STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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 Complaint Investigation 2164610/IL135534	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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		

resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures

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:

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.

These Regulations are not met as evidenced by:

Based on interview and record review, the facility failed to prevent resident to resident physical assault for 2 of 3 residents (R2 and R3) reviewed for physical abuse.This failure resulted in R2 and R3 being involved in a verbal altercation that escalated to R3 pushing R2 on the forehead resulting in R2 being sent to the hospital, then returning to the facility fearful of R3.

Findings include:

R2's undated Face Sheet documents diagnoses of: Cognitive Communication Deficit and Dementia without behavioral disturbances. This same Face Sheet documents R2 has a Power of Attorney for Healthcare and Financial matters as V11 R2's family member. R2's Minimum Data Set (MDS) dated 7/1/21 documents a Brief Interview for Mental Status (BIMS) score of 3 out of a possible 15 points indicating severe cognitive impairment. R2's Care Plan does not document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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		

any focus area, goal nor interventions for R2's risk for being abused. R2's Clinical Mobility Assessment dated 6/29/21 documents R2 as using a wheelchair for mobility most of the time and requires one staff member for standing.

R3's undated Face Sheet documents an admission date of 5/11/21 with diagnoses of: Metabolic Encephalopathy, Cognitive Communication Deficit and Alcohol Induced Disorder. R3's Minimum Data Set (MDS) dated 5/18/21 documents a Brief Interview for Mental Status score of 3 out of 15 possible points indicating severe cognitive impairment. The same MDS documents R3 requires one staff member assist for walking in room and in corridor. R3's Care Plan documents a focus area dated 6/7/21 has verbal aggression due to poor impulse control. This same Care Plan documents an intervention dated 5/24/21 to increase staff rounding due to increased agitation.

R3's Nurse Progress Note dated:

6/12/21 at 3:28 PM documents "R3 was re-directed by staff to not enter another resident's family visiting area, when R3 became angry with staff and stated I will choke you until you are no longer breathing."

6/14/21 at 2:56 PM documents "resident (R3) becoming increasingly agitated wandering the hallways asking staff when he (R3) gets to go home. Resident demanding to go home. Attempts to re-direct were unsuccessful."

6/21/21 at 6:06 PM documents "verbally aggressive with staff and verbalizing a dislike of all female staff. Continues to be agitated after family visit. Currently sitting in a chair at the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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		

nurses stations making rude comments to the staff that walk past him (R3)."

6/27/21 at 3:44 PM documents "resident (R3) agitated and ambulating in the hallway. Attempted to re-direct but resident (R3) continues to be agitated."

On 7/2/21 at 3:30 PM V1 Administrator, stated "R2 and R3 are both alert residents with low BIMS scores." V1 stated "R2 uses a wheelchair for mobility and R3 is ambulatory.

" V1 stated "R2 and R3 were both in the hallway by the nurse's station on 6/29/21. R2 was on the telephone with V11, R2's wife. R2 said something to R3 which agitated R3, so R3 used his middle three fingers and pushed on R2's forehead causing R2's head to be pushed back." V1 stated "at that point, the staff returned R2 to R2's room." V1 stated "V9 Resident Assistant was assigned to R3 for one to one supervision during this time." V1 stated "R3 was provided one to one supervision during second shift (2:00 PM-10:00 PM) every day, but one to one supervision was not provided from 6:00 AM -2:00 PM nor from 10:00 PM - 6:00 AM daily." V1 stated "R3 did not have any prior relationship with R2 before entering facility." V1 stated "unknown as to why R2 and R3 do not get along." V1 stated "there have been no further altercations between R2 and R3 or R3 with any other residents since 6/29/21."

On 7/3/21 at 8:10 AM V1 Administrator stated "any staff member assigned as a 'one to one' with a resident is expected to stay with that resident the entire assigned time." V1 stated "R3 is 'pretty re-directable'." V1 stated "in the case of R2 and R3's physical altercation, my (V1) expectation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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		

would be that the staff step in before another resident gets hurt. The staff should have intervened between R2 and R3 so that this unfortunate incident never would have occurred."

