PRINTED: 07/30/2022

Illinois D	epartment of Public	Health	474.4.4	TO ME MEMORITA SANCO CHE SANCOCC		AFFROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006282		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING			C	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					1 07/0	07/2022
LOFTRE	EHAB OF ROCK SPR	IIVUS, INE	RTH MONRO R, IL 62526	DE STREET		
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S 000	Initial Comments		S 000			
	Complaint Investig	ation 2265154/IL148586				
0	Investigation of Fa 6/26/22/IL148602	cility Reported Incident of				
S9999	Final Observations		S9999	5	8	
3.	Statement of Licen	sure Violations:	::	g 4	0.5	
	300.610a) 300.1210b)	9.	:	· .		
	300.1210c) 300.1210d)6)		55	X. A.	2	
	Section 300.610 Re	esident Care Policies			+1	
	procedures govern facility. The written be formulated by a Committee consisti	have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the	•			
e H <sup>#U</sup>	medical advisory co of nursing and othe policies shall comp	dvisory physician or the ommittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating				
	Section 300.1210 G Nursing and Person	Seneral Requirements for nal Care		# ***		
- (c	and services to atta practicable physical well-being of the re- each resident's con	provide the necessary care in or maintain the highest mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing		Attachment A Statement of Licensure Violations	В	

Ilinois Department of Public Health
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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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	
		IL6006282	B. WING			C <b>07/2022</b>
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LOFTRE	EHAB OF ROCK SPRI	NGS. IHE	RTH MONROE R, IL 62526	STREET		
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\$9999	Continued From pa	ge 1	S9999	3130		
8		care shall be provided to each e total nursing and personal esident.				
		giving staff shall review and about his or her residents' care plan.			9 <b>4</b> ) (	
es es		··· •				
	assure that the resi as free of accident nursing personnels	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision revent accidents.		•		1
51 4 7)	These requirements by:	s were not met as evidenced		*		
	interview the facility policy and care plar mechanical lift trans (R1 and R2) review list of eleven reside R1 suffering a fractivilize two staff men suffering a laceratio	view, observation and failed to follow their transfer in interventions to ensure safe afers for two of three residents ed for accidents in a sample ints. These failures resulted in ured ankle when staff failed to inbers for a transfer and R2 in requiring sutures when staff distabilize R2's legs during a				
-	transfer. Findings include:	::			A	4 634

	epartment of Public	Health		272077100 -174	20 12 111 1535	# II
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION	СОМ	(X3) DATE SURVEY COMPLETED	
	y	IL6006282	B. WING			C 07/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		2530 NO	RTH MONROE	E STREET	5.2	
LOFTRE	HAB OF ROCK SPRI	NGS, THE DECATU	R, IL 62526	W		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
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	following: "It is the that residents are he to prevent or minimand promote a safe experience for the remployees safe in standards and guid safe handling when minimize the risk for employees that assets	ented 7/21/21 document the policy of this facility to ensure nandled and transferred safely nize risk for injury and provide e, secure and comfortable resident while keeping the accordance with current delines. All residents require n transferred to prevent or or injury to themselves and the sist them. Two staff members nen transferring residents with				
	1.) R1's Undated F diagnoses of Close Tibia, Closed Fract history of Non-Rhel Insufficiency, Non-Insufficiency, Atrial Thrombosis (DVT), Hemiplegia and He Infarction Affecting	Rheumatic Aortic Valve Fibrillation, Deep Vein Left Hand Contracture, emiparesis Following Cerebral Left Non Dominant Side, Behavioral Disturbances and	1			
	documents R1 is so and requires exten- for bed mobility and	a Set (MDS) dated 4/11/22 everely cognitively impaired sive assistance of two people d dressing. This same MDS uires total dependence of two s.				
	instructs staff to as functional alignmer and support lower	ervention dated 10/26/21 ssist R1 to maintain body in nt when in mechanical lift sling extremities as necessary until ended surface (bed,		* 5	2 H	U_

