STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145937	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest City Rehab & Nrsg Ctr	321 Arnold Avenue Rockford, IL 61108

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review the facility failed to provide incontinence care to and reposition a resident dependent on staff for these cares for 1 of 33 residents (R27) reviewed for activities of daily living (ADLs) in the sample of 33.The findings include:R27's current care plan showed R27 was nonverbal and cognitively impaired due to his diagnoses of intellectual disability and paralytic syndrome. The plan showed R27 is dependent on staff for toileting/incontinence care, transfers and repositioning. R27 was incontinent of bowel and bladder. The plan showed staff will reposition R27 as per facility protocol and keep R27's skin clean and dry. On 11/17/25 at 10:21 AM, R27 was seated in a high-back wheelchair in his room. R97 (R27's roommate) was also in the room. R97 looked at this surveyor and stated, He (R27) doesn't talk. When R97 was asked how long R27 had been up in his wheelchair that morning, R97 stated, He's been up in the wheelchair since around 5 AM. They (staff) don't lay him down much during the day. On 11/17/25 at 11:36 AM, R27 remained seated in his high-back wheelchair in the dining room of the facility.On 11/17/25 at 12:15 PM, V5 and V6 Certified Nursing Assistants (CNA) transferred R27, from his wheelchair to bed, via a mechanical lift. V5 and V6 CNAs removed R27's incontinence brief. A large amount of dried out, hard stool was stuck to the crease between R27's buttocks. R27's brief contained a large amount of dark yellow urine. Redness was noted to the skin of R27's buttocks, groin and scrotum. Skin creases, caused by exposure to R27's wet incontinence brief, were noted to R27's buttocks. V6 CNA stated R27's incontinence brief was last changed sometime between 5 AM-6 AM when staff had gotten him up and out of bed for the day. On 11/18/25 at 9:26 AM, when V7 Licensed Practical Nurse (LPN) stated residents are to be repositioned every 2 hours to help prevent skin breakdown. V7 stated residents should be checked every 2 hours for incontinence and changed if soiled.The facility's Repositioning and Turning policy dated June 2014 showed, It is the policy of the Nursing Department that residents, unable to reposition themselves, will be turned and repositioned every two hours, in accordance with their needs.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to have pressure treatments and pressure reducing interventions in place which applies to 4 of 9 residents (R117, R129, R51, R73) reviewed for pressure wounds in a sample of 33. The findings include:1) R117's Medical Record showed R117's is a [AGE] year-old female resident readmitted to the facility on [DATE] with diagnoses which includes Stage 4 pressure ulcer of the sacral (tailbone) region. On 11/17/25 at 12:30 PM, V5 and V6 Certified Nursing Assistants (CNAs) were performing peri-care for R117. R117's incontinence brief had urine in it. R117's sacral pressure wound had no coverage dressing in place. V5 stated V34 Hospice CNA told them R117's dressing came off after their shower. V5 stated they should have let the nurse know the dressing was missing. On 11/17/25 at 12:55 PM, V34 stated when they cleaned up R117 the dressing on R117's wound came off. V34 stated they cleaned up R117 around 11:15 AM to make sure she would be up for lunch. V34 stated they let V5 know. On 11/17/25 at 2:00 PM, V31 Wound Nurse stated no one had come to let them know R117's dressing had come off earlier in the day. V31 stated someone should have come to let them know about the dressing not being in place. R117's wound is being treated for an infection and needs to be covered. Dressing should be in place per order. R117's Physician Orders printed on 11/17/25 showed a wound care order for the sacral area to apply crushed Cipro (antibiotic) and gauze soaked with antibacterial solution to the wound bed and cover with border dressing. On 11/17/25 at 2:30 PM, V2 Director of Nursing stated wounds should have their dressings in place. CNAs need to let a nurse know it is missing so it can be replaced. 