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	03/03/2026

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview and record review, the facility failed to ensure a resident was supervised while taking medications for 1 of 2 residents (R1) reviewed for medication administration in the sample of 14. The findings include:R1's 2/13/26 facility assessment showed she is cognitively intact, has range of motion limitations to her bilateral upper and lower extremities. The assessment showed R1 is dependent on staff for all other activities of daily living. R1's admission Record, provided by the facility on 3/3/26, showed she had diagnoses including, but not limited to, methicillin resistant staphylococcus aureus infection (MRSA-a multidrug-resistant organism), local infection of the skin and subcutaneous tissue, disruption of external surgical wound (chronic kidney disease, stage 3A, chronic pain syndrome, major depressive disorder, generalized anxiety disorder, extracorporeal dialysis catheter, a colostomy, anemia, bilateral osteoarthritis of hip, lower abdominal pain, type II diabetes mellitus, and fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing. On 3/3/26 at 9:10 AM, V5 (Registered Nurse-RN) administered R1's insulin injection. At 9:12 AM, V5 (RN) entered R1's room again to give her morning medications. V5 placed the medications on R1's bedside table, administered R1's nasal spray, then exited R1's room. The rest of R1's AM medications were in cups on R1's bedside table. V5 did not supervise R1 taking the following 18 medications: Clonidine hydrochloride (HCl) 0.1 mg (milligram) tablet, Buspirone (HCl) 10 mg tablet, Amlodipine 10 mg tablet, ferrous gluconate 324 mg tablet, Pro T gold (liquid protein for wound healing) 30 ml (milliliters), Glipizide 5 mg tablet, Gabapentin 100 mg capsule, Losartan potassium 50 mg tablet, Lorazepam 0.5 mg tablet, Metformin HCl 1000 mg tablet, Metoprolol Tartrate 100 mg tablet, Oxybutynin Chloride ER 5 mg tablet, Terazosin HCl 2 mg capsule, Sertraline HCl 100 mg tablet, Senna-docusate sodium 8.6-50 mg tablet, Pantoprazole DR 40 mg tablet, Miralax 17 gm (gram) pkt in 120 ml water, and Milk of magnesia 30 ml. V5 marked the medications as administered, then moved the medication cart further down the hall. On 3/3/26 at 11:30 AM, R1 was asked about the nurse leaving her medications on her bedside table and not watching her take them. R1 said most of the nurses leave the pills on her bedside table and do not watch her take them. R1 said she does not like that because she has dropped pills before. R1 said some will leave it on the table while she is sleeping and she has bumped the table and the pills spill. R1 said she is clumsy sometimes and drops a pill.R1's Order Summary Report, provided by the facility on 3/3/26 did not show an order for R1 to be able to self-administer her medications. On 3/3/26 at 2:14 PM, V2 (Assistant Administrator) was asked to review R1's orders to verify that she did not have an order to self-administer medications. V2 reviewed R1's orders and said she did not see an order for R1 to self-administer medications.On 3/3/26 at 4:15 PM, V4 (Licensed Practical Nurse/Infection Preventionist) said if a resident is able to self-administer medications, it would be in their physician's orders. V4 said she was not aware of any residents with orders to self-administer medications other than maybe some residents with inhalers or eye drops. V4 said it is very rare. The facility's 08/2023 policy and procedure titled Self-Administration of Medications showed Residents may be allowed to self-administer medication according to physician's order unless such practice for the resident is deemed unsafe.when a resident has an MD (doctor's) order and can safely self-administer, the following conditions will apply: A. The manner of storage will prevent access by other residents. B. Drugs will not be kept after the (continued on next page)

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

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	expiration date on the label. C. Drugs will be kept in original containers unless medication boxes are set-up. D. Inquiries concerning self-administration of drugs should be referred to the nurse or wellness director. E. The resident and/or family is responsible for providing the medications.

