PRINTED: 10/04/2021 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ C B. WING IL6008049 09/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD **ROCKRIVER HEALTH CARE** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Initial Comments S 000 S 000 Complaint Investigation #2116932/IL 138388 S9999' Final Observations S9999 Statement of Licensure Violations: 300.686a)8) 300.686e) 300.686f)1) 300.686f)2) Section 300.686 Unnecessary, Psychotropic, and **Antipsychotic Medications** For the purposes of this Section, the following definitions shall apply: "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications. Except in the case of an emergency, psychotropic medication shall not be administered without the informed consent of the

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

resident or the resident's surrogate decision

maker. (Section 2-106.1(b) of the Act) Additional informed consent is required for reductions in dosage level or deletion of a specific medication.

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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