2. R129's Wound and Skin Alteration Review dated 11/13/25 showed R129 had a Stage 4 pressure injury to her right heel that measured 0.2 cm (centimeters) x 1.2 cm x 0.5 cm. R129's Order Summary Report dated 10/30/25 showed R129's right heel pressure injury was to be covered with a gauze dressing at all times. On 11/17/25 at 10:30 AM, R129 was observed propelling her wheelchair around the facility. R129 wore only socks, no shoes. It appeared there was no dressing to R129's right heel. R129 was asked if she had a dressing to the wound on her right foot. R129 shook her head no. On 11/17/25 at 2:35 PM, R129 was seated in her wheelchair on the second floor of the facility. R129 again stated she had a wound to her heel. When R129 was asked if she had a dressing covering the wound on her right heel, R129 shook her head no and pulled down the sock on her right foot. No dressing was noted to R129's right heel pressure wound. On 11/18/25 at 9:26 AM, V7 Licensed Practical Nurse (LPN) stated R129 had a boggy pressure wound to her right heel. V7 LPN stated staff provide treatment and a dressing change to R129's pressure injury every Monday, Wednesday, and Friday. V7 stated, She is supposed to have a dressing covering her wound at all times to protect it. (continued on next page)

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F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	3. R51's Care Plan with a completed date of 10/15/25 showed R51 was at risk for breakdown in skin integrity as evidenced by pressure over boney prominences. Listed under interventions was for a low air loss mattress. On 11/17/2025 at 8:41 AM, R51 was in bed. Hanging on the foot of the bed was an air mattress pump. There was a black tube coming from the pump that was disconnected from the mattress resting on the floor. The green power switch was in the off position. On 11/17/2025 at 11:22 AM and on 11/18/25 at 8:01 AM, R51 was in bed and there was no change in R51's air mattress pump. 4. R73's Care Plan with a completed date of 10/1/25 showed R73 was at risk for breakdown in skin integrity as evidenced by pressure over bony prominences. On 11/17/2025 at 10:23 AM, R73 was in bed. Hanging on the foot of the bed was an air mattress pump. The green power switch was in the off position and not lit up. On 11/18/2025 at 8:00 AM, R73 was in bed and the air mattress pump remained off. On 11/18/2025 at 11:36 AM, V7 (Licensed Practical Nurse) said an air mattress is a preventative intervention for residents at risk for pressure injuries and if a resident has an air mattress it should be working/on.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure electrical wiring was appropriately insulated and stowed out of reach in one resident's room (R149) and failed to ensure a resident was transferred in a safe manner for 2 of 6 residents (R149, R147) reviewed for safety in the sample of 33. The findings include: 1. On 11/18/25 at 12:53PM, R149 showed the surveyor two wires sticking out of the wall in the resident's room. R149's room has a black and a white electrical wire hanging out of a conduit tube under the window. The electrical wires were wrapped with black electrical tape. On 11/18/25 at 1:25PM, V12 Maintenance used a voltage tester to check the electrical wires. The voltage tester started flashing and emitted a tone signifying electrical current was present in the wires. V12 Maintenance said, there is 120 volts of electrical power coming through the wires. The wires should be enclosed with wire caps (rather than electrical tape). The facility's Preventative Maintenance Program dated 02/19 shows all electrical equipment is checked for safety. 2. R147's Restorative assessment dated [DATE] showed he required partial to moderate assistance of staff for transfers and toileting due to his diagnoses of frequent falls, cerebrovascular accident (CVA) and bilateral carotid stenosis. On 11/17/25 at 9:01 AM, V8 and V9 Certified Nursing Assistants (CNA) entered R147's room to provide cares. V9 CNA wheeled R147 into the bathroom via his wheelchair. V9 then transferred R147, from his wheelchair to the toilet, by placing her arm under R147's left arm and guiding R147's buttocks onto the toilet. V9 did not use a gait belt when transferring R147. V8 CNA stood in the doorway of the bathroom and watched as V9 CNA transferred R147. On 11/18/25 at 1:03 PM, V10 Restorative Nurse stated R147 required partial to moderate assistance of one staff for all transfers which included the use of a gait belt to ensure R147's safety. V10 stated R147 was at risk for falls due to his previous falls in the facility. The facility's Gait Belt policy dated January 2025 showed, Purpose: To provide support and safety during ambulation, lifting, or transferring residents. Place the gait belt around the resident's waist. Make certain that the belt fits snugly. Grasp belt webbing securely at resident's back and resident's right or left side to support resident balance during transfers.