STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145278	A. Building B. Wing	04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Citadel of Sterling,the	105 East 23rd Street Sterling, IL 61081

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, record review the facility failed to ensure the 3-compartment sink was at the correct sanitization level, failed to serve cold food below 41 degrees Fahrenheit and failed to wash hands and change gloves after touching contaminated surfaces for all 87 residents reviewed for dietary services residing in the facility.The findings include: The CMS Form 671 dated 4/28/26 shows a resident census of 87.On 4/28/26 at 9:46 AM, V5 [NAME] tested the 3-compartment sink which had dishes in every compartment. V5 dipped the test strip into the disinfectant compartment, and the strip showed orange in color indicating 100 PPM. V5 said the strip should be green, closer to 200 PPM. On 4/28/26 at 9:54 AM, V5 was dumping the leftover pan of eggs, with gloved hands, V5 removed the lid of the garbage can and began dumping the eggs. The garbage can started rolling away from V5 and V6 grabbed the garbage can to stop it from moving with her hands. V6 had a glove on her right hand only. V5, when finished dumping the food, put the lid back on the trash can and put the pan in the 3-compartment sink. V5 then walked over to the stove and without removing her gloves or hand washing, flipped the grilled cheese sandwiches that were cooking. V6 went to the dishwasher area and without removing one glove and washing her hands, proceeded to put away clean cups from the clean tray that had come out of the dishwasher. On 4/28/26 at 10:05 AM, V4 Dietary Manager said the sanitizing level of the 3-compartment sink should be between 200-300 ppm. On 4/28/26 at 11:16 AM, the coleslaw for the noon meal was in a compartment of the steam table. V5 checked the temperature of the coleslaw which read 58.6 degrees Fahrenheit. V5 said this should be colder, it was made at 9:00 AM and it had been in the fridge. V5 served the coleslaw for the noon meal.On 4/28/26 at 12:25 PM, V4 Dietary Manager said cold foods should be served at 41 degrees Fahrenheit or below. V4 said staff should remove their gloves and wash their hands when touching any non-food product, including the garbage can.The facility's Three Compartment Sink Policy dated 9/22/23 shows Add the appropriate amount of sanitizer to the water according to the manufacturer's guidelines: Quaternary Ammonium: 200 PPM.The facility's Tray Services Policy dated 10/25/23 shows Cold foods are maintained at 41 degrees Fahrenheit.The facility's Handwashing Policy dated 9/21/23 shows Employees will use proper hand washing techniques to prevent the spread of infection, cross contamination, and germs.

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
	145278	A. Building B. Wing	04/30/2026

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, interview, and record review the facility failed to ensure pureed food was palatable for 11 of 11 residents (R10, R18, R19, R20, R42, R50, R54, R55, R56, R83, R89) reviewed for puree in the sample of 40. The findings include: The facility's Daily Spreadsheet for Week 2 Tuesday Lunch puree shows ground BBQ pork, soft roasted rosemary potatoes, soft cooked hot vegetables.On 4/28/26 at 10:30 AM, V5 [NAME] measured portions of carrots for the noon meal and poured them into the puree machine. V5 added hot water to the machine and pureed the carrots. V5 then poured the carrots into a metal serving pan and placed them into the steam table. V5 said for the roasted rosemary potatoes she used instant mashed potatoes which were already on the steam table. On 4/28/26 at 12:09 PM, this surveyor was served a sample of the pureed noon meal. The pureed carrots appeared watery on the plate and were without flavor. The mashed potatoes were thick and pasty and had very little flavor. On 4/28/26 at 12:25 PM, V4 Dietary Manager tasted the carrots and the mashed potatoes. V4 said the carrots are watery and bland and the potatoes are thick and bland. V4 said V5 has trouble pureeing the rosemary potatoes so she uses mashed potatoes, but she should at least use the rosemary seasoning to give it flavor. V4 said V5 should use the cooking water from the carrots for flavor, not hot water.The Puree Roasted [NAME] Potatoes without Skin Recipe shows prepare potatoes following instructions in original recipe, except peel potatoes and be sure to use chopped rosemary. Place prepared skinless potatoes in food processor and blend until smooth, adding small amounts of hot broth, as needed, until desire consistency is reached. Roasted [NAME] Potatoes recipe shows Melt margarine and combine with oil, chopped garlic, chopped rosemary, and all remaining ingredients (garlic powder, paprika, salt, black pepper).The Puree Cooked Hot Vegetable Recipe shows Place prepared vegetables in food processor. Blend, adding cooking liquid as needed, until smooth and correct consistency is reached.The facility's Menu and Nutritional Adequacy Policy dated 10/2/23 shows Standardized recipes for menu items will be used to help ensure consistent quality, portion size, and cost control. All recipes will be followed as written.

