STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000888	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Citadel at Saint Anne Place	**4405 HIGHCREST ROAD , ROCKFORD, Illinois, 61107**

(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) COMPLETION DATE
S0000	Initial Comments First Probationary Licensure Survey	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 4 300.1210b)3) 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 care needs of the resident. 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. This REQUIRMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a urinary drainage bag was kept below the level of the bladder. This applies to 1 of 3 residents (R6) reviewed for indwelling catheter in the sample of 18. The findings include: On 12/8/25 at 10:19 AM, R6 was being transferred to bed using mechanical lift transfer. V5 (License Practical Nurse- LPN) and V6 (Certified Nursing Assistant-CNA) applied the mechanical sling to the mechanical pad. V6	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 (CNA) removed the urinary drainage bag from the side of the wheelchair and hung the urinary drainage bag in the mechanical lift bar higher than the level of bladder as R6 was being transferred to bed. Urine backflow in the tubing was noted. On 12/9/25 at 7:45 AM, V5 (LPN) said indwelling urinary bag should be kept below the level of the bladder to prevent infections. R6's care plan dated 11/20/25 show, "R6 has a stage 4 pressure injury to the ischium, A foley catheter is in place to maintain dryness, support wound healing and reduce risk of further skin breakdown or infection, with intervention: to maintain closed drainage system, keep collection bag below the level of the bladder." The facility policy on Urinary Catheter Care dated 10/2010 documents, The purpose of this procedure is to prevent infection of the resident's urinary tract-4. The urinary drainage bag must be always held or position lower than the bladder to prevent the urine in the tubing and drainage bag from flowing back into the urinary bladder. Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility. (B) 2 of 4 300.1630b) Section 300.1630 Administration of Medication b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available , a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility. This REQUIREMENT was not met as evidenced by:	S9999		

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S9999	Continued from page 2 The findings include: Based on observation, interview and record review the facility failed to ensure R7 was free from a significant medication error. This failure resulted in R7 receiving an additional 48 units more of fast acting insulin requiring emergency care. The facility also failed to administer medications as ordered by their physician. There were 35 opportunities with 8 errors resulting in a 22% error rate. This applies to 3 of 13 residents (R7, R2 & R12) reviewed for medications in the sample of 18. 1. R7's facility assessment dated 11/10/25 shows, R7 has BIMS of 15- no cognitive impairment. R7's electronic face sheet documents R7 had diagnoses that include diabetes mellitus, morbid obesity and hypertension. R7's physician order sheet dated 12/25 show R7 has an order of: Insulin Lispro (Humalog-rapid/fast acting insulin) 100 UNIT/ML (milliliter) Solution Inject as per sliding scale: blood sugar of: 150 - 200 = 2 Units. 201 - 250 = 4 Units. 251 - 300 = 6 Units. 301 - 350 = 8 Units; 351 - 400 = 10 Units Over 400 Call MD/NP. R7 has also had on order of Insulin Glargine (Lantus) Solution (long-acting insulin)100 UNIT/ML Inject 50 unit subcutaneously at bedtime for diabetes. On 12/8/25 at 12:30 PM, R7 was in the dining room with V7 (R7's spouse). R7 requested to speak to this surveyor. R7 said he was given a huge amount of fast acting insulin, R7 said as soon as the Nurse administered the insulin, he did not feel well, he knew he was crashing, he felt so hot. R7 said he was sent to the ER (emergency room) for treatment. V7 (R7's spouse) said that was a huge mistake that cannot happen again, that was dangerous. R7's progress notes by V8 (License Practical Nurse-LPN) dated 12/2/25 documents, "Resident (R7) has scheduled Lantus 50 units at bedtime. Resident's BG (blood sugar) was 194. This nurse was to give him 2 units of Humalog and 50 units of Lantus. This nurse gave him 50 units of Humalog instead of Lantus at 2000 (8:00 PM). Orange juice was given with sugar poured into it. Resident drank 2 glasses. This nurse called the nurse practitioner to inform her, and she said to call the ambulance for resident observation. DON (Director of Nursing) was called at 2005 (8:05 PM) wife was called 2010 (8:10 PM) and this nurse left a message for her to give us a call. The (hospital) paramedics came at 2130 (9:30 PM) to bring resident to the hospital." On 12/9/25 at 9:17 AM, V8 (LPN) said she was R7's nurse on 12/2/25 PM shift. V8 said she went to R7's room to administer R7's insulin. V8 said she cannot recall R7's	S9999		