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on interview and record review the facility failed to consistently document meal intakes and monthly weights and failed to ensure a resident (R40) was assessed by the dietician following a significant weight loss. This failure resulted in additional interventions not being implemented and R40 experiencing on going weight loss. The facility failed to ensure nutritional interventions were implemented for 4 residents (R9, R14, R153, R160) and failed to ensure weekly weights were obtained for a resident (R153). The findings include:1. On 11/19/2025 at 10:26AM, V14 Dietary Manager said, I perform admission and quarterly nutritional assessment on the residents. The dietitian uses my assessments and performs their own assessment. The dietitian only assesses residents if the computerized medical record triggers the resident for weight loss. The problem with R40's weight loss is the computer did not trigger the weight loss because no weights were documented. I was not made aware R40's weights were not being documented. From January 2025 through July 2025 R40's Medication Administration Record shows, R40 refused being weighed. If I would have known R40 was refusing to be weighed I would have requested an assessment by a Registered Dietitian. Then we would have been aware of R40's weight loss. Now we have a process. If a resident refuses to be weighed twice we have the resident assessed by the Registered Dietitian. Weight loss can be identified through observation. I monitor the resident's weight in the computerized medical record. On 11/19/2025 at 1:17PM, V15 Dietitian said, November 17, 2025, is the first time I assessed R40. I do not see any progress notes addressing R40's weight loss by the previous dietitian. R40 is high risk for weight loss. R40 has a history of anorexia and a new diagnosis of dementia. These diagnoses increase the effects of the weight loss on R40. On 08/07/2025 the prior dietitian recommended a supplement; this recommendation should have been paired with a progress note by the Registered Dietitian. I assess residents in multiple facilities. I am not in R40's facility daily. I only assess the residents that trigger in the electronic medical record for significant weight loss or when the facility requests me to assess a resident. The most effective way to identify significant weight changes is by weighing the resident. R40 refused to be weighed for eight months. It is more difficult, but weight loss can be identified by reviewing Meal Intake Records and through daily observation of the resident during the meal. When R40's weight loss was identified in August (08/06/2025), a Registered Dietitian should have assessed R40 immediately. Significant weight loss is defined as a 5% gain/loss in one month, 7.5% gain/loss in three months, or 10% gain/loss in six months. R40's Weight Record shows, the resident weighed 114.3 pounds on 12/30/2024. On 08/06/2025 R40's weight was 98.6 pounds, which is 13.7 percent weight loss. R40's Weight Record shows on 11/07/2025, the resident's weight was 90.8 pounds, which was a further is a 7.9% loss in three months. R40's Dietary Progress Note dated 11/17/2025 by V15 Dietitian shows, Registered Dietitian Weight Assessment. Weight Changes: Significant weight loss in three months. 7.8-pound loss with 7.9% weight loss. R40's Meal Intake Record shows, nine categories to document R40's intake. The categories include 0-25%, 26-50%, 51-75%,78-100%, Nothing by Mouth, Tube Feeding, Resident Not available, Resident Refused, Not Applicable. The Meal Intake Record from 10/21/2025 through 11/17/2025, shows there were 45 meals with no entries of the intake percentages. R40's care plan included a Focus initiated on 03/22/2016 and revised on 07/10/2025, that shows, (R40) . is known to deny meals and only eat her supplements. Will work on encouraging oral intake. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The goal, initiated on 06/22/2022 and revised on 10/25/2025 shows, (R40) will not lose any weight through next review. The interventions included, Chart % consumed at each meal and offer substitutes for refused item and Nurse alert MD (Medical Doctor) and guardian of significant weight loss and assure that dietician is made aware so a consult can take place. Both had an initiation date of: 09/01/2024. A second Focus initiated and revised on 10/25/2025, shows, (R40) is at risk for elevated blood pressure related to hypertension. The interventions included, Assess (R40's) weight monthly or as ordered. Date initiated and revised: 10/25/2025. The facility undated Food Service Supervisor-Job Description shows, Main Duties: Make recommendations for changes in diet based on observations. Implement any plan of correction as required by State and Federal surveys in the dietary department. 