Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011597	A. BUILDING: ______ B. WING ______	C 05/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET CANTON, IL 61520

(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 Investigation of Facility Reported Incident of April 24, 2022/IL146557	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.1220b)3) 300.3100d)2) Section 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. Section 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 resident to meet the total nursing and personal	S9999	Attachment A Statement of Licensure Violations	

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care needs of the resident.

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.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3100 General Building Requirements

d) Doors and Windows
2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised

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S9999	Continued From page 2 during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure an electronic wander management system/door alarm system was in working order, failed to re-assess (R1) as high risk for elopement once (R1) started to exit seek, failed to revise/update (R1's) elopement care plan after (R1) eloped, and failed to provide adequate supervision for one of three residents (R1) reviewed for elopement risk in the sample of three. These failures resulted in R1, a moderately cognitively impaired resident with the diagnosis of Dementia, eloping from the facility on two different occasions and on 4-24-22 R1 eloping from the facility up a grassy embankment, across a street between the facility and a church, and entering into a church 250 feet away from the facility. The facility was unaware of R1 missing until (V7/Pastor) located R1 and contacted the facility. Findings include: The facility's Elopements and Wandering Residents policy dated 1-1-2020 documents, "Policy: This facility ensures that residents who exhibit wandering behavior and/or at risk for elopement receive adequate supervision to prevent accidents and receive care in accordance with their person-centered plan of care addressing the unique factors contributing to wandering or elopement risk. Definitions:	S9999		

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S9999	Continued From page 3 Elopement occurs when a resident leaves the premises or a safe area without authorization and/or any necessary supervision to do so. Policy Explanation and Compliance Guidelines: 1. The facility is equipped with door locks/alarm to help avoid elopements. 2. Alarms are not a replacement for necessary supervision. Staff are to be vigilant in responding to alarms in a timely manner. 3. The facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazards and risk, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary. 4. Monitoring and managing residents at risk for elopement and unsafe wandering. a. Residents will be assessed for risk of elopement and unsafe wandering upon admission and throughout their stay by the interdisciplinary care plan team. b. The interdisciplinary team will evaluate the unique factors contributing to risk in order to develop a person-centered care plan. c. Interventions to increase staff awareness of the resident's risk, modify the resident's behavior, or to minimize the risks associated with hazards will be added to the resident's care plan and communicated to appropriate staff. d. Adequate supervision will be provided to help prevent accidents or elopements. e. The effectiveness of interventions will be communicated to relevant staff." The facility's Wander Guard (electronic alarm monitoring) System Inspection dated 4-21-22 at 8:30 AM and signed by V6 (Maintenance Director) documents all door alarms, including 100-hallway, 200-hallway, 300-hallway, and	S9999		

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S9999	Continued From page 4 400-hallways were last inspected on 4-21-22 and working. The facility's Maintenance Checklist Full Service dated 4-22-22 documents the generator's manufacturer's technician provided the facility with a full generator service. R1's MDS (Minimum Data Set) Assessment dated 3-3-22 documents R1 is moderately cognitively impaired and wanders one to three days per week that does not put the resident at significant risk of getting to a potentially dangerous place (outside of the facility). This same MDS documents R1 requires supervision when walking in his room, walking in the corridor/unit, and locomotion off and on of the unit. R1's Physician's Order Sheets (POS's) dated 5-4-22 document R1 has the diagnoses of unspecified dementia without behavioral disturbance, unsteadiness on feet, cognitive communication deficit, history of falling, muscle weakness, and generalized anxiety disorder. These same POS's document, "Order date 3-11-22: Check wander guard (electronic monitoring bracelet) function on Saturdays for safety." R1's Morse Fall Scale dated 3-3-22 documents R1 is a high risk for falling. R1's Wandering Risk Assessment dated 8-12-20 documents, "Category: Moderate risk for wandering. Score: 7. Orientation: Disoriented times two. Forgetful/short attention span. Diagnosis: Early Dementia. History of wandering unchecked (meaning R1 does not have a history of being a wanderer/history of wandering."	S9999		

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R1's Progress Notes dated 1-28-21 document, "(R1) wandering and exit seeking this shift."

R1's Progress Notes dated 1-30-21 document, "(R1) alert with confusion. (R1) frequently ask this nurse to take him home. Exit seeking out 200 hall door. Easily re-directed."

R1's Progress Notes dated 2-4-21 document, "(R1) ambulates with wheeled walker. Tried to exit building multiple times. Reminded (R1) that he lives here now. Resident stated that he could not remember anything now."

R1's Progress Note dated 4/7/2022 at 5:54 PM documents, "(R1) having increased confusion. (R1) wanting to leave and is difficult to redirect. (R1) becomes agitated with staff when redirected and was slamming walker on the ground. (R1) usually redirects easily."

R1's Progress Note dated 4/7/2022 at 4:59 AM document, "(R1) wandering and exit seeking this shift. Staff redirected with minimal difficulty."

R1's Progress Notes dated 1-28-21 through 4-24-22 document multiple occurrences of R1 trying to exit seek and wander.

