

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145751	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  PA Peterson at the Citadel		STREET ADDRESS, CITY, STATE, ZIP CODE  1311 Parkview Avenue 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>40798</p> <p>Based on interview and record review, the facility failed to conduct a thorough investigation and failed to obtain and/or maintain documentation of a thorough investigation of monetary misappropriation for 1 of 24 residents (R364) in the sample of 24 reviewed for abuse.</p> <p>The findings include:</p> <p>On 5/19/25 at 10:50 AM, R364 said she knows she had \$120 in her purse because she checked her purse for money around 6:00 PM on Sunday (5/11/25) because she was going to order pizza but didn't. R364 said on 5/12/25 she went to the bathroom to get ready and V7, Certified Nursing Assistant (CNA) was in her room. R364 said when she finished getting dressed, she checked her purse and only had \$20 left. R364 said she knows there was a CNA in her room during the night shift from 5/11/25 to 5/12/25.</p> <p>On 5/20/25 at 10:42 AM, V1, Administrator, said R364 told him she had a feeling V7, Certified Nursing Assistant (CNA) took money from her purse around 8:30 AM (on 5/12/25). V1 said he interviewed some night shift staff on the phone but did not write down or type their interviews regarding R364's allegations of stolen money. V1 said video footage was not reviewed as it would have just confirmed staff went in and out of R364's room. V1 said R364 had previously reported missing money in March 2025 which was found in her purse.</p> <p>On 5/21/25 at 11:26 AM, V3, Regional Nurse, said we have never typed out the interviews or statements of employees taken for an (abuse) investigation. V3 said they will sometimes type out the resident interviews. When asked how they would know what the person(s) said months or years later, V3 replied that they wouldn't know.</p> <p>On 5/21/25 at 8:43 AM, V7 said she worked with R364 all day on 5/12/25 and everything seemed fine; they had a really good day. V7 said V1 called her at home later that day and she was suspended from that time until 5/20/25 when she returned to work for her previously scheduled shift.</p> <p>The facility's investigation was reviewed, and no documentation of specific resident interviews were included aside from V1's written notes regarding R364's statements. No evening or night shift staff who worked 5/11/25 to 5/12/25 interviews or statements were included. The facility's initial report sent to IDPH was dated 5/12/25 and their final report sent to IDPH was dated 5/16/25. No written/typed statements from any employee or resident were included.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 145751	If continuation sheet Page 1 of 2

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Abuse Prevention Policy dated 10/2022 shows, Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed. The final investigation report shall contain interviews of witnesses.</p> <p>The facility's Abuse Investigation Policy (revised 12/2009) shows witness reports will be reduced to writing. Witnesses will be required to sign and date such reports.</p>		