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 IL6005938 09/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 WEST MCKINLEY AVENUE** LOFTREHAB OF DECATUR **DECATUR, IL 62526** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)ID (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments** Annual Licensure and Certification S9999 S9999 Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210b) 300.1210d)5) 300.3220f) 300.610 Resident Care Policies 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. 300,1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain Attachment A Statement of Licensure Violations of five percent or more within a period of 30 days.

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

The facility shall obtain and record the physician's

TITLE

(X6) DATE

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All medical treatment and procedures shall

be administered as ordered by a physician. All

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{two 4x4 gauze pads}; the gauze pad closest to R125's skin was saturated with a thick, black, slimy substance, and R125's peri-stoma was extremely red and excoriated. V6 LPN stated R125's G-tube site is always moist and stated the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY	
AND PAN OF CORRECTION		DENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		IL6005938	B. WING		09/14/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
LOFT REHAB OF DECATUR 500 WEST MCKINLEY AVENUE DECATUR, IL 62526						
(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			
IIR EE	black substance "must be old feeding" that had leaked out. V6 LPN stated it doesn't look like the dressing was changed during the night.			*		(B)
	documents R125 h Paraplegia, Gastro Dysphagia and And	2022 Order Summary Report as the following Diagnoses: stomy, Chronic Pain, oxic Brain Damage. This ot document an order for a				
	Administration Rec	2022 TAR (Treatment ord) does not document that 5's G-tube dressing changed 9/8/22 {5 days}.				
4	Director of Nursing residents with G-Tu a dressing change day on night shift. Vexcoriated area are cm (centimeters) x (R125's) re-admit fi stoma site was slig V8 confirmed if R12 hospital without an	3 AM, V8 ADON (Assistant)/Wound Nurse stated ubes should have an order for to the sight, normally once a /8 measured the red bund G-tube insertion site at 4 (by) 2.5 cm. V8 stated, "upon rom the hospital, (R125's) httly red but nothing like this." 25 was admitted from the order for G-tube nurses should have obtained			◆	**************************************
S	Practitioner) stated V31 stated resident layer of protection at the leakage that is dressing, the skin of the dressing should because if the dressin, it will cause by	2 PM, V31 NP (Nurse V31 use to be a wound nurse. Its absolutely need to have a around the G-tube to absorb bound to happen. Without a san start to breakdown. Really I be changed every shift sing is wet and kept on the reakdown. In R125's case, that That soiled dressing had been	Se .	# # # # # # # # # # # # # # # # # # #		

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