R1's Wandering Risk Assessment has not been updated from 8-20-20 through 4-23-22 to address R1's wandering and exit seeking that started according to R1's Progress notes on 1-28-21.

R1's Progress Notes dated 4-24-22 at 9:45 AM and signed by V3 (Licensed Practical Nurse) document, "(R1) outside of building. CNA's (Certified Nursing Assistants) went and got (R1) and (R1) came back inside without difficulty.

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S9999	Continued From page 6 Wander guard (electronic monitoring bracelet) in place. On call nurse notified as well as maintenance to come and check door alarms. 15-minute checks started at this time." R1's Progress Notes dated 4-24-22 at 10:00 AM and signed by V3 document, "Full body assessment completed, and no injuries noted. (V4/R1's Physician) and (V5/R1's Family Member) notified." R1's Final State Report dated 4-28-22 and signed by V1 (Administrator) documents, "(R1) is an 87-year-old male. On 4-24-22 at approximately 9:45 AM it was reported that (R1) was out of the facility and at Lakeland Community Church. Staff member went to the church and assisted (R1) back to the facility. Type of Injuries: No injuries. Summary of Investigation: (R1) ambulates with a wheeled walker and exhibits both wandering and exit seeking behaviors. Due to being assesses as high risk for wandering/elopement, resident has a wander guard in place. At approximately 9:45 AM the facility received a call from the (V7/Pastor) at Lakeland Community Church, located on the south side of the building, to report that (R1) was at the church and wanted to return back to the facility. Staff members went to the church and assisted (R1) back to the facility. (V5/R1's family member) and (V4/R1's Physician) were notified. (V1/Administrator) was contacted and informed of (R1) exiting the building at 9:30 AM. No staff members heard any door alarms going off including the wander guard alarm system. (V6/Maintenance Director) was immediately notified of alarm system no working. (V6) came to the facility and checked alarm system and found a fuse had blown. At approximately 10:30 AM on 4-24-22 (V6) replaced the fuse and alarm system was	S9999		

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functioning properly."

R1's Elopement Risk Care Plan dated 3-16-22 documents, "Created on 1-8-21 Focus: (R1) is an elopement risk at times related to disoriented to place. Goal: (R1's) safety will be maintained. Interventions: Distract (R1) from wandering by offering pleasant diversions, structured activities, food, conversation, television, book. Provide structured activities: toileting, walking inside and outside, and re-orientation strategies including signs, pictures, and memory boxes. Wander guard in place. This same Care Plan has not been updated to address R1's elopement from the facility on 4-24-22.

R1's Medical Record does not include any other Wandering Risk Assessments from 8-12-20 (R1's) admission through 4-24-22 at 9:45 AM (R1's elopement date).

The Google Maps website page dated 5-4-22 documents the church where R1 was found on 4-24-22 is 262 feet from the facility with Buckeye Street running in-between the facility and the church on the South side of the facility. These same website documents Main Street is located in the front of the building.

On 5-4-22 at 8:00 AM, R1 was sitting in the dining area across from the nurse's desk. R1 was pleasantly confused and was unaware of date, time, and place. R1 had a Wander guard bracelet to his left ankle and a walker to the right side of him.

On 5-4-22 at 10:30 AM this surveyor noted the front door of the facility goes out to a parking lot where staff and visitor's park. In front of this parking lot is a grassy ditch with a steep

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embankment that goes up to a main street which is the main route of vehicles within Canton, Illinois. In-between the facility and the church where R1 was found is a steep grassy embankment and then a side street (Buckeye Street) that R1 would have had to went up and crossed to get to the church. The church shares a parking lot with Walmart (a department store).

On 5-4-22 at 8:15 AM V10 (LPN) stated, "(R1) looks outside frequently and goes to the doors frequently. (R1) always states 'I am going home now."

On 5-4-22 at 8:30 AM V11 (CNA) stated, "(R1) walks up to the doors all of the time. (R1) does not have good safety awareness. (R1) sets off the door alarms when he tries to leave, and that is when we know (R1) is attempting to go outside unattended."

On 5-4-22 at 9:00 AM V6 (Maintenance Director) stated, "I have been at the facility for two months. I test the door alarms once a week. On 4-22-2022 the generator had its annual inspection all day long. I did not know that by turning the generator off and on that it blew a fuse to the wander guard system. On 4-24-22 I got a call that the alarms were not working on the doors and (R1) had gotten out of the facility, I came into the facility on 4-24-22 around 10:20 AM and checked the Wander guard system. When I came in none of the exit door wander guard alarms were working. That is when I found a fuse was blown and replaced the fuse. The wander guard alarms have worked since I changed the fuse."

