

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 02/09/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident with an order for a Urology consult received an evaluation by a urologist for 1 of 3 residents (R1) reviewed for care and services in the sample of 8. The findings include: R1's Physician Order Sheet documents that R1 has diagnoses that include multiple sclerosis (MS) and neuromuscular dysfunction of the bladder needing indwelling urinary catheter due to urinary retention. On 2/9/26 at 8:25 AM, V14 (R1's Power of Attorney/POA) said she had a concern with R1 being hospitalized due to multiple urinary tract infections (UTIs) while R1 was at the facility. R1 had indwelling urinary catheter. R1 also has MS. R1 was supposed to see a specialist due to urinary tract infections. V14 said she did not hear any update from the facility. R1's hospital records dated 12/14/25, documents R1 was admitted to the hospital from [DATE] to 12/19/25 due to sepsis- UTI. R1 was discharged back to the facility on [DATE] with an order for R1 to be referred to a Urologist. R1 was again admitted to the hospital from [DATE]-[DATE] due to UTI-sepsis. On 2/5/26 at 11 AM, V6 (Registered Nurse-RN) said the Urology office in town did not take R1's insurance. V6 said she did not notify R1's physician or family that R1 did not see the Urologist as ordered on 12/19/25. On 2/9/26 at 12PM, V2 (Director of Nursing) said R1 has MS and needs the indwelling urinary catheter due to urinary retention. R1 had recurrent UTI's needing hospitalizations. R1 should have been referred to a Urologist for bladder management and ongoing care due to the recurrent UTI's.</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
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on interview and record review the facility failed to ensure resident's safety during care to 1 of 3 residents (R1) reviewed for safety in the sample of 8. The findings include: On 2/6/26 at 11:21 AM V3 (Licensed Practical Nurse/LPN) said on 11/21/25, she was passing morning meds when V4 (Certified Nursing Assistant-CNA) came to her and said please go to R1's room. R1 was upset and angry, V4 (CNA) was about to get R1 up for breakfast. V3 LPN said she went to R1's room. R1 was holding onto the side rails, he was turned over to the left side, then fell over the side rails. V3 said she did not know why V4 was by herself to get R1 up. R1 has MS (multiple sclerosis), R1 is a mechanical lift transfer and needs 2 staff assistance for all transfers due to his MS. R1's fall incident reported dated 11/21/25 documents R1 turned over too quickly and flipped himself over the side rails. The incident report document's R1's predisposing physiological factors include: R1 is resistant to care, weakness, agitated and anxious, (has) involuntary movements and decreased strength. R1's care plan (undated) states, R1 is at risk for falls related to diagnosis of multiple sclerosis with contractures, tremors, impaired cognition, impulsivity, psychiatric diagnosis with behaviors, also has self-care deficits. R1's fall interventions included resident is dependent with ADL care, provide total assistance in all aspects of hygiene and dressing, 2 assist with turning and repositioning, transfers with mechanical lift times 2. On 2/5/26 at 2PM, V2 (Director of Nursing) said R1 is high risk for falls due to having MS, R1 needs 2 assists in all cares for safety.</p>		