STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145751	A. Building B. Wing	12/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PA Peterson at the Citadel	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)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure a medication was available for administration for 1 of 3 residents (R1) reviewed for medications in the sample of 4. The findings include:R1's electronic face sheet printed on 12/2/25 showed R1 has diagnoses including but not limited to hemiplegia and hemiparesis, end stage renal disease, peripheral vascular disease, and polyneuropathy.R1's facility assessment dated [DATE] showed R1 has no cognitive impairment.R1's care plan dated 8/8/25 showed, (R1) has a risk for pain related to end stage renal disease, chronic pain, impaired mobility, and weakness.administer pain medication as ordered.R1's physician's orders dated 9/21/24 showed, Fentanyl 12mcg/hr Apply 1 patch transdermal every 72 hours for pain and remove per schedule.R1's medication administration record for November 2025 showed R1 did not have his Fentanyl patch applied from 11/21/25-11/28/25.R1's medication progress notes dated 11/21/25-11/25/25 showed, Fentanyl patch not available.On 12/2/25 at 11:23AM, V5 (Licensed Practical Nurse-LPN) stated, (R1's) fentanyl patch was not in the facility for a few days. One of the nurse's (V3-LPN) said she had ordered it and I remember it coming in on my shift, but I didn't apply it because it wasn't due until the 28th. The pharmacy delivers to the facility multiple times each day so there really shouldn't be a reason that he didn't have his patch on. I'm not sure if we have those in our emergency supply or not. If a resident has a current prescription, the pharmacy will send the narcotic; however, if they do not have a current prescription then we will get in touch with the Nurse Practitioner (NP) to have them send a prescription to the pharmacy. I remember it being delivered on Monday (11/24) but it was later in my shift. I only work on that unit on Mondays so I know for sure it was that day of the week.An attempt to contact V3 (LPN) was made with no return call received during this investigation.On 12/2/25 at 11:55am, V2 (Director of Nursing) stated, The nurses have a log in for our emergency narcotic supply and they usually have to call the pharmacy to get a code to pull a narcotic and have to have a witness. The pharmacy would need a current prescription on file, and I believe (R1) needed a new prescription and that's what we were trying to get. The pharmacy delivers 3x/day so there usually isn't an issue of medications running out. Whenever a medication is out, their NP is contacted. Some of them can e-scribe and send to the pharmacy, otherwise we will e-mail the prescription to them, and they will send it back to us and then we send it to the pharmacy.The facility's undated, untitled, emergency narcotic list showed, Fentanyl 12mcg/hr as being available in their narcotic supply.A review of R1's medical records showed R1's prescription for Fentanyl 12mcg/hr was received by the facility on 11/21/25; however, the facility pharmacy proof of delivery slip showed the Fentanyl was not delivered to the facility until 11/25/25. R1's medication administration record showed R1's Fentanyl patch was not applied until 11/28/25.The facility's policy titled, Medication Administration Policy dated March 2014 showed, Drugs will be administered in accordance with orders of licensed medical practitioners of the state in which the facility operates .

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