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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	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure safety measures were in place for a resident at risk for falling for 1 of 7 residents (R21) reviewed for safety in the sample of 40. The findings include:R21's face sheet dated 4/30/26 showed diagnoses to include, but not limited to morbid obesity, insomnia, urinary frequency, fatigue, vascular dementia, cataracts, osteoarthritis, reduced mobility, and need for assistance with personal cares. R21's facility assessment dated [DATE] showed she had moderate cognitive impairment and was dependent on staff for toilet hygiene, personal hygiene, bed mobility, and transfers. R21's Care Plan reviewed 11/13/25 showed R21 was at risk for falls due to weakness, pain, osteoarthritis, and transient ischemic attack (TIA). R21's Fall Risk Evaluation dated 2/11/26 showed she had a high fall risk. This document showed she had intermittent confusion and was incontinent. On 4/28/26 at 10:14 AM, R21 was in bed with the head of bed elevated. R21's bed was not in the lowest position. R21's bed was up in the air, and the bottom of the bed was even with the bottom of the surveyor's rib cage (3.5 feet off to from the floor). R21 had her breakfast tray on the overbed table. R21 said she didn't know why her bed was up so high. R21 said the bed had been up in that position for a while. R21 wasn't sure which girl (staff member) was in her room last, but stated, They couldn't figure out how to get the bed down. R21 asked the surveyor if she knew how to lower the bed because it was too high. The surveyor pushed the bed lower button on the side rail, and it didn't move. At 10:17 AM, the surveyor asked V11 (Registered Nurse) to come to R21's room. V11 said R21's bed was too high and should be lowered for safety. V11 went to R21's side rail and attempted to move the bed down. The bed didn't move. V11 moved to the other side, pressed the bed down button and the bed did not move. V11 looked under the bed to see if something was unplugged. R21 stated, They (previous staff) couldn't get me down either. V11 said she would notify maintenance to check R21's bed. V11 walked to the foot of the bed, pressed a button, returned to the bed controls and was able to move R21's bed to the lowest position. V11 said someone pushed the lock button on the foot of the bed, that's why it wasn't moving. (R21 was not able to use the buttons on the bed and was not able to raise the bed herself. It was left in the high position by facility staff.) V11 said R21's bed should be lowered to the point that if she sat up on the side of the bed her feet would be on the floor. The surveyor asked V11 if R21's feet would have been able to reach the floor at the height of the bed initially. V11 replied, Of course not. V11 said the purpose of proper bed height was to decrease the risk of falls and reduce the risk of serious injury if a fall occurred. V11 said R21 had some dementia and can be confused at times. V11 said R21 was able to make her needs known and was a fall risk. On 4/30/26 at 10:25 AM, V2 (Director of Nursing - DON) said general safety precautions for all residents in bed include bed in low position, wheels locked, call light in reach, and side rail up if indicated for use. V2 said general safety precautions are important to reduce the risk of falling and prevent serious injury if a fall occurred. The surveyor explained R21's bed was level with the bottom of her rib cage (3.5 feet from the floor). V2 said there is no reason the bed should be left that high. V2 said if one of the facility staff shouldn't have left R21's bed up high without addressing the issue. V2 said there are residents that may play with the bed buttons. The surveyor explained that the bed control buttons were locked on R21's bed and had to be unlocked by V11 (RN) to move the bed down. V2 said R21 was alert, but forgetful. V2 said R21 doesn't normally try to get up but she was a fall risk. V2 said R21 was able to make her needs known. The facility's Safety and Supervision of Residents Policy dated 7/2017 showed, Our facility strives to make the environment as free from accident hazards as possible. Resident safety and supervision and assistance to prevent accidents are facility-wide priorities.