

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/16/2025
NAME OF PROVIDER OR SUPPLIER  The Citadel at Saint Anne Place		STREET ADDRESS, CITY, STATE, ZIP CODE  4405 Highcrest Road 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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review the facility failed to transfer a resident in a safe manner for 1 of 3 residents (R1) reviewed for falls in the sample of 3. The findings include: R1's electronic face sheet shows R1 has diagnoses of right lower leg wound, dementia, stroke and history of transient ischemic attack. R1's care plan dated 12/2/25 stated (R1) has an ADL self-care performance deficit r/t Dementia and weakness, TOILET USE: R1 is dependent with 2 staff for toileting. A progress notes dated 12/10/25 documents: 1445-CNA came out to patients' room to let this nurse know that patient was on the floor in her bathroom CNA and another nurse went to assist patient, and patient was put back in her wheelchair. On 12/16/25 at 10:53 AM V8 (License Practical Nurse-LPN) said she was R1's Nurse working last 12/10/25 when she saw V7 (Certified Nursing Assistant-CNA) coming from R1's room. R1 was on the floor. V8 said by the time she got to R1's room, R1 was already back in her wheelchair. On 12/16/25 at 11:05 AM, V7 said she was the CNA working when the incident happened. V7 said she placed R1 to the bathroom with another staff (cannot recall who the staff was.) When R1 was done using the bathroom, there was no staff available, V7 said she decided to transfer R1 by herself and without using a gait belt. V7 said she instructed for R1 to grab the bar in the bathroom. V7 said as she pulled R1 up, R1's legs gave out, and R1 fell to the floor. V7 said because she did not use a gait belt there was no way she can hold onto R1. V7 said she went out and asked for help. 2 Nurses came to help get R1 up from the floor. V7 said the DON (V2) fired her due to the incident. On 12/16/25 at 2:30 PM, V10 (LPN) said she was one of the Nurses working on 12/10/25 when R1 fell. V10 said she heard a commotion coming from R1's room. V10 said she ran to R1's room. R1 was in the bathroom holding onto the grab bar, R1 was already kneeling on the floor, R1 was crying in pain, her legs were trapped between the toilet seat and the grab bar. The CNA (V7) was by R1, no gait belt was noted in R1's waist. Due to the small space, the mechanical lift cannot fit in the bathroom. V10 said she went to get another staff to help with R1-(V11) LPN came to help and R1 was safely assisted back to her chair with 3 staff. V10 said R1 had no noted injury but had a small skin tear to her left arm. On 12/16/25 at 9AM, V11 (LPN) said she was one of the Nurses who assisted R1 back to her wheelchair. R1 was a 2 staff assist for toileting. The CNA (V7) transferred R1 to the bathroom by herself without using a gait belt. R1 was a 2 staff assist for all transfers. R1 was found on the bathroom floor. R1 did not have the strength to stand up. It took 3 staff to move R1 to her wheelchair safely. On 12/16/25 at 11:30 AM, V2 (Director of Nursing) said V7 knew R1 was a two staff transfer. V7 also did not use a gait belt. The facility has zero tolerance for unsafe transfers. V7 was no longer employed at the facility. V2 said R1 had a small skin tear treated at the facility. The facility policy on Safe Lifting and Movement of Residents dated 2017 documents, to protect the safety and wellbeing of staff and residents, and promote quality care, this facility uses appropriate techniques and devices to lift and move residents.</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
---	-------	-----------