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S9999	Continued from page 3 exact blood sugar but R7 was to be given 2 units of his fast-acting insulin according to sliding scale and 50 units of the long-acting insulin. V8 said she administered the wrong amount of insulin, 50 units of the fast-acting insulin instead of just 2 units. V8 said that was a mistake. V8 said when she realized her error, she notified the NP (nurse practitioner) and DON and R7 was sent to the ER for treatment. V8 said the insulin pens were labeled and she should have checked the labels before administering the insulin to prevent the medication error. R7's hospital records documents: "critical care was necessary to treat or prevent imminent or life-threatening deterioration of the following conditions: metabolic crisis. Admitting diagnosis-hypoglycemia, male presents to the emergency department for evaluation after being given 50 units of fast acting insulin as opposed to his Lantus. This happened around 9PM, last ate around 6pm. plan repeated blood sugar over 4 hours." On 12/9/25 at 8AM, V2 (Director of Nursing) said it was a medication error that needed the resident (R7) to be sent to the ER. R7 came back to the facility in stable condition. The Facility policy titled Insulin Administration dated 2007 documents, 3. The type of insulin, dosage requirements, strength and method of administration must be verified before administration to assure that it corresponds with the order and the medication sheets and physician order. 2. On 12/08/2025 at 10:50AM, R2's EMAR-Electronic Medication Administration Record, 8:00AM Medication screen was the color red. R2's Physician Order on 12/08/2025 shows, Metoprolol tartrate tablet give 12.5mg (milligrams) by mouth every 12 hours for hypertension hold for systolic blood pressure greater than 105 or heart rate less than 60. R2's December 2025 EMAR shows to provide R2 with metoprolol at 8:00AM, and 8:00PM. The 8:00AM metoprolol was provided to R2 at 10:50AM, on 12/08/2025 by V10 (LPN-Licensed Practical Nurse). R2's Physician Order on 12/08/2025 shows, Docusate sodium capsule 100mg give 1 capsule by mouth every morning and at bedtime for constipation. R2's December 2025 EMAR shows to provide R2 with	S9999		

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S9999	Continued from page 4 docusate at 8:00AM, and 8:00PM. The 8:00AM docusate was provided to R2 at 10:50AM, on 12/08/2025 by V10 LPN. 3. On 12/08/2025 at 11:00AM, R2's EMAR 8:00AM medications screen was red. On 12/10/2025 at 11:10AM, V10 (LPN) said, the screen is red because I have not given the medication. R12's Physician Order on 12/08/2025 shows, amantadine HCL tablet 100mg give 1 tablet by mouth every morning and at bedtime for Parkinson's disease. R12's December 2025 EMAR shows, provide amantadine at 8:00AM and 12:00PM. The 8:00AM amantadine was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). R12's Physician Order on 12/08/2025 shows, Carbidopa-levodopa tablet 50-200mg give 0.5 tablet by mouth every morning and at bedtime for Parkinson's disease. R12's December 2025 MAR shows to provide R12 with Carbidopa-levodopa 50-200 at 8:00AM, and 8:00PM. The 8:00AM Carbidopa-levodopa 50-200 was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). R12's Physician Order on 12/08/2025 shows, Carbidopa-levodopa tablet 25-100mg give 1.5 tablet by mouth three times a day for Parkinson's disease. R12's December 2025 MAR shows to provide R12 with Carbidopa-levodopa 25-100 at 8:00AM, 12:00PM, and 4:00PM. The 8:00AM Carbidopa-levodopa tablet 25-100mg was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). R12's Physician Order on 12/08/2025 shows, Pramipexole Dihydrochloride oral tablet 0.125mg give 0.125mg by mouth two times a day for Parkinson, tremors. R12's December 2025 MAR shows to provide R12 with pramipexole dihydrochloride at 8:00AM, and 5:00PM. The 8:00AM, pramipexole dihydrochloride was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). R12's Physician Order on 12/08/2025 shows, quetiapine	S9999		