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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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview, and record review, the facility failed to administer medications at the ordered time. There were 25 opportunities with 20 errors resulting in an 80% medication error rate. This failure affects 1 of 2 residents (R1) observed during medication pass. The findings include:On 3/3/26 between 8:44 AM and 9:18 AM, a medication administration observation was observed. At 9:10 AM, V5 (Registered Nurse-RN) went into R1's room to check her blood sugar level and administer her long-acting insulin. V5 came out to the hallway and grabbed the other 19 medications she had prepared for R1 and re-entered her room. V5 placed the medications on R1's bedside table, then administered R1's Flonase at 9:12 AM. V5 left the rest of R1's medications on the bedside table and exited the room. R1's medications listed in the electronic medication administration record were highlighted in pink/red color indicating they were overdue. V5 marked the medications as being administered and moved the cart further down the hall. R1's medications that were administered late were: : Flonase nasal spray, Clonidine hydrochloride (HCl) 0.1 mg (milligram) tablet, Buspirone (HCl) 10 mg tablet, Amlodipine 10 mg tablet, ferrous gluconate 324 mg tablet, Pro T gold (liquid protein for wound healing) 30 ml (milliliters), Glipizide 5 mg tablet, Gabapentin 100 mg capsule, Losartan potassium 50 mg tablet, Lorazepam 0.5 mg tablet, Metformin HCl 1000 mg tablet, Metoprolol Tartrate 100 mg tablet, Oxybutynin Chloride ER 5 mg tablet, Terazosin HCl 2 mg capsule, Sertraline HCl 100 mg tablet, Senna-docusate sodium 8.6-50 mg tablet, Pantoprazole DR 40 mg tablet, Miralax 17 gm (gram) pkt in 120 ml water, and Milk of magnesia 30 ml.R1's March 2026 Medication Administration Record (MAR), provided by the facility on 3/3/26, showed orders for: Lantus Solostar subcutaneous solution pen-injector 100 unit/ml. Inject 14 units a day, scheduled at 8:00 AMFlonase nasal spray 1 spray in both nostrils daily. Clonidine hydrochloride (HCl) 0.1 mg (milligram) tablet, 1 tablet twice daily, scheduled for 8:00 AM and 8:00 PM.Buspirone (HCl) 10 mg 1 tablet daily scheduled at 8:00 AMAmlodipine 10 mg 1 tablet daily, scheduled for 8:00 AM.ferrous gluconate 324 mg tablet, 1 tablet daily, scheduled for 8:00 AMPro T gold (liquid protein for wound healing) 30 ml (milliliters), twice daily, scheduled 8:00 AM and 8:00 PM.Glipizide 5 mg tablet, 1 tablet twice daily, scheduled for 8:00 AM and 8:00 PM.Gabapentin 100 mg capsule, 1 tablet daily, scheduled for 8:00 AMLosartan potassium 50 mg tablet, 1 tablet daily, scheduled for 8:00 AMLorazepam 0.5 mg tablet, one every AM and at HS, scheduled for 8:00 AM and 8:00 PM. Metformin HCl 1000 mg tablet, 1 tablet daily, scheduled for 8:00 AMMetoprolol Tartrate 100 mg tablet, 1 tablet twice daily, scheduled for 8:00 AM and 8:00 PMOxybutynin Chloride ER 5 mg tablet, 1 tablet daily, scheduled for 8:00 AMTerazosin HCl 2 mg capsule, 1 daily, scheduled for 8:00 AMSertraline HCl 100 mg tablet, 1 tablet twice daily, scheduled at 8:00 AM and 8:00 PMSenna-docusate sodium 8.6-50 mg tablet, 1 tablet twice daily, scheduled at 8:00 AM and 8:00 PM.Pantoprazole DR 40 mg tablet, 1 tablet daily, scheduled for 8:00 AMPolyethylene glycol powder 17 gm (gram) daily, Milk of magnesia 30 ml twice daily, scheduled for 8:00 AM and 8:00 PM. On 3/3/26 at 4:15 PM, V4 (Licensed Practical Nurse/Infection Preventionist) said medications should be administered 1 hour before or 1 hour after the ordered time. if it is an 8:00 AM medication, the nurse has until 9:00 AM to give it. When the medications light up red, they are overdue. medications should be given on time. If a resident's medication is given twice a day, and it is given late, then the next time it is due it would not be spaced out like ordered. It could affect the therapeutic level of medication.The facility's policy and procedure titled Medication Administration showed medications will be administered in accordance with the established policies and procedures. 1.Drugs must be administered in accordance with the written orders of the attending physician. 2. not specifically limited as to the time or number of doses when ordered are controlled by the automatic stop orders.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review, the facility failed to ensure a resident's medications were secure and not left unattended for 1 of 2 residents (R1) observed for medication administration in the sample of 14.The findings include: On 3/3/26 at 9:10 AM, V5 (Registered Nurse-RN) entered R1's room to check her blood sugar levels and administer R1's insulin. V5 had just prepared the morning medications for R1 prior to entering R1's room. The only medication V5 carried into R1's room at 9:10 AM was R1's insulin. R1's other 19 medications were sitting on top of the medication cart in several different cups. The medication cart was pushed up against the wall past R1's doorway and was not in V5's line of vision. The medications left on top of the medication were the following: Flonase nasal spray, Clonidine hydrochloride (HCl) 0.1 mg (milligram) tablet, Buspirone (HCl) 10 mg tablet, Amlodipine 10 mg tablet, ferrous gluconate 324 mg tablet, Pro T gold (liquid protein for wound healing) 30 ml (milliliters), Glipizide 5 mg tablet, Gabapentin 100 mg capsule, Losartan potassium 50 mg tablet, Lorazepam 0.5 mg tablet, Metformin HCl 1000 mg tablet, Metoprolol Tartrate 100 mg tablet, Oxybutynin Chloride ER 5 mg tablet, Terazosin HCl 2 mg capsule, Sertraline HCl 100 mg tablet, Senna-docusate sodium 8.6-50 mg