PRINTED: 07/30/2022 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6006282 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET** LOFT REHAB OF ROCK SPRINGS. THE DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (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 3 S9999 R1's Nurse Progress Note dated 6/29/22 at 12:47 PM documents "Staff reported to writer that (R1's) right ankle appears swollen." R1's X-Ray Report dated 6/29/22 documents "Impression: Fracture of the Distal Fibula at the juncture of the diaphysis and metaphysis. There is some displacement and angulation present. There is an additional Fracture of the Distal Tibia with slight cortical angulation but no significant displacement." On 7/5/22 at 12:35 PM V5 Licensed Practical Nurse (LPN) removed R1's blanket. R1's Right Ankle was much larger than R1's Left Ankle. R1's Right Ankle area was bruised over approximately half of Right Ankle area. On 7/5/22 at 2:10 PM V4 (Family Member) stated there have been several times that a staff member will ask family to step out of R1's room to reposition R1 from bed to a wheelchair or from wheelchair to bed. V4 stated "one staff member goes into the room, closes the door and then leaves the room and (R1) is in a different position. (R1) is supposed to have two staff help get (R1) up or lay (R1) down since (R1) uses a mechanical lift. I can tell you that does not happen." On 7/6/22 at 8:50 AM V19 Certified Nurse Aide

(CNA) stated V19 first saw R1's right ankle injury on the morning of 6/29/22. V19 stated V19 remembers clearly because V19 had been on vacation and V19's first day back to work was 6/28/22. V19 stated R1 did not have any right ankle swelling or pain on 6/28/22. V19 stated V19 worked 6:00 AM-2:00 PM on 6/28/22. V19 stated V19 returned to work at 6:00 AM on 6/29/22 and noticed R1's Right Ankle was twice

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 B. WING IL6006282 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET LOFT REHAB OF ROCK SPRINGS. THE DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 its normal size and R1 seemed to have more pain in that area. On 7/6/22 at 1:10 PM V26 Certified Nurse Aide (CNA) stated V26 transferred R1 from the wheelchair to the bed using a mechanical lift on the evening of 6/28/22. V26 stated V26 transferred R1 without another staff member present during the transfer. V26 stated during the transfer R1's lower Right Leg got caught on R1's wheelchair. V26 stated V26 stopped and repositioned R1's leg. V26 stated "that is when R1's leg was hurt". V26 stated "(staff) should always use two staff members when transferring with a mechanical lift but (I) just got in a hurry that evening". On 7/7/22 at 9:25 AM V20 Physician stated R1 has not been able to walk for several years. V20 stated R1 is completely dependent on the staff at the facility for all cares. V20 stated the staff should always use two staff members when transferring a resident with a mechanical lift or the resident has a higher risk of being injured. V20 confirmed R1's Distal Tibia and Distal Fibula fracture were both acute injuries. V20 stated the Tibia bone is a larger bone in a person's body and is difficult to fracture. V20 stated if the staff would be more careful this kind of thing would not happen. V20 stated, "This is a real setback for (R1). The staff caused harm for this resident (R1) by not maintaining (R1) safety during the transfer. If the staff would have transferred (R1) safely, this might not have happened." 2.) R2's Undated Face Sheet documents medical diagnoses of Right Shin Laceration and history of

Dementia Without Behavioral Disturbance, Hypertensive Heart Disease with Heart Failure,