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S9999	Continued from page 5 fumarate oral tablet 25mg by mouth two times a day related to Parkinson's disease without dyskinesia, with fluctuations unspecified psychosis not due to a substance or known physiological condition. Discontinue 12/08/25 at 1:55PM. R12's December 2025 MAR shows to provide R12 with quetiapine fumarate at 8:00AM, and 12:00PM. The 8:00AM, quetiapine fumarate was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). R12's Physician Order on 12/08/2025 shows, Hydroxyzine hydrochloride 25mg give 1 tablet by mouth two times a day for itching for 3 days. R12's December 2025 MAR shows to provide R12 with Hydroxyzine hydrochloride at 8:00AM, and 4:00PM. The 8:00AM Hydroxyzine hydrochloride was provided to R12 at 11:00AM, on 12/08/2025 by V10 (LPN). The facility's Administering Medications Policy revised April 2019 shows, medications are administered in accordance with prescriber orders, including any required time frame. **"A"** 3 of 4 300.2090a) Section 300.2090 Food Preparation and Service a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. This REQUIREMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure recipes were followed for the noon meal. This applies to all 133 residents in the facility. The findings include: The facility data sheet dated 12/8/25 shows, 133 residents residing in the facility. The menu for 12/8/25 at the noon meal shows, "chicken broccoli casserole, homemade potato wedges, seasonal fruit cup…" The daily spreadsheet for 12/10/25 at the noon meal	S9999		

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S9999	Continued from page 6 are to be served what is shown on the menu. Residents on a pureed diet have “pureed chicken broccoli casserole, pureed potato wedges, no skin and pureed seasonal fruit cup….” 1. On 12/8/25 at 11:00 AM, V3 (Cook) was putting the chicken broccoli casserole together for the noon meal. He had cooked shredded chicken, broccoli florets and a clear unknown liquid in a tilt skillet (large, wide pan that tilts used for large amounts of food for cooking). V3 (Cook) placed some of the chicken and broccoli in a pan, covered it with some cheddar cheese and bread crumbs. He placed the pans in the oven to continue baking. The homemade potato wedges were cut up potatoes (mixed between red and russet potatoes) and cooked in the steamer with no seasonings on them. At 11:44 AM, V3 (Cook) started serving/plating the residents food for the noon meal. He served both the chicken broccoli casserole as described above and the potato wedges. He did not add anything else to either one. The chicken broccoli casserole recipe (no date) shows, “Ingredients: cream of chicken soup, 2% milk, sour cream, shredded cheese, garlic powder, salt, black pepper, pulled/diced chicken, broccoli cuts, margarine, enriched bread crumbs and grated parmesan cheese. Directions: Wash hands. Combine soup, milk, sour cream, cheddar cheese, garlic powder, salt and pepper. Mix well. Place chicken and broccoli in a greased full pan and cover with soup mixture. Wearing gloves, mix well, leaving an even layer in the pan. Melt margarine. Mix margarine together with bread crumbs and parmesan cheese. Sprinkle bread crumbs over chicken mixture. Cover and bake at 350 degrees for 25 minutes. Remove cover, and continue baking for an additional 15-20 minutes, and to internal temperature of 165 degrees….” The homemade potato wedges recipe (no date) shows, “Ingredients: baker potatoes, margarine, garlic powder, paprika and salt. Directions: Wash hands. Peel baking potatoes. Cut each potato in half lengthwise and then cut into 4 wedge-style pieces. Each potato should yield 8 wedges. Melt margarine. Combine melted margarine with garlic powder and paprika. Toss potatoes with margarine and seasoning mixture. Evenly arrange potatoes in a single layer on sheet tray(s). Bake in a 350 degree F (Fahrenheit) oven for 30-45 minutes, or until potatoes are golden brown and tender. Sprinkle with salt….” On 12/8/25 at 12:15 PM, this surveyor tasted the chicken broccoli casserole and potato wedges. The chicken broccoli casserole tasted like chicken, broccoli with cheddar cheese and bread crumbs. There was no flavor or taste of any sort of creaminess (soup,	S9999		

