/5/25. I actually noticed his weight from 12/5/25 in the computer yesterday and had the facility reweigh him. I see his weight on 12/8/25 was even lower. If he had been weighed upon readmission (on 11/14/25) or the week of 11/24/25 after I saw him, this weight loss could have possibly been caught. I would have assessed him. I would have possibly increased his tube feedings and added fortified foods." When R4 was asked if the facility had notified her that R14 had refused and missed some of bolus tube feedings, R4 stated, "No and they should have told me. That can decrease the amount of calories and nutrition he needs daily." On 12/10/25 at 8:11 AM, V5 Nurse Practitioner stated she had just seen and examined R14 that morning (12/10/25). V5 stated the facility did not call her to notify her of R14's weight loss until 12/9/25. V5 stated all resident weights are to be monitored as ordered. Facility staff are to notify her as soon as any resident excessive weight gains or losses are noted. On 12/10/25 at 9:32 AM, V3 Restorative Nurse presented		S9999				

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S9999	Continued from page 4 this surveyor with a revised Weights and Vitals Summary report, dated 12/10/25, for R14. The report showed that V3 had crossed out R14's documented weights on 12/5/25, and 12/8/25. The report showed V3 had added the following weights for R14 of 99 lbs on 11/3/25, 95.1 lbs on 11/18/25, 96.8 lbs on 11/25/25, and 95 lbs on 12/1/25. V3 stated she crossed out R14's weights on 11/1/25, 12/5/25 and 12/8/25 because although "our CNA's (certified nursing assistants) weighed him those days, we could not verify if the weights were accurate." When V3 was asked where she got R14's weights from that she recorded on 11/3, 11/18, 11/25, and 12/1/25, V4 stated, "Those are not weights we got on (R14). I found those weights last night (12/9/25) when I was looking through his dialysis records." V3 stated the facility was unaware of R14's dialysis weights prior to 12/9/25. V3 stated she had never herself weighed R14. Based on the first (printed 12/9/25) and second (dated 12/10/25) Weights and Vitals Summary records for R14 that were provided to this surveyor by the facility, R14 weighed 106.3 lbs on 10/1/25 and 95 lbs on 12/1/25 which showed R14 sustained a significant weight loss of 10.6% from 10/1/25-12/1/25. The facility's Weight Assessment and Interventions policy dated January 2025 showed, "Ensure that residents are monitored for undesirable weight loss or gain so appropriate interventions can be put in place in a timely manner. Weigh the resident upon admission and weekly for a total of four weeks. Do not use the hospital weight... Weights will be entered in the resident's medical record. The dietician will review the weight record to identify and address weight issues. Significant weight changes are defined as: 5% weight gain/loss in 30 days, 7.5% weight gain/loss in 90 days, and 10% weight gain/loss in 180 days..." (B) 2 of 5 Statement of Licensure Findings 300.625c)1) 300.625c)2) Section 300.625 Identified Offenders c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following			S9999			

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S9999	Continued from page 5 1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident is an identified offender. 2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files. These REQUIREMENTS were not met as evidenced by: Based on interview and record review the facility failed to identify an identified offender, schedule fingerprinting, and report to the Identified Offender Program within 72 hours of admission. This applies to 6 of 10 residents (R56, R74, R82, R83, R84, or R85) reviewed for criminal history in the sample of 19. The findings include: The facility's Admission List (Action Summary) dated 12/8/25 shows: R56 was admitted on 9/12/25, R74 was admitted on 11/5/25, R82 was admitted on 11/26/25, R83 was admitted on 11/21/25, R84 was admitted on 9/17/25 and R85 was admitted on 9/25/25. 1.R56's Criminal History Background check was done on 9/12/25 and shows "Multiple hits-fee fingerprints requested." R56's Nursing Home Resident Fingerprint Consent Form is dated 11/10/25. 2. R74's Criminal History Background check was done on 10/29/25 and shows "Multiple hits-fee fingerprints requested." R74's Nursing Home Resident Fingerprint Consent Form is dated 11/10/25. 3. R82's Criminal History Background check was done on 11/26/25 and shows "HIT."		S9999				

