STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145771	A. Building B. Wing	04/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Bluff Nursing Home	4401 North Main Street Rockford, IL 61103

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a residents restorative walking program was followed. This applies to 1 of 3 residents (R1) reviewed for restorative services in the sample of 5. The findings include: On 4/20/26 at 8:42 AM, R1 was in his room sitting in his recliner chair. R1 said he's supposed to get walked twice a day. V12 (Former Restorative Aide) got fired a couple of weeks ago and she had been walking with him at set times 7:00 AM and 1:30 PM. R1 said he filed a grievance on 4/14/26 about not getting his restorative walking services. R1 said on 4/11/26 and 4/12/26 he did not get walked and staff did not offer to walk him. On 4/13/26 R1 said he did not get walked twice a day. R1 said he shouldn't have to complain to get things fixed, the staff should do what they are supposed to do. On 4/20/26 at 9:32 AM, V4 (RN) said R1 is supposed to get walked twice a day. There is no set time, once in the morning and once in the afternoon. The CNAs should be walking him, and nursing should remind the CNAs to walk him. If he refuses to walk the CNA should report his refusal to nursing. On 4/20/26, V1 (Administrator) said R1 filed a complaint about not receiving his walking program. V1 said she met with R1 on 4/15/26 regarding his concern. We did have a restorative aide, (V12) that was walking with him twice a day. That staff (V12) is no longer here. She spoke with R1 and explained the floor staff would be walking with him but could no longer have a set time. On 4/20/26 at 12:53 PM, V6 (Restorative Nurse) said R1 should be walked twice a day. The floor CNAs should be walking him. R1 wants a set schedule like before but we are no longer able to provide a set time. V6 said it's up to R1 and the CNA to decide when he gets walked. It's usually sometime in the morning and afternoon. If R1 refuses his walks it should be reported to the nurse and documented. On 4/20/26 at 1:49 PM, V1 said R1 was not wanting to walk with anyone when V12 was not here. V12 left on 4/8/26, she did not follow up with the CNA's on 4/11/26 and 4/12/26 when R1 alleged he did not receive his walks. It would have been V7 (Unit Coordinator RN) to follow up with the staff. On 4/20/26 at 2:18 PM, V7 (Unit Coordinator) said R1's restorative walking was a newer grievance. Now we don't have restorative staff, and the floor staff should be walking twice a day. V7 said R1 was not scheduled to receive his restorative services every other weekend. V7 said she did not follow up with the CNA's on 4/11/26 and 4/12/26 because he was not scheduled to get walked. V10 and V11 (Both CNA's) were assigned to him that weekend. On 4/20/26 at 4:10 PM, V10 (CNA) said she doesn't know who walks the residents that are on a restorative program. She thinks restorative walks the residents but I'm not sure. V10 said I have never walked (R1). I don't know who walks him. On 4/21/26 at 10:24 AM, V11 (CNA) said she is not sure who walks residents that are on restorative. She said she is newer to the facility and still learning how things work. V11 said she did not walk R1. R1's Restorative assessment dated [DATE] shows he is on walking program. R1's Task Report provided on 4/20/26 shows R1 will walk 50 feet in hallway or as tolerated with wheeled walker and staff providing standby assist twice a day through the next review, he prefers AM and afternoon. R1's Grievance form dated 4/14/26 documents nature of complaint: walking rehab schedule not being followed. R1's attached note states, I was not walked Saturday (4/11/26 or Sunday (4/12/26) .I need to know if my talking rehab is going to be taken care of or (continued on next page)

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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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	not.V1's email response dated 4/14/26 shows she will be following up with R1's concern regarding the walking program grievance. R1's walking program will be as followed: Nursing floor staff will be ambulating with him. It should be offered two times a day, we will not be given a set time or schedule for his walking. Resident refusals will be documented in the medical record. We will offer the ability to split up walking among more than just day shift. PM's and even nights could do the early morning before the end of the shift. R1's current care plan shows he has limited mobility related to lower extremity weakness and recurring wounds. R1's restorative ambulation program shows he will walk 50 feet in the hallway with wheeled walker and staff providing stand by assist two times a day through the next review date. Interventions updated on 4/14/26 show R1's preference to be walked twice a day in the AM and afternoon. If he refuses to walk inform the charge nurse and it must be documented ask other CNA's if they can walk with him. R1's progress notes reviewed from 4/11/26 to 4/12/26 did not show R1's refusals for walking.