On 7/2/21 at 4:30 PM V9, Resident Assistant (RA) was assigned to be one to one with R3. V9 stated "one to one means that I (V9) don't have any other duties. I (V9) am supposed to stay with him (R3) and try to re-direct him (R3) when he (R3) tries to leave the building. He (R3) is on one to one's for his (R3) exit seeking behaviors. He (R3) tries to leave all the time. He (R3) gets mad when we (staff) don't let him (R3) leave. R2 and R3 had been yelling at each other, using profanities, flipping the middle finger at each other. I (V9) told V10 Registered Nurse (RN) that R2 and R3 were verbally arguing. She (V10) told me to monitor them (R2 and R3). R2 and R3 don't like each other. They (R2 and R3) have had several occasions where they (R2 and R3) yell obscenities at each other. This time, R3 was taunting R2. He (R3) told R2' "I (R3) am going to kick your ass while flipping R2 off." "R2 and R3 were yelling back and forth at each other some more. R3 then walked over to the nurse's station where R2 was on the phone with V11, R2's wife." R3 then yelled at R2 "I'll fu***** kill you b****! I am going to kill you, you mother f*****!" R3 then used his three middle fingers to push against R2's forehead, moving R2's head in a backward motion." V9 stated "R2 started shouting after being hit by R3 "He hit me! He hit me!" V9 stated "after R3 hit R2 I (V9) redirected R3 to walk in the opposite direction as R2 and reported this physical abuse to V10 Registered Nurse (RN). I (V9) am not going to get in the middle of two grown men fighting."

On 7/3/21 at 10:45 AM R2 stated "that guy (R3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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		

yells at me all the time. I (R2) just mind my business. I (R2) don't bother anybody. He (R3) hit me in my head." (R2 demonstrates the same action described earlier using R2's three fingers). R2 stated "he (R3) said he was going to kill me! I had to go to the hospital to get away from him (R3)." R2 stated "I hope he (R3) never comes back here. I am scared of him (R3). I hope he (R3) doesn't hurt me again."

On 7/6/21 at 12:35 PM V30 Nurse Practitioner (N.P.) stated during in person visits, R2 had been very appropriate, calm and not offensive to staff or others. V30 stated "that the facility had reported increased agitation since the 6/29/21 episode which sent R2 to the emergency room two times (6/30 and 7/4)." V30 stated "a urinalysis was obtained this week due to increased agitation and was unremarkable." V30 stated "R2 has progressive dementia and is not able to process decision making or make appropriate decisions." V30 stated "the mental anguish that R2 suffered by R3's death threats and physical abuse could cause increased agitation, increased confusion and increased combativeness which he (R2) has shown an increase in this past week. His (R2) behaviors are most likely due to the abuse he (R2) suffered by the other resident (R3)."

The facility policy titled 'Abuse, Neglect and Exploitation' revised 6/8/2020 documents the following:

"Policy: Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. Residents must not be subject to abuse by anyone, including, but not limited to facility staff and other residents. The abuse coordinator in the facility is the Administrator. Report allegations of suspected

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000244	A. BUILDING: _____ B. WING _____	C 07/06/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY NORMAL, IL 61761

(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 abuse, neglect or exploitation immediately to: Administrator, other officials in accordance with state law and State survey certification agency through established procedures. Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. 'Willful' means the individual deliberately, not that the individual must have intended to, inflict injury or harm. When suspicion of abuse, neglect or exploitation or reports of abuse, neglect or exploitation occur, an investigation is immediately warranted. The facility will make efforts to protect all residents after alleged abuse, neglect and/or exploitation. When abuse, neglect or exploitation is suspected, the employee should respond to the needs of the resident and protect them from further incident, notify Abuse Coordinator immediately and notify the attending physician and the resident's family/legal representative." (B)	S9999		