FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident Investigation of 12/2/21- IL141110 S9999 **Final Observations** S9999 Statement of Licensure Violations: 1 of 2 300.610a) 300.1830b) 300.1830c) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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 300.1830 Records Pertaining to Residents' Property When purchases are made for a resident from the resident's personal monies, receipts shall be obtained and retained that verify the Attachment A

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

date, amount, and items purchased.

TITLE

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6005722 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHAB!LITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 A separate bookkeeping system shall be maintained by the facility which accounts for all transactions affecting each resident's account. Each individual resident, or the individual resident's representative, shall have access to the record of that individual resident's account. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to protect residents from misappropriation of resident funds for 11 of 50 residents (R1, R2, R3, R9-11, R24, R26, R35, R45-46) reviewed for abuse in the sample of 50. These failures resulted in a total of \$15,680.64 being misappropriated from resident funds, and the emotional distress of R2. Findings include: The facility's Abuse, Neglect, and Exploitation policy, dated 6/8/20, documents, "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, other residents, consultants. contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends or other individuals. Misappropriation of Resident Property means the deliberate misplacement, exploitation, or wrongful, temporary or permanent, use of a

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STATE FORM

resident's belongings or money without the

PRINTED: 02/14/20 Illinois Department of Public Health FORM APPROVE STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL ER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NI .____IMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED IL6005722 C B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENC! (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED B PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE (X5)REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 resident's consent." The facility's Social Services Designee Description, dated 6/2021, documents. "Position purpose: Champion resident advocacy_ The Social Services Designee will assist the Administrator in ensuring that staff mera bers are knowledgeable about Resident's Rights and encourage staff to maintain and enhance each resident's dignity in recognition of each resident's individuality. The Social Services Designmee will advocate for residents and assist them in assertion of their rights within the facility. Treats all residents with dignity and respect. Promotes and protects all residents' rights. Establishes a culture of compliance by adhering to all Facility policies and procedures. Complies with standards of business conduct, and state/federal regulations and guidelines." The local police department police report, dated 12/20/21, documents, "On 12/2/21 at approximately 1:39 pm., I (V28 Police officer) was dispatched to the facility in regards to a theft. On 12/6/21 at approximately 5:01 p.m., I (V28) arrived at the facility to follow up with V1 (Administrator) in regards to a meeting (V1) had with (R1). (V1) told me, (V6, Bank President) estimated there was around \$6,000 taken from (R1's) bank account since 9/22/20 (V1) handed me a copy of a bank account activity sheet which included all (R1's) transactions from her account. The paper showed transactions from 6/1 /20 up until 11/23/21. I (V28) went back to the police station and added up all the transactions that had (V3, Social Services Director) in the name

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section. Some of the transactions were for cell phone service and cable network. (R1) told me on

12/2/21 she does not have either of those services. The total of those transactions totaled

PRINTED: 02/14/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6005722 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 \$7,311.27. Also, there was a couple transactions for insurance (GEICO) and gas utility (Nicor Gas) (total \$2,234.09) on two of the transactions, they are from (V3). On 12/7/21 at 3:30 p.m., I (V29 Assistant Chief of Police) spoke with (V1) on the phone regarding this case. I asked (V1) about the charges on (R1's) account for insurance and for gas utility. (V1) confirmed that those charges on R1's account are fraudulent as well. On 12/8/21 at approximately 5:00 p.m., I (V28) conducted an interview with (V3) at the Police Department, I asked (V3) if (R1) gave (V3) permission to use her debit card, and (V3) told me she did. I asked (V3) what she ordered with the card and she told me clothes for (R44, R1's husband). I asked (V3) if she was given permission to buy anything else and (V3) said no. I showed (V3) a copy of the bank transactions from (R1's) bank account. I asked (V3) if she had cell phone service, insurance, and gas utility, which (V3) said she did. I asked (V3) if she has used any other residents debit cards to order things and (V3) told me there were two other residents. (V3) told me (R5) and (R2). (V3) said the residents would come into her office and she would order them items they wanted from her computer. On 12/13/21. I received another email from (V1) regarding another person that came forward as a possible victim in this case (R3). On 12/14/21, I received another email from (V1) regarding this case. (V1) reported that she has located two more victims. Below is the email I received from

