PRINTED: 03/14/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 01/30/2024 IL6005938 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **500 WEST MCKINLEY AVENUE** LOFT REHAB OF DECATUR DECATUR, IL 62526 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint 2460405/IL168774 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care

Illinois Department of Public Health

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

Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a

**Electronically Signed** 

a)

TITLE

(X6) DATE

02/19/24

Illinois Department of Public Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED						
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S9999	comprehensive care includes measurable meet the resident's and psychosocial neresident's comprehensive to practicable level of provide for dischargerestrictive setting be needs. The assess the active participate resident's guardian applicable. (Section b) The facility seare and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal ceresident to meet the care needs of the resident to must be knowledged respective resident to nursing care shall in following and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reas free of accident in nursing personnel signs and shall the seven-day-a-week to assure that the reason accident in nursing personnel signs and shall the seven-day-a-week to assure that the reason accident in nursing personnel signs and shall the seven-day-a-week to assure that the reason accident in nursing personnel signs and shall the seven-day-a-week to assure that the reason accident in the seven-day accident in the	e plan for each resident that e objectives and timetables to medical, nursing, and mental eeds that are identified in the ensive assessment, which attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care ment shall be developed with ion of the resident and the or representative, as 3-202.2a of the Act)  shall provide the necessary attain or maintain the highest mental, and psychological sident, in accordance with a prehensive resident care properly supervised nursing eare shall be provided to each estotal nursing and personal esident.  care-giving staff shall review ble about his or her residents' care plan.  subsection (a), general accordance with a prehensive residents at a minimum, the per practiced on a 24-hour, possis:  Ty precautions shall be taken esidents' environment remains an azards as possible. All hall evaluate residents to see esceives adequate supervision	\$9999							

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6005938	B. WING		C 01/30/2024	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  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 COMPI		
S9999	These Requirement Based on observation review the facility far accident hazard to prove the factor of 3 residents review list of four. R1 sust requiring 21 sutures Findings include:  1. R1's Care Plan refollowing diagnoses Depression, Lung Controlic Obstructive Chronic Kidney Disc (MDS) dated 1/9/24 Cognitively Impaired assistance by staff to R1's Progress Note V4, Registered Nurse's Aide) (CNA at 7:55 PM, as V5 sright leg while transito bed. Upon assesskin tear on (R1's) rwas bleeding heavil as per (V5). (R1) did pain or discomfort with the control of the writer to the control of the writ	ts were not met evidenced by: on, interview and record iiled to recognize/remove an orevent a residents injury and ial root cause for a residents ese failures affect two (R1, R3) wed for accidents in a sample ained a laceration to R1's leg is to close.  eviewed 11/2/23 includes the i:Heart Disease, Dysphasia, cancer, Polyneuropathy, e Pulmonary Disease, and ease. R1's Minimum Data Set is documents R1 is Severely d and requires maximum for transfer.  dated 1/12/24 at 8:19 PM by	S9999			

(X2) MULTIPLE CONSTRUCTION

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PRINTED: 03/14/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6005938 01/30/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 WEST MCKINLEY AVENUE** LOFT REHAB OF DECATUR DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 answering appropriately, not moaning or making any complaints of pain. Called Power of Attorney (POA) at 8:05 PM and updated about the condition and (POA) requested resident to be sent out to (hospital). Called 911 and (R1) was transferred out at 8:15 PM." R1's Progress Note dated 1/13/24 at 1:17AM documents "(R1) returned from (hospital) at 12:55 AM via ambulance on stretcher in alert and awake condition without any paper work. As per hospital's nurse verbal report resident had 21 stitches on (R1's) right lower leg laceration and dressing secured with (stretch gauze wrap). On 1/29/24 at 10:31 AM, V4, RN stated "On the evening of 1/12/24 V5, CNA came running up to me telling me (R1) was bleeding from (R1's) leg. I went in and (R1) had a large deep laceration on (R1's) right leg. I cleaned it off and put an abdominal Pad in place with pressure to stop the bleeding. We called 911 right away and sent (R1) to the hospital. (R1) came back with 21 sutures." On 1/29/24 at 10:33 AM, V5 stated "On 1/12/24 when (R1) got cut, I transferred (R1) first from the recliner to the wheelchair and wheeled (R1) to the bed. I put the wheelchair brakes on and pivoted (R1) to the bed. When I was removing (R1's) pants I noticed (R1's) leg was bleeding a lot. I put (R1) in the bed and went to get the nurse right away. The nurse (V4) cleaned (R1) up and we

Illinois Department of Public Health

came."

put pressure on the cut until the paramedics

On 1/29/24 at 2:00 PM (R1) was resting in her recliner with her feet up. (R1) stated "I remember cutting my leg on the bed and going to the hospital. It was a mess. Of course, it hurt very bad and it's still sore. There was a sharp thing on Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 01/30/2024 IL6005938 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **500 WEST MCKINLEY AVENUE** LOFT REHAB OF DECATUR DECATUR, IL 62526 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 the bed, and it was not a little accident. It was awful." (R1) raised her blanket and her pant leg and pointed to a stretch gauze wrap on her right lower lea. On 1/29/24 at 9:55 AM, V3 Maintenance Director stated "When I inspected the bed (R1) was in after (R1) cut herself on 1/12/24, at some point in the past the bed rail was removed leaving a sharp bracket on the bed. It was sharp and it stuck out. That should have been removed too but it wasn't. There were dark stains on the bracket which looked to me like blood, so we decided that caused the cut to (R1). I removed the bracket and inspected all the other beds to make sure there was nothing like that." While the facility provided a policy to address Incidents and accidents, the policy did not include any procedure or intervention in place to identify and reduce environmental accident hazards. 2. R3's Care Plan reviewed 12/6/23 documents the following diagnoses: History of Falls, Anxiety, Type II Diabetes, Morbid Obesity, Neuropathy, Chronic Kidney Disease Stage III, Chronic Ulcers of the Buttocks. R3's Minimum Data set dated 1/3/24 documents R3 is cognitively intact Requires staff assistance for transfer and uses a wheelchair for mobility. R3's Incident report dated 11/17/23 at 3:57 PM. documents "(R3) was seen by the Wound Medical Doctor on 11/16/23 due to wound to rule out osteomylitis. X-ray was done on 11/17/23. Type of injury: Acute fracture to lateral malleolus. Medical Doctor and Power of Attorney Notified New order for (R3) to be nonweight bearing on left leg, Orthopedic referral and Tramadol 50

Illinois Department of Public Health

Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 01/30/2024 IL6005938 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **500 WEST MCKINLEY AVENUE** LOFT REHAB OF DECATUR DECATUR, IL 62526 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 milligrams every six hours as needed." On 1/29/24 at 1:55 PM, R3 stated "They found out I had a broken ankle in November when they did an Xray for my sore to see if I had Osteomyelitis. I had some pain, but I thought it was the sore hurting. I honestly couldn't tell you how it happened. I'm a big man and when they move me it sometimes they get a little rough but I never though I had a broken bone. I can't really say I have ever been mistreated. I suppose I could have caught it between the mattress and the footboard. I slip down in bed, but I don't know." 1/29/24 at 2:15 PM, V1 Administrator stated V2, Director of Nurse's (DON) is responsible for incident investigations. On 1/29/24 at 2:30 PM V2, Director of Nurse's (DON) stated "I never thought of R3's fracture being possible abuse. I can see there is no documentation to support we identified a root cause for the fracture. I did not interview staff or other residents. I also did not interview (R3) and directly ask if he had ever been treated roughly. We never did figure out what caused the fracture." (B)

HGDH11