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S9999	Continued from page 7 milk, sour cream). The potato wedges were steamed potato wedges with no seasonings or butter. On 12/8/25 at 1:45 PM, V3 (Cook) stated, he added everything to the chicken broccoli casserole except the cream of chicken soup and parmesan cheese. He did not put any seasonings or butter on the potato wedges. 2. The facility provided list on 12/9/25 that shows, R14, R15, R16, R17 & R18 are on pureed diets. On 12/8/25 at 11:10 AM, V3 (Cook) pureed the noon meal. He took a round pan half full of the chicken broccoli mixture from the tilt skillet and placed into the robot coupe (commercial blender) with some beef broth. He wanted to add cheddar cheese but V4 (Dietary Supervisor) (observing the pureed process) told him no because pureed diets can't have cheese. He did not add anything else. He also stated, the puree residents would be receiving mashed potatoes and not the homemade potato wedges. At 11:44 AM, V3 (Cook) served the pureed chicken broccoli casserole and mashed potatoes with gravy. The pureed chicken broccoli casserole recipe (no date) shows, "Directions: Wash hands. Place portion of prepared chicken broccoli casserole in food processor and blend to a smooth consistency. May add hot broth and/or thickener, as needed, to achieve desired consistency…." The pureed homemade potato wedges, no skin recipe (no date) shows, "Directions: Wash hands. Prepare potato wedges following instructions in original recipe, being sure to peel potatoes. Place prepared skinless, potato wedges in food processor with hot broth and blend until smooth…." The facility's menu and nutrition adequacy policy (no date) shows, "Policy: The facility will follow a four week cycle written and planned at least one week in advance. The cycle menu is designed to provide a variety of nourishing food items. Purpose: To assure that the meals served meet the nutritional needs of the resident in accordance with recommended dietary allowances (RDA's) of the Food and Nutrition Board of the National Research Council of the National Academy of Sciences…." **"B"** 4 of 4 Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code."	S9999		

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S9999	Continued from page 8 This REQUIRMENT was not met as evidenced by: Based on observation, interview and record review the facility failed to ensure stored food was covered, labeled with a date and discarded once past the discard date. The facility also failed to ensure the 3-part sink had the required amount of sanitizing chemicals. This applies to all 133 residents in the facility. The findings include: The facility data sheet dated 12/8/25 shows, 133 residents residing in the facility. On 12/8/25 during the initial tour of the kitchen, the walk in cooler had a pan of cooked rice that was labeled "cooked on 12/4/25 and discard on 12/6/25" (2 days past discard date). A reach in refrigerator had a pan of boiled eggs that were not covered, labeled or dated, another pan of boiled eggs in an unknown clear liquid dated 12/3/25, a pan of deli ham not dated, tortilla shells wrapped in tin foil not dated or labeled and a box of un-cooked bacon dated 11/24/25. V4 (Dietary Supervisor) stated, the bacon was only good for 4 days. She wasn't sure about the rest of the items except she took the rice, eggs and ham and threw it all away. During the same tour, the 3-part sink was being used. There was a wash, rinse and sanitizing sink. The sanitizer had the robot coupe blender container in it. V4 (Dietary Supervisor) tested the sanitizing solution. The test strip did not change colors showing there was no sanitizing solution in it. On 12/8/25 at 2:20 PM, V9 (Dietary Manager) stated, cooked food is only good for 3 days after being served then it should be discarded. All food stored in the coolers/freezers should be labeled and dated and the 3-part sink should test at 200 ppm (parts per million) showing there is enough sanitizing solution in it. The facility's leftover policy (no date) shows, "Policy: To maintain a safe food supply. Leftover foods will be handled in such a way as to prevent food borne illness. Policy Specifications: 1. Leftover food will be properly wrapped/covered, labeled and dated…." The	S9999		

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S9999	Continued from page 9 policy does not state how long food is good for stored. The facility's refrigerator stores policy (no date) shows, Potentially hazardous foods that contain a "sell by" dated, Use by date, or Expiration date such as cottage cheese, milk, soft cheese, non-cured deli-meats, egg products will be labelled with the date it is opened and with a discard dated of "best used by" or "expiration date" or "use by date" or recommended maximum storage whichever is first. Commercially processed foods that have been prepared and packaged by a food processing place will be labeled with date it is opened. This will be discarded by the 3rd day or by "Best Used By" date…." The facility's labeling and dating foods policy (no date) shows, "Policy: Prepared and packaged foods will be labeled and rotated to decrease the risk of food borne illnesses, provide the highest quality product or the residents and minimize waste…." **"C"**	S9999		