2. On 11/17/2025 the noon meal food serving line on first floor was observed continuously by this surveyor from 11:35 AM-12:15 PM. Staff were heard asking V22 (Cook) for magic cups and ice cream for the resident who have those items on their meal tickets. V22 would inform them that they do not have any. At 12:09 PM, V22 said that the facility ran out of magic cups and ice cream on Friday 11/14/2025, and V8 (Certified Nursing Assistant) added that the facility runs out of things a lot. On 11/17/2025 at 12:25 PM, R14 did not have a magic cup on his lunch meal tray. R14's Physician Orders dated 3/12/2025 Magic cup in the afternoon for Magic cup with lunch. Magic Cup in the evening for Magic cup with dinner. On 11/18/2025 at 9:55 AM, V14 (Dietary Manager) said she was not aware the facility had run out of magic cups and ice cream last Friday. V14 said they should have let her know so she could go get some. V14 also said other nutritional supplements should have been given to the residents. On 11/18/2025 at 10:10 AM, R160 said she did not get her magic cup or ice cream at lunch yesterday and she likes that. R160's Dietary Progress Note dated 10/31/2025 shows her current weight as 95.8 pounds (lbs.) and she has had a history of significant weight loss of 10.2# (lbs) or 13.7% in 3 months from July to October 2025. R160's Dietary note shows she should receive nutritional supplements including magic cup and ice cream with lunch and dinner. R160 has a physician order for both Magic Cup ordered on 7/17/2023 and ice cream ordered on 6/23/2025 both to be given with lunch and dinner. On 11/18/2025 at 12:25 PM, R153 said she did not get her magic cup for the past few days, and they often do not give it to her. R153's weight summary shows she had a prior significant weight loss of 10.3% 12.4 lbs. in August of 2025. R153's order summary shows she has a physician order dated 3/16/2025 for magic cup with breakfast and dinner. On 11/18/2025 at 1:05 PM, R9 said he got the magic cup today, but didn't get it this weekend or yesterday. R9 said he eats it when he gets it. R9's Physician Orders dated 8/5/2025 Serve magic cup with lunch for weight management. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/18/2025 at 1:39 PM, V15 (Dietician) said all the residents who have orders to receive magic cup are either at risk for weight loss or have had weight loss and the magic cup is an intervention to prevent weight loss. V15 said she was not aware the facility had run out of the magic cup and ice cream, but they should have given a substitute. The facility provided Supplementation policy dated 8/5/2023 shows supplements are given to meet resident nutritional needs and to maintain weight. 3. R153's Order Summary Report printed on 11/17/2025 showed an order for weekly weights to be done every Tuesday. The order had a start date of 4/1/2025. On 11/17/2025 at 10:10 AM, R153 said she was not being weighed every week and she was not sure why. R153's October Medication Administration Record (MAR) and Weight and Vital Summary document for October showed a weekly weight recorded for two out of four weeks in October. The October MAR had not applicable documented for 10/7/2025, 10/21/2025, and 10/28/2025. R153's November MAR printed on 11/19/2025 and Weight and Vital Summary document for November showed weekly weights were done for one of two weeks. The November MAR had not applicable documented for 11/4/2025, 11/11/2025, and 11/18/2025. On 11/18/2025 1:37 PM, V15 (Dietitian) stated weekly weights are done to closely monitor a resident's weight to see of interventions are working or if interventions need to be added. The facility's Weight Assessment and Interventions policy with reviewed date of 1/24 showed ensure that residents are monitored for undesirable weight loss or gain so appropriate interventions can be put in place in a timely manner.