STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145818	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rock River Health Care	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on observation, interview, and record review the facility failed to ensure a resident's seizures were documented in the resident's medical records for 1 of 3 residents (R1) reviewed for medical records in the sample of 8. The findings include:On 6/2/26 at 10:36 AM, R1 was sitting in his wheelchair on the patio of the facility. R1 was wearing a helmet on his head. R1 said he is epileptic and has seizures all the time. R1 said he does not recall when he has them and can not feel them coming on. On 6/2/26 at 12:20 PM, V9 Certified Nursing Assistant said R1 has seizures almost every other day. V9 said R1 had a seizure yesterday (6/1/26). V9 said when R1 has a seizure they alert the nurse. On 6/2/26 at 1:20 PM, V10 Licensed Practical Nurse said R1 has seizures almost every day. V10 said R1 has a medication they give him when he is having a seizure (Valtoco) and if that doesn't help, they have to call the paramedics. On 6/2/26 at 1:45 PM, V3 Assistant Director of Nursing said nursing should be documenting R1's seizures in the progress notes and that Valtoco is administered in the Medication Administration Record. R1's MAR for May and June 2026 shows an order for Valtoco 15 MG Dose Nasal Liquid Therapy Pack 2 x 7.5 MG/0.1ML (Diazepam Anticonvulsant) 1 spray in each nostril every 12 hours as needed for seizure related to Post Traumatic Stress Seizures. Both of these MAR do not contain documentation that R1 was administered Valtoco for seizures. R1's Controlled Drug Receipt/Record/Disposition Form for Valtoco 15 MG spray shows R1 was given Valtoco on 5/15/26, 5/16/26, 5/17/26, and 5/26/26. R1's Progress Notes do not contain documentation regarding R1 having seizures. The facility's Policy and Procedure Documentation dated 1/25 shows It is the policy of the facility to maintain required and accurate documentation in the residents' chart: The staff is responsible for making their own prompt, factual, concise, complete, and appropriate entriesThe documentation shall include the resident's current status, changes in condition, interventions, and appropriate notifications.

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