Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ______ B. WING ______	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	**321 ARNOLD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Complaint Survey: 2412677/IL171624			
S9999	Final Observations	S9999		

Statement of Licensure Violations

300.610a)
300.1210b)
300.1210d)5

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ______ B. WING ______	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	**321 ARNOLD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

These Requirements were NOT MET as evidenced by:

Based on interview and record review, the facility failed to identify, assess, and implement pressure wound treatment and prevention interventions for 1 of 3 residents (R1) reviewed for pressure wounds in the sample of 3. These failures contributed to R1 developing an additional Stage 2 pressure wound and worsening of his other wounds.

The findings include:

R1's hospital Nursing Discharge/Transfer Communication dated 12/5/23 shows R1 has wounds on his coccyx and heels.

R1's Census List dated 4/9/24 shows R1 was admitted to the facility on 12/5/23. R1's current Care Plan (Review last completed on 12/18/23)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ______ B. WING ______	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	321 ARNOLD AVENUE ROCKFORD, IL 61108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

provided by the facility shows R1 is at increased risk for alteration in skin integrity and was admitted on 12/5/23 with a stage 3 pressure wound to the left heel and a "wound" to the sacrum. The same care plan shows no treatment or prevention interventions for R1's increased risk for alteration in skin integrity and only shows nursing staff are to check R1's skin during routine care and during his weekly bath/shower. No new interventions were ever added to R1's care plan.

R1's Order Summary Report dated 4/9/24 shows R1 never had any wound treatment orders until 12/13/23. R1's Wounds Treatment Administration Record for 12/1/23-12/31/23 show R1 did not receive any wound care treatments to his sacrum and left heel from his admission date of 12/5/23 until 12/27/23.

R1's Census List dated 4/9/24 shows R1 left the facility on 1/3/24 and returned on 1/16/24. R1's Order Summary Report dated 4/9/24 shows R1 did not have treatment orders for his left heel and sacral wounds until 1/24/24. R1's Wounds Treatment Administration Record for 1/1/24 to 1/31/24 show R1 did not receive any wound care from his return to the facility, on 1/16/24, and 1/24/24.

The facility was unable to provide any documentation which shows a complete wound assessment was completed by the facility for R1's wounds, between 12/5/23 and 12/26/23, including the type of wound, site, size, stage, odor, drainage, description, and date and the name/credentials of the person performing the assessment.

V6's, Wound Care Physician, Wound Evaluation & Management Summary for R1 dated 12/19/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ________ B. WING ________	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	321 ARNOLD AVENUE ROCKFORD, IL 61108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

shows R1 has a Stage 3 pressure wound of the left heel, a Stage 4 pressure wound of the sacrum, and a Stage 2 pressure wound of the left, medial buttock. R1's left heel and sacral wound were both "exacerbated" or worse and the buttock wound was new as indicated by a duration of greater than three days with no documentation under Wound Progress as is included with the two other wounds referenced above. The facility was unable to provide a Wound Care Physician, Wound Evaluation & Management Summary for R1 for the prior week (12/12/23). V6's Wound Evaluation & Management Summary for R1 dated 12/26/23 shows R1's sacral pressure wound was worse compared to the prior evaluation. V6's Wound Evaluation & Management Summary for R1 dated 1/2/24 shows R1's left heel and sacral pressure wounds were worse compared to the prior evaluation. V6's Wound Evaluation & Management Summary for R1 dated 1/23/24 shows R1's sacral wound was worse compared to the prior assessment.

On 4/9/24 at 10:30 AM, V4, Wound Care Nurse, said the admitting nurse does an initial skin assessment when a resident is admitted to the facility. If there are any skin issues, she does her own assessment, and consults the wound doctor to see the resident. V4 said she will contact the wound doctor and get wound treatment orders which begin right away. V4 said she charts when she completes the wound treatment on the Wound Administration tab. V4 said she does all the wound care treatments Monday through Friday, unless she is not at work, and on the weekends. V4 said the floor nurses do the wound treatments when she is gone, on the weekends, and if the dressing comes off or becomes soiled. V4 said if a resident refuses treatments or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ______ B. WING ______	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	**321 ARNOLD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

treatment interventions, such as wound care or repositioning, the nurses should chart the refusals. On 4/11/24 at 11:09 AM, V4 said she was not doing the wound assessments on the resident's EMR (electronic medical record). V4 said her weekly wound assessment is V6's wound assessment.