tablet, Pantoprazole DR 40 mg tablet, Miralax 17 gm (gram) pkt in 120 ml water, and Milk of magnesia 30 ml. V4 ((Licensed Practical Nurse/Infection Preventionist) was coming back up the hall putting supplies in the isolation carts. V4 was asked if it was okay to leave medications on the medication cart when the nurse goes in the room. V4 said it is not acceptable to leave medications on top of the medication cart unattended. On 3/3/26 at 4:15 PM, V4 said since V5 had already prepared R1's medications, she should have put all the medications in the locked medication cart so other residents could not access them or grab them. The facility's 05/2025 policy and procedure titled Storage/Labeling/Packaging of Medications showed resident specific medications are placed in a locked cabinet or cart that is affixed to a wall, in close proximity to a nursing station, or in a locked, well-illiuminated room accessible only to licensed nursing personnel, licensed pharmacy personnel, or staff members lawfully authorized to administer medications.Schedule II controlled medications are stored under a double-lock system accessible only to licensed staff.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and record review, the facility failed to ensure staff donned the required personal protection equipment (PPE) when entering a room in which a resident is on contact isolation for 1 of 4 residents (R1) reviewed for infection control in the sample of 14.The findings include:R1's admission Record, provided by the facility on 3/3/26, showed she had diagnoses including, but not limited to, methicillin resistant staphylococcus aureus infection (MRSA-a multidrug-resistant organism), local infection of the skin and subcutaneous tissue, disruption of external surgical wound (chronic kidney disease, stage 3A, chronic pain syndrome, major depressive disorder, generalized anxiety disorder, extracorporeal dialysis catheter, a colostomy, anemia, bilateral osteoarthritis of hip, lower abdominal pain, type II diabetes mellitus, and fracture of lower end of right femur, subsequent encounter for closed fracture with routine healing. R1's skin integrity care plan, provided by the facility on 3/3/26, showed she had an actual alteration in skin integrity: multiple open surgical wounds to abdomen, two surgical wounds to her right lower extremity, and a hematoma to her right lower extremity. The care plans showed R1 has an indwelling urinary catheter, a colostomy, is at increased risk for infection due to indwelling urinary catheter, chronic wounds, is receiving antibiotic therapy with single room isolation contact precautions for treatment of wound infection MRSA. Interventions include for staff to use principles of infection control and universal/standard precautions. Post appropriate isolation outside of the room for staff and visitors. R1's Order Summary Report, provided by the facility on 3/3/26, showed an order for Contact isolation Precautions due to MRSA in wound. On 3/3/26 at 9:10 AM, during the medication administration observation, V5 (Registered Nurse-RN) entered R1's room to check her blood sugar level and administer R1's insulin. Signage outside R1's room showed she was on contact isolation. The sign showed STOP. Contact Precautions. Everyone must clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person. V5 entered R1's room wearing only gloves. While checking R1's blood sugar level and giving R1 her insulin injection, V5's sweater was observed touching R1's bedding. V4 (Licensed Practical Nurse-LPN/Infection Preventionist/IP) was coming back up the hall filling the bins that contained the isolation supplies. V4 said V5 should have a gown and gloves on when she is in a contact isolation room to prevent the spread of infection. When V5 was exiting R1's room, V4 told V5 to make sure she was wearing the proper PPE when she went into the room. As V4 was walking away, V5 said in a low voice, Well I did not touch her, so. V5 grabbed the rest of R1's medications that were sitting on top of the medication cart and entered R1's room wearing only gloves. While V5 was administering R1's nasal spray her sweater was again touching R1's bedding. On 3/3/26 at 11:30 AM, V14 (Certified Nursing Assistant/CNA) entered R1's room without wearing any PPE. V14 touched R1's bedside table and the bed rail on the side of R1's bed with her hands while talking with R1. This surveyor performed hand hygiene and donned PPE. R1 gave permission for surveyor to enter. R1 said the staff do not always wear a gown and gloves when they come into her room. R1 said I have an infection in the wound on my stomach, and I am getting an antibiotic for the infection. On 3/3/26 at 4:15 PM, V4 (IP nurse) said V5 should perform hand hygiene, and put a gown and gloves on before going into R1's room. V4 said V5 only had gloves on. V4 confirmed she saw V5's sweater touching R1's bedding. V4 said R1 is on contact isolation for MRSA of her abdominal wound. It is important to wear the appropriate PPE to prevent the spread of infection.The facility's 08/2025 policy and procedure titled Contact Precautions showed the purpose of contact precautions is to prevent transmission of infections that are spread by direct (e.g. person-to-person) or indirect contact with the resident or environment. The policy showed Hand hygiene using alcohol-based hand rub (if hands are not visibly soiled) is performed prior to entering (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and exiting the resident's room. All individuals entering the resident's room must use PPE appropriately, including gloves and a gown. Donning PPE upon room entry and doffing before exiting the resident's room is done to contain pathogens.