STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145142	A. Building B. Wing	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alden Debes Rehab & Hcc	550 South Mulford Avenue Rockford, IL 61108

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 35119 Based on observation, interview, and record review the facility failed to ensure residents at risk for falls had their call lights within reach for 3 of 6 residents(R3, R5, R7) reviewed for safety in the sample of 8. Findings include: 1. On 2/5/25 at 10:02 AM, R3 was sitting up in a chair on the right side of the bed. R3's call light was clipped to the mattress on the left side of the bed (across the bed). R3 said she uses the call light when she needs help to go to the bathroom. R3's most recent Care Plan shows R3 is at risk for falls due to weakness and lists the intervention: promote placement of call light with in reach. 2. On 2/5/25 at 10:20 AM, R5 was sitting up in his wheelchair near the end of the bed watching TV. R5's soft touch call light was clipped to the head of the bed behind R5. R5's most recent Care Plan shows R5 is at risk for falls due to generalized weakness and lists the intervention: promote placement of call light with in reach. 3. On 2/5/25 at 10:49 AM, R7 was awake and sitting up in bed. R7's call light was coiled up, clipped to itself and hanging over the call light outlet on the wall behind R7's bed. V5 Certified Nursing Assistant said R7 is able to use her call light and took the call light from the wall, unclipped and uncoiled it, and then clipped it to R7's bedding near R7's hands. V5 said call light should be within the resident's reach so they are able to use them to get help. R7's most recent Care Plan shows R7 is at risk for falls due to generalized weakness and lists the intervention: promote placement of call light with in reach. On 2/5/254 at 2:18 PM, V2 Assistant Administrator said call lights should be within reach so the residents are able to call for assistance. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility's Management of Falls Policy dated 8/2020 shows The facility will assess hazards and risks, develop a plan of care to address hazards and risk, implement appropriate resident interventions, and revise there resident's plan of care in order to minimize the risk for fall incidences and/or injuries to the resident.