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(V1): 'I have two this evening: (R10)-V27 (R10's Power of Attorney-POA) gave an employee \$30 cash to give to (V3) or the office manager, and the \$30 never made it there. (R9-V23 (R9's POA) states she would put \$100 in (R9's) fund, and then the balance would drop. (V23) states she reported it twice, but only to (V3) and this

happened about two months ago.' On 12/15/21, I

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 NORTH MAIN STREET LOFT REHABILITATION & NURSING EUREKA. IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 received another email from (V1) regarding the case. V1 advised that as their internal investigation is continuing, they are getting more residents coming forward in this case. The following is a summary of the email from (V1). 'Please add the following resident to the investigation case: (R11) is deceased but money was withdrawn from R11's account by (V3) with receipts of items listed not on (R11's) personal inventory sheet. (R45) is confused and (V3) contacted (V30 (R45's POA) approximately three weeks ago and asked to remove money from (R45's) trust account to purchase her some sweatshirts and pants. Unable to determine if anything was purchased for her.' On 12/20/21, I received another email from (V1) pertaining to this case. (V1) requested to add additional names to this report as more victims were found. '(R26)-There were cash withdrawals from (R26's) account per (V31 (R26's POA-Power of Attorney) totaling \$48.60, but (R26) has Alzheimer's disease and cannot tell you what they are for. I (V1) have attached the statements of cash withdrawals done by (V3) that were not approved by (V31), and unknown what the cash withdrawals were for. The facility will reimburse (V30) \$53.88. (R9)-As the investigation continued, I (V1) pulled all statements for 2020

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and found several more without actual store receipts. Total reimbursement for 2020 will be \$84.07 and for 2021 will be \$188.26. (R45) -(V30-Power of Attorney) stated (V3) had contacted him to withdraw funds to purchase some clothing. (V30) was not sure if they were purchased but after conversing with him (V30) told (V1) that his brother didn't seem to think she had any new clothing. After reviewing the resident statements there are a few withdrawals with no actual sales receipt to accompany the withdrawal nor proof that all withdrawals had the permission

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documents the following charges made in V8's

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suspended pending investigation. I later met with (V6) who explained the suspicious charges on (R1's) account with (V3's) name on them. I started my investigation after this meeting and sent my initial state agency report that same day.

On 12/3/21, (V3) was terminated for misappropriation of property."

On 12/15/21 at 9:30 a.m., V3 stated, "On

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET LOFT REHABILITATION & NURSING **EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 Tuesday (11/30/21), (R1) came to my office and said she spoke to her bank. (R1) told me about the suspicious charge of a cable network on her account. I told (R1) I didn't know how that happened, but I would pay her back all of the money. On Thursday (12/2/21), I was suspended and then let go for stealing. I think the total amount is around \$10,000." On 12/14/21 at 11:30 am, R1 stated, "I gave (V3) my trust account check each month so she must have gotten my account information from that because I never gave (V3) a debit card or my bank account information. I never gave her permission to make any purchases or use my account at any time. This makes me physically ill. I want to press charges. (V3) needs to be punished for what she did." R1's BIMS (Brief Interview for Mental Status). dated 10/14/21, documents a score of 15 signifying that R1 is cognitively intact. On 12/15/21 at 2:30 p.m., R1 confirmed that charges on her bank statement from cell phone (Verizon Wireless), Insurance (Geico), gas utility (Nicor Gas), Utility Payment, cable network (Dish Network), and Insurance Renter were not charges that she made or authorized anyone else to make. R1 also stated that she does not have a gas utility (Nicor Gas) or insurance (Geico) account in her name, however on her bank statement those charges are listed with R1's name. R1 stated, "(V3) must have opened an account in my name." On 12/20/21 at 9:45 a.m., V10 (Vice President of Clinical Services) stated, "(R1's) checkbook was

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also found in V3's office. This explains how (V3) did all of her transactions using (R1's) account."