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. Based on observation, interview and record review the facility failed to follow the menus for residents on regular, mechanical and pureed diets. This failure has the potential to affect all 166 residents residing in the facility. The findings include: The CMS-671, Long- Term Care Facility Application for Medicare and Medicaid form that was completed by the facility on 11/17/25 shows there were 166 residents residing in the facility. A list of resident diet orders shows all 166 residents receive food prepared by the facility. Facility provided menus show on 11/17/25 during the noon meal a biscuit should be served to residents receiving a regular diet, a soft biscuit served to residents receiving mechanical soft diets and pureed bread should be given to residents on pureed diets. On 11/17/25 the noon meal food service line on the first floor was continuously observed from 11:35 AM until 12:15 PM. Resident meals trays were prepared by V22 (Cook/Dietary Aide) which included BBQ chicken, mashed potatoes, vegetable, oven roasted potatoes, and dessert. There were no biscuits, or bread on the serving line and residents were not served any during the meal service. On 11/17/25 at 12:09 AM, V22 said that she did not make biscuits for the residents because it is too much for their oven space. V22 also said she did not make or give bread to any residents on a pureed diet. On 11/18/25 at 9:55 AM, V14 (Dietary Manager) said the facility menus should be followed and she was not aware that biscuits/bread was not served to the residents on 11/17/25. On 11/18/25 at 1:37 PM, V15 (Dietician) said the menus should be followed and if they do not give what is on the menus or give a replacement item the caloric intake would be less then planned. The facility provided Cycle Menu policy dated 9/26/23 shows that the menus are planned out ahead using national guidelines and will meet the nutritional needs of the residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure staff wear personal protective equipment (PPE) and have signs posted for residents on enhanced barrier precautions (EBP) isolation which applies to 2 of 33 residents (R117, R82) reviewed for infection control in a sample of 33.The findings include: 1) R117's Medical Record showed R117's is a [AGE] year-old female resident readmitted to the facility on [DATE] with diagnoses which includes Stage 4 pressure ulcer of the sacral (tailbone) region. On 11/17/25 at 12:30 PM V5 and V6 Certified Nursing Assistants (CNAs) entered R117's room, performed a mechanical lift transfer, and peri-care without placing a blue gown on prior to entering the room. R117 has a sign on the door for EBP isolation precautions to be used. R1's Physician Orders printed on 11/17/25 showed R117 has dressing change orders which include using a crushed antibiotic and antibacterial solution to be applied to R117's wound. On 11/18/25 at 2:45 PM V4 Infection Control Preventionist (ICP) stated R117 is on EBP for a chronic wound which is currently being treated for an infection. Gowns and gloves should be worn during high contact care. On 11/19/25 at 9:35 AM, V5 stated if someone is on EBP then a gown and gloves need to be used during cares. V5 stated they should have worn a gown during R117's care. The facility's EBP policy dated 11/28/22 showed EBP require the use of gown and gloves during high contact care activities which includes changing briefs or assisting with toileting. EBP applies to resident with a chronic wound. 2. R82's current care plan showed R82 had a urinary catheter in place due to his diagnoses of prostate cancer and obstructive and reflux uropathy. R82's Order Summary Report dated 7/16/25 showed a physician order for R82 to have Enhanced Barrier Precautions (EBP) in place due to having a urinary catheter. On 11/17/25 at 8:53 AM and 1:27 PM, R82 was in bed with a urinary catheter in place. No Enhanced Barrier Precautions (EBP) signage was noted on or by the door to R82's room. On 11/18/25 at 9:26 AM, R82 was in bed with a urinary catheter in place. No Enhanced Barrier Precautions (EBP) signage was noted on or by the door to R82's room. On 11/18/25 at 9:26 AM, when V7 Licensed Practical Nurse (LPN) was asked how staff identify if a resident is on EBP or any type of isolation precautions, V7 stated, There is a sign posted on the resident's door which identifies what type of isolation the resident is on and what PPE (personal protective equipment) staff are required to wear when providing cares. The facility's Enhanced Barrier Precautions policy dated 4/28/25 showed, Enhanced Barrier Precautions apply to residents with a wound (chronic wounds, not shorter-lasting wounds, such as skin breaks or tears covered with an adhesive dressing) or similar dressing and indwelling medical device (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) .