

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006282	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/26/2022
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF ROCK SPRINGS, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET DECATUR, IL 62526
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(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 2264087/IL147270	S 000		
S9999	<p>Final Observations</p> <p>Section 300.698 COVID-19 Vaccination of Facility Staff EMERGENCY</p> <p>f) Each facility shall provide its unvaccinated staff a minimum of 90 minutes of clear and accurate instruction covering vaccine education, effectiveness, benefits, risks, common reactions, hesitancy, and misinformation. Records of training shall be made available to the Department upon request.</p> <p>This regulations is not met as evidenced by:</p> <p>Based on interview and record review, the facility did not provide the unvaccinated staff with 90 minutes of education regarding the COVID-19 vaccination. This failure has the potential to affect all 105 residents who reside at the facility.</p> <p>Findings Include:</p> <p>On from 5/25/22 at 10:15 am, V4 IP (Infection Preventionist)/QA (Quality Assurance) Nurse stated unvaccinated staff had to watch three different videos on YouTube regarding the COVID -19 Vaccinations and the benefits of receiving it.</p> <p>The facility's ongoing and undated COVID-19 Staff Vaccination Status for Providers document V9 LPN (Licensed Practical Nurse) and V10 CNA (Certified Nursing Assistant) are not vaccinated and have a granted religious exemption.</p> <p>On 5/25/22 at 11:25 am, V9 LPN confirmed V9</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>did not receive the COVID-19 vaccination. V9 stated this is only V9's second day working at the facility. V9 stated that during the hiring process, the facility provided V9 with a written informational packet on the COVID-19 vaccination but did not receive 90 minutes of education on the vaccination and did not have V9 watch any you tube videos on the vaccination.</p> <p>On 5/25/22 at 11:35 am, V10 CNA confirmed V10 did not receive the COVID-19 vaccination. V10 stated this is only V10's third day "back to work" explaining V10 had worked at the facility for a year but then took time off for school and is now back for the summer. V10 stated V10 has not received the required 90 minutes of education regarding the COVID-19 vaccination.</p> <p>On 5/25/22 at 2:45 pm, V4 IP/QA Nurse provided the sign in sheets for the 90 minutes of education for the COVID vaccination for unvaccinated staff, dated 10/15/22 and ongoing. At this time, V1 Administrator stated that the training was part of the new hire orientation process however when V20 Former HR (Human Resources) resigned in April 2022, we had Corporate HR here and that was an oversight in orientation and new hires were not trained on it. V1 stated V17 HR was then hired and with it being an oversight, V17 wasn't aware that it needed done. At this time, V17 stated V17 started on 5/9/22 or 5/10/22 and that V20's last day was 4/20/22. V17 provided a list of staff hired since 4/20/22 that has not received the 90 minutes of required COVID-19 vaccination education which included V17, V18 Dietary, V19 Dietary, V10 CNA, and V9 LPN.</p> <p>The facility Daily Census dated 5/23/22 documents 105 residents reside at the facility. (A)</p>	S9999		

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