On 4/9/24 at 1:41 PM, V2, Director of Nursing (DON), said when a resident is admitted, the wound nurse does the initial skin assessment if she is in the facility, otherwise, the admitting nurse does it. If skin issues are found, then they have standing orders for the resident to see the wound care physician. V2 said some residents come with wound treatment orders which they follow until the wound care physician sees them. If there are no wound care orders, they will call the physician to get them. The nurse will put the orders in and act on them right away. The nurses chart on the Nurse's Notes or the Admission/Readmission screening. V2 said every time they do a treatment, they chart it on the Wound TAR (treatment administration record). V2 said if residents refuse care, it should be documented. V2 said if a resident refused a wound treatment, a box opens up where narrative can be typed to explain what happened. On 4/9/24 at 4:08 PM, V2 said she cannot account for the lack of wound care on R1's Wound TAR. V2 said she would have to assume if it's not documented, it's not done. V2 said she cannot explain why R1 does not have wound treatment orders upon admission and readmission. On 4/11/24 at 9:30 AM, V2, Director of Nursing (DON), said the resident's wound assessment notes are supposed to be a part of their record, it should not be done on shower sheets.

On 4/9/24 at 2:58 PM, V5, Licensed Practical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ______ B. WING ______	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	321 ARNOLD AVENUE ROCKFORD, IL 61108

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

Nurse, said R1 never refused wound care. V5 said R1 could be a bit resistive at first, but once you eased into his care and explained what you were going to do, he was cooperative. V5 said R1 did not have behaviors (of refusing care).

On 4/9/24 at 5:40 PM, V6, Wound Care Physician, said R1 did not refuse wound care when he saw R1 in the facility. V6 said it is important to do the wound care treatments, especially for R1's sacral wound. V6 said a lack of wound care treatments and non-compliance with the wound treatment plan is the perfect recipe for wounds to deteriorate.

On 4/11/24 at 12:12 PM, V7, Care Plan Coordinator, said the purpose of the care plan is so everyone knows the care the resident requires. V7 for a resident with pressure wounds, there should be more interventions to treat and prevent new and/or worsening wounds. V7 said the care plan should include seeing the wound care physician, wound care treatment, a turning/repositioning schedule, if appropriate, and probably a special mattress. V7 said only checking the resident's skin weekly and with daily care is not adequate for someone with pressure wounds.

The facility's Pressure Ulcer and Skin Condition Assessment Policy (revised 10/17/2020) shows pressure ulcers will be assessed and measured at least every seven days by a licensed nurse and recorded on the facility approved Wound Assessment Form. The purpose of the policy is to establish guidelines for assessing, monitoring, and documenting the presence of skin breakdown, pressure and other ulcers and assuring interventions are implemented. An individual Wound Assessment Form will be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001135	A. BUILDING: ____ B. WING ____	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST CITY REHAB & NRSG CTR	**321 ARNOLD AVENUE ROCKFORD, IL 61108**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 initiated when pressure and/or other ulcers are identified by the wound nurse or licensed nurse. This form is a permanent clinical record. The Wound Care Nurse will measure and stage pressure ulcers. Wound assessments will be documented in the medical record for each identified ulcer area and will include: site, size (length by width by depth), stage of pressure ulcer, odor, drainage, description, date and initials of the individual performing the assessment per electronic record. A notation will be made in the nurse notes, TAR, or on weekly bath sheet when NO skin problems are observed. The resident's care plan will be revised to reflect alteration of skin integrity, approaches and goals for care. Physician ordered treatments shall be initialed by the staff on the TAR AFTER each administration. Other nursing measures not involving medications shall be documented in the progress notes. The treatment nurse is responsible for completing the Director of Nursing's Weekly Pressure Ulcer Report on the day assigned by facility. (B)	S9999		