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stated, "I would never have purchased any of this stuff or told her that she could use my debit card

suspected this back at this time in 12/2020, and I talked to the old administrator about it, but he did nothing. It has obviously continued. My stimulus

for that. I didn't authorize the charges. I

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STATEMENT OF DEFICIENCIES (X1) PRO

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\$9999	money is gone. She even make my purchased to buy clothes it's all gone. I can't the press charges on he and heartbroken. You lately that (V3) was than she used to. Hout now I know why R2's Bank Statement documents a withdrefully \$127.45 on 1/28/20. R2's Bank Statement documents a charge approximately 40 mm 8/13/20 totaling \$42. R2's Bank Statement documents a purchase \$161.00 on 8/27/20. R2's Bank Statement documents the following for \$16.99 on order for \$96.61 on order for \$6.36 on 16.2's Bank Statement for \$6.36 on 16.2's Bank Sta	e wiped my account out. I can't chases I need to make if I or personal items because believe (V3) did this. I plan to be because I'm just so upset but know I started to notice dressing really nice way nicer owever, with all of this coming she dressed so nice." Int, dated 1/6-2/19/20, awal from the account of the accoun	S9999	DEFICIENCY)		
:	clothing boutique for Amazon reoccurring online Amazon order order for \$42.77 on for \$21.64 on 1/14/2 \$32.46 on 1/15/21, or	wing purchases: Online \$36.28 on 1/7/21, online charge of \$105.95 on 1/9/21, r for \$47.62, online Amazon 1/10/21, online Amazon order 1, online Amazon order for online Amazon order for online Amazon order for				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 11	S9999				
	documents the folk Amazon order for \$ Amazon order	ent, dated 1/21-2/17/21, lowing purchases: online \$27.04 on 1/29/21, online \$17.30 on 2/1/21, online \$32.31 on 2/6/21, online \$10.77 on 2/6/21. ent, dated 2/28-3/17/21, ine Amazon order for \$16.34 on ent, dated 3/18-4/21/21, ine Amazon order for \$16.11 on ent, dated 4/22-5/19/21, lowing purchases: online \$64.90 on 4/22/21, online \$24.89 on 4/23/21, online \$48.70 on 4/23/21, online and charge of 105.95 three 4/27/21, 5/2/21, and 5/6/21, ler for \$31.37 on 4/28/21, ler for \$65.00 on 5/2/21, 31 on 5/2/21, online Amazon order for \$10.10 on the Amazon order for \$10.10 online Amazon order for \$10.20 online Amazon order		9			
	online Amazon order R2's Bank Statemer documents the folkoor Amazon order for \$ reoccurring Amazon 7/2/21, online Amazon	ent, dated 6/17-7/21/21, owing purchases: online \$10 on 6/29/21, online on charge for \$105.95 on 1/2/21, online or order for \$18.39 on 7/2/21, ler for \$41.76 on 7/5/21, online					

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PRINTED: 02/14/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED C IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA. JL 61530** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 12 S9999 Amazon order for \$15.92 on 7/7/21, online Amazon order for \$15.89 on 8/8/21. R2's Bank Statement, dated 8/19-9/15/21. documents an online Amazon order of \$18.01 on 9/6/21. R2's Bank Statement, dated 9/16-10/20/21, documents an online Amazon order for \$11,77 on 10/6/21. R2's Bank Statements listed above document a total of \$2,741.51 of unauthorized charges on R2's account. On 12/15/21 at 12:30 p.m., V9 (Vice President of Clinical Regional Reimbursement) stated, "I was in the room when (R2's) roommate was being interviewed yesterday. (R2) was heartbreaking she started crying talking about the money that had being taken from her." On 12/20/21 at 9:30 a.m., R2 stated that all of the charges marked on her bank statements were unauthorized charges made to her account. With tears in her eyes, R2 stated, "I can't believe this,"

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3. A facility Resident/Family Complaint form. dated 12/20/21, documents an interview with V24 (R3's POA) stating, "A year ago, \$100 came out of R3's (trust) fund with no explanation on statement. Someone at facility told (V24) it was for clothes. (V24) asked for a (itemized) receipt

but never received one." The form also documents, "Unable to locate actual store receipts for the following withdraws: 8/26/20-\$100, 6/2/21-\$52.67, 6/16/21-\$30. 7/21/21-\$100. Amount to reimburse: \$282.67."

R3's BIMS (Brief Interview for Mental Status).

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Nursing) stated, "I don't see (R9) needing any money to actually make purchases. His family makes all purchases of things that he may need.

On 12/15/21 at 11:30 AM, V23 stated, "As soon as he was in there, we started having issues with his money. That's the only issue we had there. I brought it up to (V11 Business office manager)

I've never seen him make purchases."

