

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366234	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/31/2025
NAME OF PROVIDER OR SUPPLIER Colonial Nursing Center of Rockford		STREET ADDRESS, CITY, STATE, ZIP CODE 201 Buckeye Street Rockford, OH 45882	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>Based on observations and staff and resident interviews, the facility failed to have personal funds available after business hours. This affected three (#15, #9 and #35) out of three residents reviewed for availability of personal funds. The facility census was 33. Findings include: Interview on 12/29/25 at 9:27 A.M. with Resident #15 revealed the resident is unable to obtain money from personal funds after 4:00 P.M. after business office is closed during the week. Personal funds are not available on weekends or holidays. Interview on 12/30/25 at 1:40 P.M. with Register Nurse (RN) #71 revealed no personal funds are not kept in the medication cart for withdrawal when business office is closed. Interview on 12/30/25 at 1:50 P.M. with Business Office Manager (BOM) #11 revealed personal funds are not available in the evening or weekends. Business office has hours of Monday through Friday 8:00 A.M. to 4:00 A.M. BOM #11 stated, Everyone is in the route of doing that. Interview on 12/31/25 at 9:13 A.M. with Resident #9 revealed the resident did not know how much funds he has available or how to get to his funds. Resident #9 just knows someone comes to him to order clothes or other stuff when he needs to. Interview on 12/31/25 at 9:51 A.M. with Resident #35 revealed the resident is unable to get personal funds out during the evenings and weekends. Personal funds are only available Monday though Friday 8:00 A.M. to 4:00 P.M. if business office manager is working. Observation of posting outside of business office revealed banking hours of Monday through Friday 8:00 A.M. through 4:00 P.M. Observation of business office during survey revealed business office was closed on the Monday of survey, opened on Tuesday, and opened at 8:18 A.M., Wednesday then closed at Noon for the day. This deficiency represents non-compliance investigated under Complaint Number 2626703 and 2626706.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews and policy review, the facility failed to ensure the dishwasher was adequately sanitizing dishes. This had the potential to affect all 33 residents residing in the facility who receive meals from the kitchen. The facility census was 33. Findings include: Observation with Dietary Aid (DA) #39 of the dishwasher on 12/29/25 at 8:12 A.M. revealed the dishwasher contained a manufactures label that read Minimum Temperature 120 degrees Fahrenheit (F) and sanitizer at 50 parts per million (ppm). The temperature observed during operation was observed three times with the maximum temperature for the wash at 110 degrees F and rinse was 115 degrees F. Testing of the sanitizer did not result in a color change of the strip. Interview with DA #39 at the time of the observation revealed he did not test the temperature of the dishwasher or sanitizer during this shift. Interview on 12/29/25 at 8:28 A.M. with DA #39 revealed he set up the dishwasher that morning and was able to demonstrate how to turn the dishwasher on. DA #39 stated he had not checked the water temperature or the sanitizer and was unsure how. Interview on 12/29/25 at 10:32 A.M. with the Administrator acknowledged she was aware of an issue with the water temperature of the dish machine prior to the survey. The Administrator explained the required part was already ordered and awaiting delivery for repair. Review of the Dishwasher Temperature policy dated 10/01/25 revealed all items cleaned in the dishwasher will be washed in water that is sufficient to sanitize. For low temperature dishwashers (chemical sanitation), the temperature shall be 120 degrees F and the sanitizing solution shall be 50 parts per million (ppm) hypochlorite (chlorine) on dish surface in final rinse. The chemical solution shall be tested on ce per shift and water temperatures shall be checked after each meal and recorded. This deficiency represents non-compliance investigated under Complaint Number 2697542 and 2626706.</p>		