

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146101	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/26/2026
NAME OF PROVIDER OR SUPPLIER Willows Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4054 Albright Lane 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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>Based on interview and record review the facility failed to ensure nursing staff were working with an active nursing license which applies to all 91 residents in the facility. The findings include: The Facility Data Sheet dated 1/26/26 showed the facility had a current census of 91 residents. The facility's undated copy of V3's (Licensed Practical Nurse/LPN) from the state licensing agency summary showed V3's license was suspended from 12/15/25 through 12/24/25. V3's Timesheet Summaries printed on 1/26/26 showed V3 worked on 12/16/25, 12/19/25, and 12/23/25 during their license suspension. The Facility's Daily Census Sheets printed on 1/26/26 showed the on 12/16/25 was 67, On 12/19/25 the census was 64, and on 12/23/25 the census was 66. On 1/26/26 at 10:20 AM, V2 (Human Resources) stated V3 did not let us know their LPN license was temporarily suspended. Nurses should not work while their licenses are suspended. The state licensing agency's frequent asked questions showed suspended licensees are prohibited from practice during the suspension term and may be subject to certain terms and conditions.</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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