

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145908	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2025
NAME OF PROVIDER OR SUPPLIER Amberwood Care Centre		STREET ADDRESS, CITY, STATE, ZIP CODE 2313 North Rockton Avenue 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 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was seen by a podiatrist. This applies to 1 of 3 residents (R1) reviewed for foot care in the sample of 4. The findings include: R1's face sheet shows he was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, COPD, type 2 diabetes with diabetic peripheral angiopathy with gangrene, anxiety, and peripheral vascular disease. On 10/27/25 at 10:33 AM, R1 was in his room lying in bed. R1 said he has been at the facility for about six months and has not seen a podiatrist yet. R1 said he has told several staff, and their response is he will get put on the list to be seen. R1's left big toenail was extremely overgrown (approximately 2 inches long), curved, thickened, jagged, with yellowish discoloration. R1 has an amputee to his left 3rd toe digit and the remaining toenails are long and overgrown. On 10/27/25 at 11:12 AM, V5 (Licensed Practical Nurse-LPN) said R1 is alert and oriented, he reported to her a while ago wanting to be seen by the podiatrist. V5 said months ago she called the front desk to have R1 put on the list to be seen by the podiatrist. She is not sure if R1 has been seen or not. This surveyor showed V5's toenails and she confirmed R1's toenails were overgrown and long. On 10/27/25 at 1:38 PM, V2 (Director of Nursing-DON) said the facility sends a census to the podiatrist before their bimonthly visit and they notify of new admission so they can be seen on the next visit. V2 confirmed R1 has not been seen by the podiatrist yet. The podiatrist comes every other month, and the last podiatry visit was on 9/8/25. V2 confirmed R2 should have been seen and is not sure why he was not seen. The facility's Foot Care Policy dated March 2018 states, Residents will receive appropriate care and treatment in order to maintain mobility and foot health. overall foot care will include the care and treatment of medical conditions associated with foot complications (e.g. diabetes, peripheral vascular disease, etc.) .Residents with foot disorders or medical conditions associated with foot complications will be referred to qualified professionals.</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
---	-------	-----------