

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 04/14/2026
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to administer and accurately document administering a lidocaine patch. This applies to 1 of 3 residents (R1) reviewed for medication administration in the sample of 5. The findings include: R1's Order Summary Report dated 4/14/26 shows R1 has an active order for lidocaine external patch 4 % (percent) (Lidocaine) with instructions to apply to the lower back topically one time per day for low back pain. R1's Medication Administration Record (MAR) for March 2026 shows R1's lidocaine patch was administered every day for March except for 3/10/26 and 3/27/26 when R1 refused. R1's MAR for April 2026 shows R1's lidocaine patch was administered every day from 4/2/26 to 4/14/26 and refused the patch on 4/1/26. R1's April and March MAR show R1's pain was well managed. R1's Minimum Data Set, dated [DATE] shows R1 is cognitively intact. On 4/14/26 at 12:15 PM, R1 was lying in bed with her needs met and no noticeable pain. R1 said she cannot recall the exact timeframe, but approximately between the end of March and beginning of April, R1 was not administered R1's lidocaine patch for between four days and one week. When R1 told staff that R1 had not been administered R1's lidocaine patch, R1 said staff told R1 well, why didn't you tell us? R1 could not recall who told R1 this information. On 4/14/26 at 3:12 PM, V4 (Registered Nurse- RN) said V4 cares for R1 9 out of 14 days every two weeks. V4 said a few weeks ago, there were some days that R1 had refused to accept the administration of R1's lidocaine patch. V4 also said there were at least two days during that time where V4 had not realized R1 got out of bed and was not administered R1's lidocaine patch. The specific dates were not known, but V4 was pretty confident there were a few days that R1's patches were not administered at all. V4 said if the patch was not administered, it should not have been signed on the MAR as having been administered. On 4/14/26 at 2:26 PM, V2 (Director of Nursing) said when R1 would refuse the lidocaine patch, staff would not reattempt applying R1's lidocaine patch. Facility Medication Administration policy dated 10/25/14 states, Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so.</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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