STATEMEN	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
					С
		IL6005722	B. WING		04/03/2024
NAME OF P	ROVIDER OR SUPPLIER				
LOFT RE	HABILITATION & NU	RSING 700 NORT EUREKA,	H MAIN STF	REET	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
S 000	Initial Comments		S 000		
	Facility Reported In of 03-04-24/IL#170	cident Investigation to incident 978			
S9999	Final Observations		S9999		
	Statement of Licens	sure Violations:			
	300.610a) 300.1210a) 300.1210b) 300.1210c) 300.3210t)				
	Section 300.610 R	esident Care Policies			
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall compl The written policies the facility and shal	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed			
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care			
	facility, with the part the resident's guard applicable, must de comprehensive car	sive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a e plan for each resident that le objectives and timetables to			
BORATORY	tment of Public Health DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(X6) DATE 04/16/24

6899

If continuation sheet 1 of 14

	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED C
		IL6005722	B. WING			03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
_OFT RE	HABILITATION & NU	RSING	RTH MAIN STR A, IL 61530	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	and psychosocial n resident's compreh- allow the resident to practicable level of provide for discharge restrictive setting ba needs. The assess the active participat resident's guardian applicable. (Section b) The facility s care and services to practicable physica well-being of the resident's com plan. Adequate and care and personal of	medical, nursing, and mental eeds that are identified in the ensive assessment, which p attain or maintain the highes independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act) shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.	st			
		care-giving staff shall review ble about his or her residents care plan.				
	Section 300.3210	General				
	not subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.	9			
	These requirements by:	s were not met as evidenced				
	review, the facility fa resident (R4) exh	observation and record ailed to adequately supervise ibiting sexually aggressive ed to identify and protect a				

	epartment of Public					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		IL6005722	B. WING			C 03/2024
	PROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
		700 N	ORTH MAIN STR	EET		
	EHABILITATION & NU	EURE	KA, IL 61530			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO		COMPLETE DATE
				DEFICIENC	CY)	
S9999	Continued From pa	age 2	S9999			
	-	-				
		multiple episodes of sexual abuse in the sample of five				
			·•			
	Findings Include:					
	The feelitude Abuse	Neglect and Evaluitation				
		e, Neglect and Exploitation 05/22) documents the				
		sident has the right to be fre				
	0	t, misappropriation of reside				
		itation. 'Abuse' means the				
	willful infliction of in					
		dation, or punishment with				
		l harm, pain or mental				
		o includes deprivation by ar	ו 🛛			
		g a caretaker, of goods or				
		ecessary to attain or maintal	in			
		nd psychological well-being. of all residents, irrespective	a of			
		ical condition, cause physic				
		al anguish. It includes verba				
		se, physical abuse and men				
		use facilitated or enabled				
		technology." This same poli				
		al Abuse is non-consensual				
		ny type with a resident." Thi	S			
		ents under the section titled				
		e, "Assess, monitor, and e plans of care for residents				
		sexual behavior, whether				
	towards staff or oth					
		Report Incident Investigation				
		ocuments the following: "On				
		imately 8:20 AM, it was				
		rapist that she had walked room and saw that (R4) was				
		(R5) in the area of his lap.				
		the dining room area atter				
		the dining room area after ther residents were present.				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6005722	B. WING			C 03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
OFT RE	HABILITATION & NU	RSING	TH MAIN STR A, IL 61530	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S9999	When the therapist (R4) what they were doing nothing wrom therapist took (R4)) taken to the elevator room where a nurse of injury. On March Social Worker inter When (R4) was inter and (R5) were, 'in le in the dining room. necessary cognitive give consent before verbalized that she he wants her to tou interviewed, he stat have no problems." Attorneys) and MD March 4, at approxi Worker interviewed Interview for Menta asked if they felt sa facility and they all s facility cannot find e any negative psych residents do not res not sit together at n separated. Care Pla Services will monitor psycho-social outco R4's Minimum Data 02/19/24) documen Status score of 10, impairment.	ng quietly in his wheelchair. intervened and questioned e doing, (R4) stated they were g and just talking. The to the activity room. (R5) was or to go back upstairs to his e assessed and found no sign 4, at approximately 9:00 am, viewed both (R4) and (R5). erviewed, she expressed her ove' and doing nothing wrong Educated (R4) regarding the e ability for two residents to e touching each other. (R4) wants (R5) to touch her, and ch him. When (R5) was red, "No one touches me, I 'Both POAs (Power of (physician) were notified. On mately 9:40 am, Social I six residents with BIMS (Brief I Status) higher than a 10 and fe and comfortable in the said 'yes'. Disposition: The evidence of intent to harm or o-social outcomes. The two side on the same hall and do neals. They will remain ans were updated, and Social or residents for any negative omes." a Set Assessment (dated tts a Brief Interview of Mental indicating moderate cognitive				
	"(R4) has a potentia	lan documents the following: al for behavior problem due to namics such as: false				

