

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Alden Park Strathmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 Strathmoor Drive Rockford, IL 61107	

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)
<p>F 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to clarify resident admission orders for 1 of 5 residents (R5) reviewed for medications in the sample of 8. The findings include: R5's Hospital Discharge Packet, dated 12/13/25, shows a discharge order Ceftriaxone 2 grams, intravenously every 24 hours ending 1/2/26. R5's Medication Administration Record (MAR) for December 2025 shows an order for Ceftriaxone 2 gram, intravenously every 24 hours was not started on 12/13/25. On 3/4/26 at 1:30 PM, V2 (Director of Nursing) said R5 came back from the hospital on [DATE] on hospice. V2 said R5 did not have intravenous access that he was aware of. V2 said R5 was not receiving intravenous antibiotics. V2 reviewed R5's hospital Discharge Packet and said in one area the antibiotics were discontinued but did see where the intravenous antibiotics were listed under discharge orders. V2 said the admitting nurse should have called and clarified the orders. The facility's Physician Orders for Medications or Treatments Policy, dated 6/2022, shows, Any dose or order that appears inappropriate considering the resident's age, condition, or diagnosis must be verified with the attending physician.</p>

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