

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 03/09/2026
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 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>Based on interview and record review the facility failed to schedule a urology appointment for 1 of 3 residents (R1) reviewed for quality of care in the sample of 3. The findings include: R1's prostate specific antigen (PSA) lab results dated 5/14/25 indicated a high value. V6 (Nurse Practitioner) wrote on the lab result form to refer R1 to urology. R1's Order Summary Report with active orders as of 5/19/25 showed an order for a referral to urology related to a high PSA lab result. The order was dated 5/16/25. On 03/09/2026 at 10:44 AM, V2 (Director of Nursing) confirmed V6 wrote on the PSA lab result form for R1 to see a urologist. V2 said the referral should have been placed in V8's (Medical Appointment Scheduler) mailbox so V8 could schedule the urology appointment. On 03/09/2026 at 10:22 AM, V8 said R1 did not have a urology appointment scheduled. V8 said there were no appointments in the appointment schedule book for R1 to see a urologist. V8 said he believed the appointment was not made because he was not notified of the order/referral. On 03/09/2026 at 2:04 PM, V2 said she looked at R1's electronic medical record and there was no indication R1 saw a urologist.</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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