On 5-4-22 at 9:35 AM V3 (LPN) stated, "On 4-24-22 I saw (R1) sometime between 8:00 AM to

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8:30 AM I saw (R1) across from the front nurse's station. (R1) tries to exit seek at times. (R1) will try to open doors and the alarms go off. When the alarm goes off it startles (R1), and he stops trying to go outside. (R1) tried to open doors and exit seek a couple times daily. Around 9:45 AM I got a call from (V7/Pastor) that (R1) was at the church and (V7) wanted someone to pick (R1) up. (V8 and V9) went to the church and brought (R1) back to the facility. The weather was chilly and rainy that day. (R1) had clothes, a jacket, and shoes on and had no visible injuries. No alarms had gone off within the facility to let us know that (R1) exited the facility. (R1) is very confused and would not know to watch for cars before crossing the street. (R1) would not be safe outside by himself. I believe (R1) exited out of the front door. All other exit doors have another delayed response alarm that would have sounded had (R1) tried to exit out of them. The front door alarm is shut off every day from 8:00 am to 4:30 PM. (R1) also wanders to the front lobby and is always looking for his car and wanting to go home."

On 5-4-22 at 9:55 AM V8 (CNA) stated, "I have to re-direct (R1) back to 200 hallway a lot. (R1) tried to exit seek every day. (R1) tries to open doors and the alarm will sound which frightens him. (R1) is always asking staff if they are going to Canton, or if they can take (R1) home. On 4-24-22 the last time I saw (R1) was around 8:45 AM. I re-directed (R1) from the front lobby back down to 200 hallway. (R4) had told me that she saw (R1) go past her outside window and I did not think (R4) knew who (R1) was. I saw a visitor was at the facility with a walker and though (R4) must have saw the visitor. I went to the desk to report this to the nurse, and (V3) was already on the phone with (V7) who was reporting (R1) was

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at the church. (R1) would have had to exited out of the front door if (R4) saw him walk by her window. No alarms were sounding. (R1) would not be safe walking outside alone or trying to walk up a ditch. (R1) would fall very easily. The roads around here are very busy and (R1) could get hit by a car. There is also a small lake across the road from the facility where (R1) could drown. I went with (V9/CNA) to pick up (R1) from the church. (R1) had clothes on, a jacket, and shoes. It was pouring down rain that day. I got soaked going to my car. (R1) was not that wet. (R1) did not have any injuries."

On 5-4-22 at 10:00 AM V9 (CNA) stated, "On 4-24-22 around 9:30 AM I re-directed (R1) to 200 hallway from the front nurse's station. (R1) was adamant that he was going home that day. (R1) exit seeks and tries to open doors daily. (R1) is very homesick. Around 9:45 AM me and (V8) had to go to the church next door to pick up (R1). I was down-pouring when we went to pick up (R1). (R1) was not injures and had clothes and shoes on. No alarms were sounding that day. I do not know what door (R1) exited out of. (R1) would be unsafe to go outside unattended. (R1) would not know where he was or how to watch for cars."

On 5-4-22 at 12:45 PM R4 stated, "I saw (R1) go by window outside (on 4-24-22) in the parking lot. I told staff."

On 5-4-22 at 1:00 PM V2 (Assistant Director of Nursing/ADON) stated, "(R1's) wandering risk assessment should have been completed quarterly with the MDS schedule. (R1) has only had one wandering risk assessment done on admission 8-20-20. When (R1) started wandering and exit seeking in February 2021, a

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wandering risk assessment should have been done to assess (R1) as being high risk for elopement and assess for hazards and interventions to prevent (R1) from eloping."

On 5-5-22 at 7:45 AM V2 verified that R1's elopement care plan has not been updated since R1 to address R1 eloping from the facility on 4-24-22.

On 5-5-22 at 7:20 AM V5 (R1's Family Member) stated, "(R1) had gotten out in the front parking lot in the wintertime this last February. I know a visitor saw him and the staff were able to bring him back in. (R1) is not safe to go outside unattended and would not know where he is going. (R1) could get hit by a car, fall, or get lost. It scares me to think that (R1) could get out of the facility without staff knowing."

On 5-5-22 at 8:00 AM V12 (RN/Registered Nurse) stated, "I was told in report by (V8/CNA) that one day earlier this year in the wintertime (R1) was outside unattended in the front parking lot trying to get into cars. By the time (V8) had found (R1) his walker was cold with frost on it. (R1) is always trying to go outside and I know the front door doesn't always latch right."

On 5-5-22 at 9:35 AM V13 (CNA) stated, "I know visitors have let (R1) outside before because they thought (R1) was a visitor and not a resident. I do not remember when this was. (R1) is constantly trying to exit seek."

On 5-7-22 at 10:15 AM V1 stated, "I completed an investigation today regarding (R1) exiting the building in February 2022. After reviewing nursing schedules (R1) had to have exited the building on February 16, 2022. (V15) had found

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET CANTON, IL 61520

(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 12 (R1) outside unattended and had brought him back inside. (V15) thought that she had informed me of finding (R1) outside and had thought she filled out a witness statement. I do not recall (R1) ever telling me about (R1) being found outside and have not located a witness statement." On 5-7-22 at 10:45 AM V15 (Activity Director) stated, "One day in the middle of February 2022 I was in the front lobby and saw (R1) outside in the cold. (R1) was trying to get back into the facility was shaking the door trying to open the door. No alarms were sounding, and no staff were with (R1). I am not sure how (R1) got outside unattended. I brought (R1) back into the facility. (R1's) walker was cold." (B)	S9999		