

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F 324	Continued From page 8 changes. All residents having risk for elopement were identified and verified to be on the elopement list posted at the Reception desk. Their care plans were reviewed and updated as needed. None of the other residents at risk for elopement appear to suffer from problems similar to R2's.  5. On 2/1/06 all staff were re- inserviced on policy and procedures regarding Missing Residents, including outside search procedures. Additionally appropriate staff were re-inserviced on protocols for doing 15 minute safety checks and 1 to 1 monitoring. Staff on vacation or otherwise not on duty and new staff will be inserviced on the above before they return to duty. R2 continues to be closely monitored for signs and symptoms of paranoid behavior and mental status changes with appropriate nursing or psycho-social interventions when necessary. The psychologist spoke to R2 regarding his history, condition and treatment and the elopement incident. She recommended transfer to an acute brain injury rehab facility to maximize regaining of functioning and will continue with psychotherapy to address his issues of paranoia. The psychiatrist will see him on 2/3/06 for further follow up. The facility social services director is working on discharge planning to a specialized brain injury facility where the resident can receive further treatment for his brain injury, as he has gone from an unresponsive state (on admission) to the present condition in such a short span of time.	F 324			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS:	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	Continued From page 9  300.1210a) 300.1210b)3)6) 300.1220b)2)3)  Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must 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 assessment and plan of care. 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. Restorative measures shall include at a minimum the following procedures: b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.  Section 300.1220 Supervision of Nursing Services	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 10</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview, observation and record review the facility failed to assure the safety of a resident who was at high risk for elopement on 1/28/06. The facility did not evaluate the possibility of R2 leaving through a window or take measures to prevent a subsequent elopement through the window after R2 attempted to leave the building through the window in his room on 1/19/06. On 1/28/06, R2 was found by police in a nearby apartment building, smelling of urine and</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 11 disoriented.</p> <p>This is for 1 of 27 residents at risk for elopement in the facility.</p> <p>The examples include:</p> <p>The incident report dated 1/30/06 documents that on 1/28 at 10:05pm R2 was not found in his room . An immediate search of the building was conducted. The local police were notified. The resident was found close to the facility grounds. He was alert and oriented to person and place.</p> <p>During an interview with the Administrator(E1) and Director of Nurses (E2) by phone on 1/30/06 at 1:55pm the following was said. R2 had been on 15 minute checks due to a previous attempt ( on 1/19/06) to go out the window of his room on another wing. After that attempt he was moved to the wing that has a secure unit. E1 confirmed that R2 did not have permission to be off facility grounds on his own. The local police were called by the nurse on the wing and they returned the resident to the facility at 11:15pm. The resident was found near the apartments located near the facility.</p> <p>E1 (Admin) &amp; E2 (DON) stated R2 was admitted to the facility on 1/12/06. R2 went out the window on another wing on 1/19/06. The resident removed the screen and placed it on his bed under the covers. The facility windows can open as far as 12 inches. R2 weighs 117 pounds and 'slithered' out the window. When asked where he was going he replied to another town ( 30 miles south). His father lives there. E1 stated that R2 has poor decision making skill and had a</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 12 health care surrogate appointed.</p> <p>On 2/2/2006 R2 was interviewed. When asked if he knew why he had been moved from another wing in the facility, R2 replied, "I think I was moved to this wing because of my condition. My father had something to do with it." When asked about what he did on the night of his elopement ( 1/28/06) R2 stated, "Sunday night I climbed out of here (pointing to the window), the steel piece was still there. My roommate was in the other room. I heard noises in the hallway, sounded violent. I felt afraid." R2 was asked where he planned to go. R2 answered, "No, I just wanted out. I didn't climb over the fence. I walked along the trail, went past a parking lot to some apartments. I asked the people here to take me home or transfer me closer. I'd like to get closer to home." R2 did not recall attempting to leave the facility on 1/19/06. R2 said that he, " left at 9: 00pm because there was no one in the hallway but I heard the noises. Its Halloween time. I had to make a decision, damned if you do, damned if you don't. I thought if I'd lay here and someone would bring in kitchen knives and do me in." R2 stated that he did not belong at the facility and was asked why he thought that. R2 answered, " Because father planned all this. I had an accident and never woke up. People told me that my father had sent me here."</p> <p>On 2/2/06 at 2:20pm Z1 (physician) was asked about R2's safety skills in the community. Z1 responded, "I don't think it is completely safe for him to be out on his own. Medically he is hemodynamically stable except his mental status. I think he will try to do it again. He knows what he did." Z1 was asked if she would allow R2 to go</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 13</p> <p>out of the facility on his own? Z1 replied, "I would not approve him going out of the facility on his own at this time."</p> <p>On 2/1/06 at 1:10pm, E3 (Certified Nursing Assistant- CNA) was asked about R2's elopement on 01-28-06. E3 said that "1/28/06 I worked a 12 hour shift. About 10:15pm, when we found out he was missing, all available staff assisted in the search. I went to my car and got my spot light. I searched the grounds. When he was not found we expanded our search."