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 IL6006282 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET** LOFT REHAB OF ROCK SPRINGS, THE **DECATUR, IL 62526** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 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) S9999 Continued From page 5 S9999 Generalized Epilepsy and Epileptic Syndromes, Type II Diabetes Mellitus, Abnormal Posture, Muscle Weakness and Altered Mental Status. R2's Minimum Data Set (MDS) dated 4/29/22 documents R2 as having moderately impaired cognition and requiring extensive assistance of two people for bed mobility, dressing, eating. toileting and total dependence on two people for transfers. R2's Care Plan focus area dated 6/28/22 documents, "Skin tear of the Right Lower Shin with four sutures related to extremely thin skin and is noted to move legs while in mechanical lift due to confusion (R2) is unable to be educated on not doing this." This same Care Plan instructs staff to "use caution during transfers and bed mobility to prevent striking arms, legs and hands against any sharp or hard surface." R2's Physician Order Sheet (POS) dated June 1-30, 2022 documents a Physician order for Eliquis (anticoagulant) 5 milligrams (mg) twice per day for Hypertensive Heart Disease with Heart Failure R2's Nurse Progress Note dated 6/26/22 at 2:17 PM documents "(V12) Certified Nurse Aide (CNA) was getting ready to do care on (R2) after being transferred by mechanical lift with assist of two and noted (R2) open area to right shin." R2's Nurse Progress Noted dated 6/26/22 at 6:57 PM document "received update from hospital on (R2), (R2) received sutures, x-ray showed nothing broken." R2's Hospital Record dated 6/26/22 documents "Chief complaint: Laceration, Review of

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 B. WING IL6006282 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2530 NORTH MONROE STREET** LOFT REHAB OF ROCK SPRINGS, THE DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 6 Systems: Five centimeter (cm) curvilinear laceration into subcutaneous tissue on the anterior surface of the Right Shin." This same Record documents R2 received five sutures to Right Shin Laceration. R2's Final Incident Report to Illinois Department of Public Health (IDPH) dated 6/29/22 documents "Disposition: Care Plan reveals (R2) requires a mechanical lift for transfers and has an extensive history of skin tears during care due to frail skin turgor. The injury is consistent with placement of where the mechanical lift most likely caused the injury, and that (V12) Certified Nurse Aide (CNA) did not stabilize (R2's) body during the transfer." On 7/5/22 at 1:30 PM V17 Licensed Practical Nurse (LPN) removed an undated dressing from R2's Right Shin. A two-inch half moon shaped laceration with five sutures was present on R2's right shin. R2 also had a golf ball sized dark purple area just below the sutures with pink intact skin separating the two areas. On 7/6/22 at 3:10 PM V3 Assistant Director of Nurses (ADON) stated R2's laceration was first noted on 6/26/22. V3 ADON stated R2 has extremely fragile skin which tears and bruises easily. V3 stated R2 is also on an anticoagulant which causes bruising to be more severe. V3 ADON stated V12 Certified Nurse Aide (CNA) accidentally caused the laceration while transferring R2 from wheelchair to bed using a mechanical lift. On 7/6/22 at 3:50 PM V12 Certified Nurse Aide (CNA) stated, V28 CNA and V12 both assisted R2 to get out of the bed with a mechanical lift on the morning of 6/26/22. V12 stated there were no

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marks on R2's lower legs when getting R2 out of

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NAME OF	PROVIDER OR SUPPLIER	STREET AN	DDESS CITY	STATE, ZIP CODE	1 0//	07/2022	
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es.	transfer R2 from the same afternoon using stated after transfer attempting to remove	V12 stated V28 helped wheelchair back to bed that ng the mechanical lift. V12 ring R2 to the bed, V12 was re R2's pants to provide					
	laceration to the Rig fresh. There was no red flesh in the would thin skin that tears e have hit (R2's) leg o the wound was fresh couldn't have been f	then V12 noticed R2 had a lift Shin. V12 stated "it looked of much blood, but I could see and." V12 stated R2 has very easily. V12 stated "I must in the mechanical lift because in, and it wasn't there earlier. It from the sling because that had to have hit against the			2		
	known to have very to V20 stated R2 has be term therapy which of tissue to be more dethere were two staff staff still need to be of (R2) who is so prone (R2) was harmed by several sutures due transferring (R2). If the V20 state of the V20 state	M V20 Physician stated R2 is fragile skin which tears easily. een on anti-coagulant long can sometimes cause the licate. V20 stated "Even if member transferring (R2) the careful with someone like to skin injuries. In this case, the staff and received to the staff not properly the staff were watching d not have happened." (A)					
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		o.					