STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145937	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Forest City Rehab & Nrsg Ctr	321 Arnold Avenue Rockford, IL 61108

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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Based on interview and record review the facility failed to ensure psychotropic and anti-psychotic medications that were ordered as needed had a stop/duration date for 3 of 8 residents (R127, R13, and R10) reviewed for pharmacy services in the sample of 33. The findings include:1. R127's Order Summary Report printed on 11/17/25 showed an order for haloperidol (anti-psychotic medication) as needed every 8 hours. The order had a start date of 11/12/25. There was no stop/duration date for the order.2. R13's Order Summary Report printed on 11/17/25 showed an order for lorazepam (psychotropic antianxiety medication) as needed every 3 hours. The order had a start date of 10/6/25. There was no stop/duration date for the order.3. R10's Order Summary Report printed on 11/17/25 showed an order for lorazepam as needed every 8 hours. The order had a start date of 10/15/25. There was no stop/duration date for the order.On 11/18/2025 at 12:35 PM, V2 (Director of Nursing) said as needed psychotropic and anti-psychotic medications need a stop date.The facility's Psychotropic Medication Policy with a reviewed date of 7/1/25 showed as needed psychotropic and anti-psychotic medication are limited to 14 days.