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S9999	Continued from page 6 R82's Nursing Home Resident Fingerprint Consent Form is dated 12/8/25. 4. R83's Criminal History Background check was done on 11/21/25 and shows "HIT." R83's Nursing Home Resident Fingerprint Consent Form is dated 12/2/25. 5. R84's Criminal History Background check was done on 9/17/25 and shows "HIT." 6. R85's Criminal History Background check was done on 9/25/25 and shows "HIT." R84 and R85 had no Nursing Home Resident Fingerprint Consent Form. On 12/8/25 at 2:15 PM, V8 (Social Services Director) said when a resident has a hit they are supposed to do fingerprints. V8 said she was not quite aware of the deadline of 72 hours and had trouble accessing the Identified Offender website. V8 said there were no fingerprints done for R56, R74, R82, R83, R84, or R85. The facility's Identified Offender Policy dated 8/2024 shows "If the criminal history background check response contains convictions that match the identified offender, the resident is an Identified Offender and must report to Identified Offenders Program. The fingerprint-based background check must be requested within 72 hours after receiving the name-based background results." (C) 3 of 5 300.625e) Section 300.625 Identified Offenders e) All name-based and fingerprint-based criminal history record inquiries shall be submitted to the Department of State Police electronically in the form and manner prescribed by the Department of State Police. The Department of State Police may charge the facility a fee for processing name-based and fingerprint-based criminal history record inquiries. The fee shall be deposited into the State Police Services Fund. The fee shall not exceed the actual cost of processing the inquiry. (Section 2-201.5(c) of the Act) This REQUIREMENT was not met as evidenced by:			S9999			

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S9999	Continued from page 7 Based on interview and record review the facility failed to ensure a resident's background checks were done within 24 hours of admission for 1 of 10 residents (R18) reviewed for background checks in the sample of 19. The findings include: The facility's Admission List (Action Summary) dated 12/8/25 shows R18 was admitted to the facility on 10/16/25. The facility provided R18's Criminal History Background check (which was done on 10/21/25). There were no checks provided for the Illinois Sex Offender Registry, the National Sex Offender Registry, or the Illinois Department of Corrections. On 12/8/25 at 2:15 PM, V8 (Social Services Director) said they only had the Criminal History Background check for R18, they could not find any other screens done for him. V8 said all 4 checks are supposed to be done within 24 hours of admission. The facility's Identified Offender Policy dated 8/2024 shows "Check for resident's name on the Illinois Sex Offender Registration Website, Check for resident's name on the Illinois Department of Corrections sex registrants search page, and Conduct a Criminal History Background Check: Within 24 hours of admission." (C) 4 of 5 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the		S9999				

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S9999	Continued from page 8 Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. These REQUIREMENTS are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the Illinois Department of Public Health (IDPH) was notified after a resident sustained a serious injury which includes 1 of 19 residents (R36) reviewed for state agency (SA) notification in a sample of 19. The findings include: On 12/8/25 at 10:00 AM, R36 had a forearm splint on. R36 stated he had fallen in his room and was sent out to the hospital "a while ago". R36's Progress Notes dated 10/25/25 and 10/26/25 showed R36 was sent to a local hospital after letting staff know they had a previous fall and had wrist pain. R36's hospital records dated 10/25/25 showed R26 sustained a fracture to their left wrist. The facility's Initial Report dated 12/8/25 showed the report date to IDPH was 12/8/25. On 12/9/25 at 1:40 PM, V1 (Administrator) stated they were originally not aware of R36's injury. The initial report was not sent out until yesterday. Staff had not notified us of the issue. V1 stated IDPH should be notified within 24 hours of a resident sustaining a serious injury. (C) 5 of 5 300.2010b)2) Section 300.2010 Director of Food Services b) If the person responsible for food service is not a dietitian, the person shall have frequent and regularly scheduled consultation from a dietitian. Consultation, given in the facility, shall include training, as needed, in areas such as menu planning and review, food preparation, food storage, food service, safety, food sanitation, and use of food equipment. Clinical management of therapeutic diets shall also be included in consulting, covering areas such as tube feeding; nutritional status and requirements of residents, including weight, height, hematologic and biochemical			S9999			

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S9999	Continued from page 9 assessments; physical limitations; adaptive eating equipment; and clinical observations of nutrition, nutritional intake, resident's eating habits and preferences, and dietary restrictions. 2) Skilled nursing facilities: A minimum of eight hours of consulting time per month shall be provided for facilities with 50 or fewer residents. An additional five minutes of consulting time per month shall be provided per resident over 50 residents, based on the average daily census for the previous year. These REQUIREMENTS are not met as evidenced by: Based on interview and record review the facility failed to ensure minimum monthly dietitian hours were provided for two months in 2025. This has the potential to affect all residents residing in the facility. The findings include: Centers for Medicare and Medicaid Services form 671 dated 12/8/25 shows there are 81 residents residing in the facility. On 12/10/25 at 11:10 AM, V1 (Administrator) said the facility's average daily census for 2024 was 77.73. This would require the facility to have a minimum of 10.31 hours per month of billable hours of a consultant dietitian. On 12/9/25 at 9:42 AM, V4 (Dietitian) said she comes to the facility once a month and provides the facility with 12 hours per month. Facility provided dietitian service invoices for 2025 shows there were less than 10.31 dietitian hours for September 2025 and for June 2025. On 12/10/25 at 1:10 PM, V1 said the facility does not have a policy for dietitian hours, they just use the census to calculate the minimum hours needed. (C)		S9999				