</p> <p>On 1/31/06 at 2:45pm, E4(CNA) was asked about R2 and his behavior on 1/28/06. E4 stated that R2 kept going up and down the hall. The nurse (E5) warned us to keep on him. He was going into different rooms and looking out windows. At 10:00pm was the shift change. I went into his room. The window was open, the screen was under the sheets. We went outside to the patio, the parking lot, to the nearby hospital and looked in the ditch (nearby the facility). R2 was wearing a dark navy blue sweat suit and shoes.</p> <p>On 1/31/06 at 2:35pm E6(CNA) was asked about R2 on the evening of 1/28/06. E6 stated R2 had been quiet in the afternoon, interacting with others. E6 said she last saw R2 at 9:45pm. R2 was sitting in his wheelchair looking at TV sitting near the foot of his bed.</p> <p>On 2/7/06 at 10:42am E5 (Licensed Practical Nurse - LPN) was asked about R2's behavior on 1/28/06. E5 stated she worked from 6am on 1/28/06 to 2 am on 1/29/06. R2's increased his pacing sometime around 7pm. He was circling up and</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 14</p> <p>down the hallway quickly in his wheel chair. E5 was concerned he might try something sexually with one of the female residents. E5 watched R2 on the monitors (4 small screens placed at the nurses station). Two or 3 times R2 went to the side exit door. Staff were able to redirect him easily. He was mildly confused. At the change of shift (10:00pm) R2 had been in his room and was seen by staff sitting near the head of his bed ( wheel chair was positioned between the head of the bed and the window). E5 called 911 when a search did not locate R2. E5 did a check of R2 upon his return to the facility. R2 was really wet down to the skin. R2 told E5 he had gone into the other building (apartment) to try and warm up, then he was going to keep on going.</p> <p>On 1/31/06 E1 stated that R2 was placed on D-wing (secure unit) after his first elopement attempt on 1/19/06. E1 said she thought R2 might try and go out the window again but thought the 15 minute checks would catch him. He was doing much better. "He didn't exhibit any behavior that would lead me to believe he would try to go out of the building."</p> <p>On 1/31/06 at 10:30am, E2 stated that on 1/28/06 , R2 walked into the building when he returned. R2 stated that he was cold and wet. R2 had been on 15 minute checks since admission(1/11/06) and after the incident on 1/28/06 he was placed on 1 to 1 supervision.</p> <p>On 2/7/06 at 9:23pm, Z2 (police officer) stated that she got a call for a welfare check on the second floor in an apartment building on a street near the facility. Z2 said R2 was disoriented and did not want to go back, telling Z2 that they were</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 15</p> <p>planning on executing him. R2 did not have a coat on. Z2 stated that R2 smelled of urine. Z2 accompanied R2 back to the facility and told him not to leave. Z2 checked on R2 before leaving the building and he was in his room.</p> <p>R2's Initial admission Assessment dated 1/12/06 describes R2 as being status post (S/P) Brain injury after an unwitnessed fall and S/P respiratory failure on vent many days with trach placed. R2 is a 48 year old male admitted to the facility on 1/11/2006. The physical exam described R2 as a cachectic male, aphasic, fed through PEG tube. His prognosis was listed as guarded and rehab potential was "poor til more wakeful." The problem list shows, S/P subdural hematoma....will try Ritalin to awaken, Resp status - stable trach, Nutrition per PEG - monitor labs and Aphasia - speech to evaluate when more alert, Safety agree with mitts (hand mitt restraints) and Agitation/on Ativan PRN very combative, use Tylenol elixir PRN.</p> <p>R2's Minimum Data Set of 1/24/06 assessed R2 as having short and long term memory problems and severely impaired decision making skills. He usually understands others and is usually understood. R2 is identified as having sad, pained worried facial expressions up to 5 days a week and displayed wandering behavior but is easily re-directed. He needed supervision and set up for locomotion on the unit and walking in the room and corridor. Off the unit he needed a 1 person physical assist. R2 needed partial or physical support during the standing test for balance. R2 has been receiving Occupational therapy, Physical Therapy and Speech Therapy.</p>	F9999			



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	<p>Continued From page 16</p> <p>The Elopement Risk Assessment completed on 1/19/06 for R2 identifies him to be at high risk to elope and should be placed on the Elopement Risk Protocol.</p> <p>R2's Care Plan for Elopement dated 1/19/06 identified R2 as a wanderer with the potential for Elopement. The goal is that R2 will not leave the facility without notifying staff or without being accompanied by staff. Approaches include: Orient resident to the surrounding and situation as needed; Encourage resident to participate in activities of interest to deter from wandering; Keep photograph of resident at reception desk to help monitor attempts to leave and encourage resident to express reason for attempts to leave, assist with meeting needs. There are updated notes on 1/28/06 and 1/31/06. None of the approaches discuss how R2 attempted to leave via the window in his room, nor do any approaches include changes to minimize the risk of R2 trying to leave through the window again.</p> <p>The facility's policy and procedure on Missing Resident, under B. Procedure 2)e)6 states: The Nurse should develop plan of care for the potential wanderer based on cognitive impairment or behavior problem with the interdisciplinary team members.</p> <p>Observation of an open window was made on 1/31/06 in the presence of E8 (Maintenance Supervisor). The screen of the window is on the inside and is easily removed by releasing 2 small latches at the top of the screen. When the window was fully opened there was an approximate 12 inch opening with the support arm in the middle. The window is 36 inches up</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/14/2006  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/09/2006</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
(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	
F9999	Continued From page 17 from the floor inside and 34 to 36 inches from the ground outside.  The weather on 1/28/06 for Rockford Illinois at <a href="http://www.weatherunderground.com">www.weatherunderground.com</a> shows that at 9:54 pm and 10:54pm the outside temperature was 46 .9 degrees Fahrenheit. The conditions are listed as overcast and light rain. The wind speed ranged from 18 miles per hour (mph) to 15 mph. The humidity was 97%.  (A)	F9999			