

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/23/2026
NAME OF PROVIDER OR SUPPLIER  Forest City Rehab & Nrsg Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  321 Arnold Avenue Rockford, IL 61108	
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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to protect a resident's right to be free from misappropriation of property by staff. This failure resulted in money being removed from a residents bank account after the resident expired and staff having a resident's cell phone at home. This applies to 1 of 3 residents (R1) reviewed for abuse in the sample of 3. The findings include:R1's Face Sheet printed on [DATE] listed schizoaffective disorder as a diagnosis.R1's Progress notes dated [DATE] showed R1 expired on [DATE]. On [DATE] 11:36 AM, V11 (R1's Sister In-Law) said charges were made to R1's bank account after he expired and the charges were made by V5 (Licensed Practical Nurse-LPN). V11 said there were about 34 charges made to R1's bank account after he expired including a PayPal charge for \$1,000 to V5. V11 added that V5 had R1's cell phone at her home. V11 said she came to the facility on [DATE] and talked with the police and V1 (Administrator) regarding the situation.On [DATE] at 8:50 AM, V1 said he became aware of the situation with R1 and V5 on [DATE] when the police arrived. V1 said the police reported to him that V5 alleged R1 said on his death, V5 could have the money in his bank account after V5 paid for his cremation. V1 said the facility was not aware of any such agreement between V5 and R1. V1 said staff should not be taking any money from residents. On [DATE] at 1:38 PM, V16 (Police Officer) said V5 admitted to making purchases using R1's bank account after R1 expired. V5 had R1's bank information saved on a phone and that was how she was making purchases using R1's bank account. V5 also admitted to having R1's cell phone at her home. V5 alleged R1 told her on his death, V5 could have the money in his bank account after she pays for his cremation. V16 added that V5 said no one was aware of the agreement.A Police Department Incident report dated [DATE] showed V5 alleged R1 said on his death V5 was to pay for his cremation and V5 could have the remainder of his money. There was no documentation for this agreement and there were no witnesses to the statement. The document showed V5 admitted to transferring \$1,000 of R1's money into her PayPal account and ,spending a couple thousand dollars. from R1's bank account. The document showed V5 had R1's cell phone at her residence and V5 alleged R1 said for V5 to keep the phone as the phone would ping when deliveries were made. R1's Bank Statement showed starting on [DATE] (one day after R1 expired) to [DATE], 34 charges were made including a \$1,000.00 charge to V5's PayPal account. The total of the 34 charged was \$4,910.79.The facility's Policy and Procedure Abuse and Retaliation Preventions policy date 1/2026 showed the facility affirms the right of their residents to be free from misappropriation of property. The same policy defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident's belongings or money without the resident's consent. On [DATE] at 1:58 PM, V1 said consent to use resident's money/belonging is done by making the facility aware of the resident's wishes and having a witness.The facility's Employee Handbook (undated) showed staff should not violate resident rights. The same document showed staff should never borrow or take money or other personal belongings from residents.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  145937	Facility ID:  If continuation sheet Page 1 of 1