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brother came to visit (R10) when the glass for visits was set up. (V27) estimates it was around 3/2021. (V27) stated she gave a staff member an envelope with \$30 cash in it. (V27) stated it did

6. A facility State Agency Report, dated 12/20/21, documents, "(R11) is deceased. Contacted

not make it to (R10's) (trust) account."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 NORTH MAIN STREET LOFT REHABILITATION & NURSING EUREKA. IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 15 S9999 (V26/R11's family) who is listed as 1st contact to determine if the items purchased of coloring book and colors along with watch bands were ordered for (R11). (V26) gave me (R11's) sisters phone number for me to send the picture of what was purchased to the sister. (R11's) sister stated she would have to check in (R11's) belongings to see if she had a watch but did not believe (R11) did. After review of past statements, it is determined the total dollar amount to reimburse (V26) is \$1115.03. Due to the time span of this concern, we are unable to provide proof of (V26) approval nor provide receipts for all items purchased for (R11) therefore facility will reimburse for all withdrawals without receipts." R11's BIMS, dated 6/3/21, documents a score of 8 signifying that R11 had moderately impaired cognition. 7. A facility interview form with (V25/R24's family). dated 12/15/21, documents, "Have there been any discrepancies in items paid for on your behalf versus items received? Yes, \$20 was taken out of (R24's) resident (trust) fund with no note attached on monthly statement. When (V25) called she was told it was used to get (R24) food from fast food restaurant. (V25) felt that was a lot of money to take out for one person to eat fast food. (V25) was told she did not have to be notified when they took money out of (R24's) fund because it was his money." The interview form also documents. "Follow up on resident fund: Will reimburse \$20 and told (V25) to report any concerns to (V1)." R24's BIMS, dated 12/9/21, documents a score of 11 signifying that R24 has moderately impaired cognition.

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8. The facility's State Agency report, dated

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 NORTH MAIN STREET LOFT REHABILITATION & NURSING** EUREKA,IL 61530 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID m PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUILL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 16 S9999 12/19/21, documents, "Due to time span and facility does not have actual receipts of items purchased, nor proof of approval from (R26's) POA (V31) regarding possible unusual or unauthorized charges on resident's account. (V31) stated he questioned a few statements of cash withdrawals that were noted on his statements. He listed 4 of them since 2018 when (R26) was admitted. (V31) stated it was about \$48.60. The facility will reimburse the resident in the total amount found to be in question totaling \$53.88. (R26) has severe cognitive impairment and cannot tell you what the cash withdrawals are for or if she received the items purchased." Ahandwritten paper with (R26's) information written on it and provided by (V1) on 12/21/21, documents, "2018 owe \$13.62 (12/2018); 2019 owe \$15.00 (4/2019-\$5, 5/2019-\$10); 2020 owe \$20 (6/2020); 2021 owe \$5.26 (2/2021). Total to reimburse: \$53.88." R26's BIMS, dated 11/18/21, documents a score of 5 signifying that R26 has severely impaired cognition. 9. A facility interview form, dated 12/16/21, documents that R35 was interviewed and stated. "\$100 was missing. Never replaced when she was on a different hall in the facility. Son reported to administrator at the time. Told (R35) he checked cameras. Reimburse \$100." R35's BIMS, dated 11/24/21, documents a score of 9 signifying that R35 has moderately impaired cognition. 10. The facility's State Agency report, dated 12/19/21, documents, "During a full house investigation of possible financial

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 17 S9999 misappropriation of funds and/or personal property some items were purchased for (R45). but no receipts are available. (V30/R45's POA) stated V3 had contacted him to withdraw funds to purchase some clothing for (R45). (V30) did agree to the withdrawals but was not sure if anything was purchased. After interview with (V1), (V30) stated his brother who comes to visit (R45) didn't seem to think she had any new clothing but was not 100% positive. After reviewing (R45's) statements there are a few withdrawals with no actual sales receipt for clothing to accompany the withdrawal nor proof that all withdrawals had the permission from (V30). Therefore, the facility will reimburse (R45) a total of \$316.05 for the year 2020 and \$64.15 for 2021." R45's BIMS, dated 10/1/21, documents a score of 99 indicating that the assessment was unable to be completed with R45 due to her severely compromised cognition. 11. A facility Resident/Family Complaint form. dated 12/20/21, documents, "Staff member stole \$20, \$400, \$70, \$90 (\$580) per (R46). (R46) stated (V3) would purchase things for (R46). Reported money missing and no one did anything. Due to unable to determine without receipts all money reimbursed by facility. Total \$580." R46's BIMS, dated 11/18/21, documents a score of 15 indicating that R46 is cognitively intact. On 12/16/21 at 3:59 p.m., R46 stated, "I do not have money in the resident trust account. A couple years ago, I reported to the Administrator at that time that there was \$400 missing from my

