

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  04/21/2026
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 0576</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents have reasonable access to and privacy in their use of communication methods.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to protect a resident's rights to receive unopened personal package to 1 of 3 residents (R1) reviewed for resident's rights in the sample of 3. The findings include: R1 facility assessment dated [DATE] shows R1 has a no cognitive impairment. On 4/21/26 at 9 AM, R1 said her packages have been delivered to her already open without her consent. R1 said this had caused her concern and discomfort. R1 said she did not want her packages opened by anyone but herself. R1 said she had been told it was V2 (Director of Nursing-DON) that had been opening her package before delivery. On 4/21/26 at 12:32 PM V9 (Receptionist Staff) said all mail (letters and packages) were delivered to the reception area at different times. The mail and packages were sorted according to residents' room number, then they were to be picked up by Life enrichment staff to be delivered to the resident's room unopened. If mail comes during off hours (when working PMs) mail will be delivered the next day. However, R1's packages must be held so V2 (Director of Nursing-DON) can go through the contents to make sure the items are permitted in the facility. V2 (DON) would open R1's package in the reception area or be brought to the DON's office for her to go through the items. Once the items are checked, V2 brings them to R1's room or she leaves R1's opened package in the reception area to be delivered by the Life enrichment staff. On 4/21/26 at 11:53 AM, V6 (Life Enrichment Staff) said R1's packages are opened and inspected by the DON (V2) before delivery. If the contents are approved, the package is given to R1. If not, it will not be delivered. On 4/21/26 at 12:08 PM, V8 (Life Enrichment Staff) said they were the ones delivering mail to the residents. V8 said she had picked up R1's package already opened in the reception area. R1 had also asked why her package was opened when it got delivered to her. Staff explained that V2 (DON) had to go through her items first before delivery. On 4/21/26 at 10:35 AM, V1 (Administrator) said staff should not open any resident's mail or package. If the package needs to be opened to make sure items are safe, then it should be opened in front of the resident and with the resident's consent. On 4/21/26 at 2:30 PM, V1 (Administrator) and V2 (DON) both said they had no contract signed by R1 that she was giving permission for her packages to be opened by staff prior to delivery to R1. The Facility Policy entitled Resident Rights for people in Long Term Care Facilities under, Your Rights to Privacy and Confidentiality: Your facility must deliver and send your mail promptly; your facility may not open your mail without your permission.</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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