

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145312	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Symphony Northwoods		STREET ADDRESS, CITY, STATE, ZIP CODE 2250 Pearl Street Belvidere, IL 61008	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure restorative services were provided for three of four residents (R1, R3, R4) reviewed for restorative services in the sample of four. The findings include: 1. On February 18, 2026 at 9:30 AM, R1 was in his room sitting in his wheelchair. R1's walker was in the corner of his room. R1 said they cut me out of therapy. R1 said he can walk but needs to hold onto something. He said staff do not walk him, they are so busy, it's pitiful. R1 said he would like to be walked but the staff are too busy. On 2/18/26 at 10:09 AM, V4 (Certified Nursing Assistant/Previous Restorative Aide) said she was the restorative aide but stepped down about two weeks ago and now is working the floor. The floor CNAs should be doing the restorative program with the residents including walking. R1 is alert and oriented and is on a daily walking program. R1's Restorative Progress note dated 12/16/24 shows he is on a walking program twice a day. R1 will ambulate 25-50' feet using a two wheeled walker and with hands on assist and continuous reminders to step into then advance 2w/walker as he takes each step and not push the walker far ahead during ambulation task provided by staff. R1's CNA Nursing Rehab Task report for walking provided on 2/18/26 shows 11 out of 30 days not applicable he did not receive the service. R1's current care plan does not show his restorative program and services to be provided. 2. R4's admission Record shows he was admitted to the facility on [DATE], with diagnoses including cardiac pacemaker, muscle weakness, high blood pressure, malnutrition, metabolic encephalopathy, atrial fibrillation, major depressive disorder, and dizziness. R4's Order Summary Report shows an order dated February 9, 2026, to please walk resident for 15-20 minutes on first and second shift for restorative. R4's Medication Administration Record dated February 1, 2026-February 28, 2026, shows the nurse documented R4 was being walked twice per day including during this investigation on the first shift by V8-Licensed Practical Nurse (LPN). On February 18, 2026, at 11:02 AM, R4 said his care at the facility has been going very well with the exception of no being able to get walked daily. R4 said that V4 certified nursing assistant (CNA)/previous restorative aide used to walk with him every day at 9:30 AM, and now she is no longer in that position. R4 said he needs someone to walk with him. R4 said he was doing 12 laps in the facility with V4 now he has only received about three walks in the last two weeks with only three laps. R4 said there is an order for R4 to get walked for ten minutes but it doesn't always happen. I only get three laps in ten minutes instead of 12. But three laps is better than none. On February 18, 2026, at 11:10 AM, V8 Licensed Practical Nurse (LPN) said R4 eats meals in his room. V8 said R4 needs one assist of staff to get out of bed. V8 said that R4 is able to walk with staff assistance. V8 said she documents it on R4's Medication Administration Record when V8 walks. V8 said the CNA walks R4. On February 18, 2026, at 11:14 AM, V9 R4's CNA for the day said R4 is able to walk. V9 said restorative is able to walk R4 up and down the hallway. V9 said R4 used to be walked by V4 CNA/previous restorative CNA but V4 went to working the floor instead of restorative. V9</p> <p>(continued on next page)</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
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>said it has been a few days since she has seen R4 being walked. V9 said R4 is not necessarily walked on a consistent basis anymore since V4 stepped down. V9 said the CNAS on the floor can walk R4 if they have time to do so. V9 said there is only three CNAS today, so she hasn't been able to walk R4. V9 said no staff have walked R4 today. V9 said there are times when it's hard to walk the residents when there are a lot of residents to take care of. V9 said R4 wants to walk in the morning, not in the evening. V9 said if a CNA walks a resident, then they document it in the task documentation and the number of minutes that the resident walks is documented. R4's CNA task documentation does not include walking the resident on even surfaces. R4's CNA task documentation only includes walking R4 on uneven or sloping surfaces. R4's Care plan does not include a restorative program. R4's Care plan revised on January 6, 2026, shows, ADL (Activities of Daily Living) self-care deficit, require assist with adls related to limited mobility, debility, and impaired balance. Transfers: I need extensive assist of one staff to help me. R3's admission Record shows he was admitted to the facility on [DATE], with diagnoses including primary disorder of muscle, bipolar disorder, depression, difficulty in walking, abnormal posture, and muscle weakness. R3's Care Plan revised on June 7, 2024, shows, Restorative Program: Ambulation limited ability to ambulate with staff assistance. Goal: Will ambulate 110-200 feet using a four wheeled walker with extensive assist and wheelchair follow in the hallway. R3's CNA task documentation to walk 150 feet-extensive with one and one to follow with wheelchair using a four wheeled walker two times daily shows not applicable was documented 22/26 times in the last 14 days. R3 required maximal assistance or was dependent six of the six times he was walked. R3's CNA task documentation for number of minutes spent training and skill practice in walking, shows R3 was walked one time a day on February 5-8, 2026, February 10-13, 2026, and February 15-16, 2026. On February 18, 2026, at 10:15 AM, V6 LPN said that R3 is able to walk with staff assistance and a walker. At 10:21 AM, R3 said staff do not walk him. On February 18, 2026, at 9:30 AM, V2 Director of Nursing (DON) said V7 Wound Care Nurse/Restorative Nurse is in charge of the restorative program and V4 Certified Nursing Assistant was in charge of performing the restorative exercises but has recently stepped down from the position. V2 said all residents that are not doing therapy should have two restorative programs which depends on each resident. Restorative plans are documented in the residents' care plans. On February 18, 2026, at 9:44 AM, V3 Assistant Director of Nursing said the restorative program is in place to help resident stay at the current level of functioning. V3 said restorative minutes should be documented in the computer. The Certified Nursing Assistants (CNAs) document the minutes as they walk the residents. V3 said each resident's specific restorative program should be in the residents' care plan. V3 said the previous CNA that was in charge of walking residents has stepped down. V3 said the facility is in the process of hiring another restorative CNA. On February 18, 2026, at 9:31 AM, V5 CNA said the restorative aide stepped down and the cnas working the floor are responsible for providing restorative services to the residents. V5 said that R1 and R3 are on a walking program. At 9:39 AM, V6 LPN said she the facility does not currently have a designated staff for restorative. V6 said she does not know who is walking with the residents nor did she know which residents were on a restorative program. On February 18, 2026, at 10:09 AM V4 CNA/previous restorative aide said she was a restorative cna, but stepped down. V4 said she still helps out a little. V4 said she stepped down because she preferred to work the floor. V4 said R4 like to get his walking in. V4 said she would walk R4 at a specific time. V4 said that R4 expects to get walked the same amount of time as before, but it is hard to do because there are floor responsibilities. V4 said R3 can be non-compliant at times, but in a good week, he will walk 2-3 times. V4 said R1 is on a walking program, and he is alert and oriented. At 11:08 AM, V7 Wound Care Nurse/Restorative Nurse said she works 2:00</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PM-10:00 PM. V7 said there has been a lot of changes with staff. V7 said she is in charge of the restorative program and is responsible for doing the assessments. V7 said she will need help with restorative and wounds so that everything can be reviewed so nothing gets missed. The facility Nursing Rehab policy approved March 2018 shows, The interdisciplinary team develops (as part of the care plan) and implements interventions that are safe and appropriate in order to achieve the expected goals. Nursing Rehab Tasks are recorded as part of daily care tasks thru POC (Plan of Care).</p>		