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purse. (V3) had brought me my purse, so I could

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6005722 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 18 S9999 give her money to buy me a t-shirt. (V3) saw that I had all that money in there. (V3) took my purse back to my room, when I got back into my purse, all the money was missing. I never used the resident trust account because I didn't trust (V3) from the start." On 12/20/21 at 12:40 p.m., R46 stated, "After (V3) stole the \$400 from me, it continued. I know of at least three different times that she stole \$70. \$90, and \$20 from me. I reported it and had the ombudsman involved but it was supposedly always unfounded. I guit trusting anyone and everyone. I don't like that this is my home, and I can't trust anyone. My trust fund account only has \$1.97 in it because I won't put money in it anymore especially when (V3) was responsible for the trust fund accounts. How can I trust someone to manage my money? The Social Services Director is supposed to be the person we can go to at any time and trust to help us residents. They should advocate for us. (V3) was not that whatsoever." On 12/13/21 at 1:40 PM, V1 (Administrator) stated, "I'm not sure what all residents that (V3) assisted with making purchases nor do I know what residents have outside bank accounts. (V3) also managed all of the in house resident trust fund accounts. So, (V3) kept track of their balances. (V3) would take resident money to be deposited into their account, and also give them money out of their account if they request it. (V3) has access to all residents personal protected information in her position." On 12/16/21 at 1:10 p.m., V9 stated, "Residents in the facility who have a trust fund within the facility were managed by (V3). A portion of (V3's)

job in the facility was to manage the resident trust

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LOFT REHABILITATION & NURSING 700 NORTH MAIN STREET EUREKA, IL 61530						
(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 19	S9999				
2999	fund accounts. (V3) kept the facility's trust fund money box of \$400 cash. Any deposits that were made to a resident's trust fund account was brought to (V3). As well, if a resident requested cash to be withdrawn from their trust fund (V3) was the person who would give them their cash. Any transaction was to have a written receipt signed by the resident (if cognitively intact) or their representatives' approval as well as (V3's) signature. If the transaction was for a purchase to be made for a resident an actual purchase receipt must be included as well. Essentially, (V3) had access to all of the resident's personal protected information including social security numbers and birthdates. (V3) would have access to their debit cards or bank accounts if she assisted them with a purchase at some point." V3's Employee application, dated 1/17/18, documents that V8 is V3's husband. V3's Personnel Transaction Form, dated 12/7/2018, documents that V3 was hired at the facility on 1/25/18, and as of 11/25/18 V3 position within the facility changed from Unit Aide to Social Services. On 12/14/21 at 1:00 p.m., V1 provided V3's Termination/Resignation form, dated, 12/3/21, documents that V3 was terminated on 12/3/21. V3 stated the form simply says terminated, however, V3's reason for termination was misappropriation of resident funds.	59999				
Wests 5	300.3210f) 300.3240a)					
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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6005722 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 20 S9999 Section 300,3210 General The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may, for example, include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories. (Section 2-103 of the Act) Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to thoroughly investigate a potential abuse allegation to determine other residents who could be affected and protect residents from further abuse. This had the potential to affect 42 residents (R1-R3, R6-R10, R12, R14-R43, R45-47) whose money was managed within the facility's resident trust fund account by V3 (Social Services Director). Findings include 1. The facility initial State Report, dated 12/2/21, documents, "V6 (Bank President) contacted (V1/Administrator) to schedule an appointment with (R1) and (V1) regarding suspicious activity in R1's bank account. Due to information presented in this meeting (V3/Social Services Director) was immediately suspended and police were notified." The facility final State Agency report, dated

12/7/21, documents, "(V3) had assisted (R1) with

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Gas utility; 7/19/21: \$139.80 Insurance; 8/17/21:

