STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145563	A. Building B. Wing	06/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Citadel at Saint Anne Place	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)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a dependent resident was provided with incontinence care for 2 of 3 residents (R1, R2) reviewed for incontinence care in the sample of 6. The findings include:1. R1's face sheet showed she was admitted to the facility 6/3/26 with diagnoses to include acute respiratory failure with hypercapnia, spondylopathy in lumbar region, depression, chronic congestive heart failure, lupus erythematosus, and rheumatoid arthritis. R1's facility assessment dated [DATE] showed she has no cognitive impairment. R1's 6/20/26 Daily Skilled Nursing Note showed, . Resident Orientation: Person, Place, Time, Situation, Makes Self Understood without concern. Resident is incontinent of urine. Resident is incontinent of bowel.On 6/23/26 at 9:14 AM, R1 was sitting in her wheelchair. R1 said the first week she was at the facility she woke up at 4:45 AM and was soaked with urine through her nightgown, sheets, and bedding. R1 said her call light had fallen on the floor so she couldn't use it to call for help. R1 said she was screaming nurse, nurse but no one would come in. R1 said it took three and a half hours for someone to come in and help her. R1 said it was finally around 8:00 AM when someone came into her room to deliver her breakfast tray that they figured out she needed changed. R1 said they told her that she was too quiet, and they forgot to check on her. R1 said they told her she should have clipped her call light on her gown so it couldn't fall but R1 said she has arthritis and is unable to do that for herself. R1 said she was crying and wanting her phone to call her son because she wanted to go home. R1 said her son is her caregiver at home and never leaves her wet like that.On 6/23/26 at 3:52 PM, V10 CNA (Certified Nursing Assistant) said, [R1] was very upset. She was soaked through, sheets and all. Her call light had fallen on the floor and she couldn't reach it. She was just really upset, she was crying. I don't think there is a time limit on rounds, I guess I just kind of go around and check everyone out make sure everyone is good. 2. R2's face sheet showed she was admitted to the facility 6/9/26 with diagnoses to include polyneuropathy, chronic obstructive pulmonary disease, cellulitis of buttock, pressure ulcer of sacral region (stage 3), overactive bladder, and rheumatoid arthritis. R2's facility assessment dated [DATE] showed she has no cognitive impairment and requires staff assistance for all cares.R2's care plan initiated 6/1/26, [R2] is incontinent of urine related to overactive bladder, polyneuropathy, and impaired mobility. She is at risk for skin breakdown, urinary tract infection, and impaired dignity related to urinary incontinence. Provide prompt incontinence care after each episode of urinary incontinence. R2's 6/20/26 Daily Skilled Nursing Note showed, .Resident Orientation: Person, Place, Time, Situation, Makes Self Understood without concern. Resident is incontinent of urine. Resident is incontinent of bowel. Resident with pressure wound, stage 3 coccyx.On 6/23/26 at 9:00 AM, R2 said she is often left to sit in soiled incontinence briefs for an hour or longer. R2 said she uses her call light to let them know when she is wet but it often takes an hour to be answered. On 6/23/26 at 1:45 PM, V3 CNA said they should be rounds every 2 hours for incontinent residents. V3 said it is important to provide timely incontinence care to prevent infection and skin conditions. The facility's undated procedure provided by the facility 6/23/26 showed, Perineal Care; Purpose: The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infection and skin irritation, and to observe the resident's skin condition.

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