

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145818	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/28/2025
NAME OF PROVIDER OR SUPPLIER Rock River Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 707 West Riverside Boulevard 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>Based on observation, interview, and record review the facility failed to maintain a comfortable temperature by not keep a resident's room below 81 degrees Fahrenheit for 1 of 3 residents (R1) reviewed for comfortable homelike environment in the sample of 3. The Findings include: R1's Face Sheet printed on 7/28/25 indicated R1 had the diagnosis of chronic obstructive pulmonary disease. A facility assessment done on 7/24/25 showed R1's mental status was intact. On 7/28/25 at 8:43 AM, R1 said the temperature in his room was too hot and had been uncomfortable for the last few days. R1 had a built-in wall air conditioner in his room. There was no portable air conditioner in R1's room. On 7/28/25 at 8:43 AM, the surveyor used a thermometer that had been calibrated in an ice bath to check R1's room temperature. R1's room temperature was 81.7 degrees Fahrenheit. The air coming out of the wall air conditioner's vent was 81.6 degrees Fahrenheit. On 7/28/25 at 10:26 AM, R1's room temperature was 81.5 degrees Fahrenheit. The air coming out of the wall air conditioner's vent was 81.3 degrees Fahrenheit. On 7/28/25 at 12:19 PM, V1 (Administrator) used the facility's thermometer and checked R1's room temperature. R1's room was 81.3 degrees Fahrenheit and the air coming out of the wall air conditioner's vent was 81 degrees Fahrenheit. On 7/28/25 at 9:04 AM, V1 said two out of the four compressors for the facility's air conditioner were not working and the air conditioner was running at 50%. V1 said they were waiting for parts to be delivered to repair/replace the compressors. V1 said the facility was using portable air conditioner units along with the facility's air conditioner to keep the room temperatures comfortable. V1 said the portable units were placed strategically throughout the building. The National Oceanic and Atmospheric Administration website forecasted for 7/28/25 a heat index of 104 degrees Fahrenheit. The facility's Hot Weather policy (undated) showed the purpose was to ensure the well-being and comfort of the residents throughout the hot weather months.</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
---	-------	-----------