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355.65 Cell phone; 4/26/21: \$40.05 Cable network; 5/7/21: \$355.65 Cell phone; 5/25/21: \$105.04 Cable network; 6/7/21: \$355.77 Cell phone; 6/24/21: \$355.77 Cell phone; 6/24/21: \$85.06; Cable Network; 7/15/21: \$95.05 Cable network: 8/2/21: \$443.70 Cell phone: 8/19/21: \$400.00 Cell phone; 8/23/21: \$95.05 Cable Network; 8/25/21: 145.25 Cell phone; 9/9/21: \$316.21 Cell phone: 9/24/21: \$95.05 Cable Network; 10/20/21: \$45.31 Cell phone; 10/25/21: \$95.05 Cable Network; 11/15/21: 315.78 Cell phone; 11/23/21: \$95.05 Cable network.

R1's Bank Activity Report, dated 11/27/21, documents the following charges made in V8's (V3's Husband) name: 9/22/20: \$423.76 Utility payment; 11/1/21: \$42.01 Insurance for Renter.

R1's Bank Activity Report, dated 11/27/21. documents the following charges made in R1's name: 1/6/21: \$99.63 Insurance (Geico); 2/16/21: \$62.22 Insurance: 3/22/21: 158.70 Insurance: 4/9/21: 110.45 Insurance; 5/3/21: \$555.95 Gas (Nicor Gas) utility; 5/10/21: \$31.95 Gas utility; 6/23/21: \$274.53 Insurance; 7/15/21: \$100.68

\$98.21 Gas utility; 8/25/21: 145.25 Insurance;

PRINTED: 02/14/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6005722 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 22 S9999 9/8/21: \$98.21 Gas utility; 9/15/21: \$59.74 Gas utility; 9/27/21: \$134.80 Insurance; 10/12/21: \$59.81 Gas utility; 10/12/21: \$139.80 Insurance; 11/15/21: \$84.81 Gas utility. R1's Bank Activity Report, dated 11/27/21, documents that R1 had a total of \$10,105.02 in fraudulent charges in V3's name, V8's name, and R1's name. On 12/14/21 at 11:30 am R1 stated, "I gave (V3) my trust fund account check each month, so (V3) must have gotten my account information from that. I never gave (V3) permission to make any purchases or use my account at any time. This makes me ill. I want to press charges. (V3) needs to be punished for what she did." On 12/14/21 at 2:00 p.m., V6 (Bank President) stated, "(R1) normally calls the bank on a regular basis to see if her checks that she writes clear. One day (R1) called to ask about a check, and (V7 Bank Teller) told (R1) the check hadn't cleared but told (R1) her cable network had. (R1) told (V7) she didn't have a cable network account. After that we thought something was suspicious. So, we started looking into (R1's) account. We started seeing transactions with (V3) and (V8-V3's husband) name paying bills using (R1's) account like cable network, cell phone service, and utilities. (R1) has a house in Metamora, but Nicor gas (gas company) does not service the city of Metamora. Ameren services (gas/electric company) (R1's) house, however that gas charge is in (R1's) name not (V3). So (V3) may be

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putting (R1's) name on things as well. Then, (V7) called (R1) that Friday (11/26/21) and wanted to speak with (R1), but (V3) was insistent she be on the call. (V7) didn't feel comfortable with that arrangement. (V7) brought it to me at that point. I

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purchases and an online boutique purchase, R2 stated, "I would never have purchased any of this stuff or told her that she could use my debit card

suspected this back at this time in 12/2020, and I talked to the old administrator about it, but he did nothing. It has obviously continued. My stimulus

for that. I didn't authorize the charges. I

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On 12/14/21 at 12:00 p.m., V1 stated, "On

12/3/21, (V3) was terminated for misappropriation of property. I sent my final report to the state agency on 12/7/21. In between this time, no other residents or families were interviewed to ask if they had any similar issues. On 12/8/21, (R2) came to me with her allegation of suspicious

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money box of \$400 cash. Any deposits that were made to a resident's trust fund account was brought to (V3). As well, if a resident requested cash to be withdrawn from their trust fund V3 was the person who would give them their cash. Any transaction was to have a written receipt signed by the resident (if cognitively intact) or their representatives' approval as well as V3's

signature. If the transaction was for a purchase to

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