Ilinois Department of Public STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	СОМ (°СОМ	E SURVEY PLETED
	IL6005722	B. WING			03/2024
IAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OFT REHABILITATION & NU	IRSING	TH MAIN STR A, IL 61530	EET		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999 Continued From pa	age 4	S9999			
repetitive activities noncompliance of manipulative beha awareness, refusa appointments/hosp inappropriate beha others." R4's Medical Pract 03/01/24) docume reports feeling anx occasional panic a Illness: Female with Depressive Disord Traumatic Stress I requested to go to removed from her nursing staff repor documented patien vibrator/safe devic foreign objects get No records from her medical record) to history of being ina i.e tried to grab a past. (R4) is seen wheelchair. She re all.' She shares ab she struggles with and inserted stylus she had multiple ir being sent to the E states she has a lo feels depressed. S with her hyper arou anxious all the time	F, rejection of cares, crying, , attention seeking behaviors, cares/facility policy, vior towards staff, poor safety I to go to doctor's bital or counseling. 02/29/24 - inviors attempting to touch titioner Progress Note (dated ints: "Chief Complaint: Patient ious all the time with ttacks. History Of Present th a history of MDD (Major er), Anxiety and PTSD (Post Disorder). Per staff, patient the hospital to have, 'things vagina.' Had a stylus in vagina t ER (Emergency Room) docto in could benefit from a e to prevent recurrence of ting stuck in patient's vagina. ospital visit in EMR (electronic review. Per staff, she has appropriate with other residents nother resident's penis in the in her room, sitting in her sports her mood is 'not good at out the incident. She states hyper-arousal/hypersexuality is into her vagina. She states hyper-arousal/hypersexuality is her her somes tearful. She of shame related to this and the requests something to help usal. She also reports feeling e with occasional panic attacks al or homicidal thoughts. She	Г ,			

If continuation sheet 5 of 14

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6005722	B. WING			C 03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
LOFT RE	HABILITATION & NU	RSING	RTH MAIN STR A, IL 61530	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
S9999	Continued From pa	ige 5	S9999			
	symptoms reported without side effects ER doctor to allow papropriate item to inappropriate objec Patient is already ta sertraline, discusse serotonin reuptake norepinephrine reup libido, but she does effect. I think it's fai buspirone to help d help some of her sy to be distressed by inappropriate with a need to trial divalph concerns."					
	wheelchair in the ba activity room. R4 we but could not recall about recent events "I am ok. Most of we really don't want to old lady with a horri with an adult that's confused. Anything it too. When I see the nobody's business, as much as I do."	asement of the facility near the as alert to person and place, the date. R4 was questioned s, and she stated the following hat's happened is my doing. I talk about it. I am just a crazy ible sex drive. But I want to be my age and more alert. (R5) is we did was beautiful. He liked him, something sparks. It's and I think he (R5) enjoys set	: 5			
	02/28/24) documen	a Set Assessment (dated hts a Brief Interview of Mental ndicating severe cognitive				
		lan documents the following otential risk for abuse related				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	∫`´COMI	E SURVEY PLETED
		IL6005722	B. WING		04/03/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
LOFT RE	EHABILITATION & NU	RSING	TH MAIN STR	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	to Dementia, deper	idency on staff."				
	On 03/27/24 at 12:3 wheelchair near the pleasantly confused questions. R5 confi lunch, but could not for lunch when aske recent interactions when asked if thing "no" when asked if concerns.	80 PM, R5 was sitting in a e facility's front door. R5 was d and could answer simple rmed that he had just eaten t recall what he had just eaten ed. R5 could not recall any with R4. R5 stated, "yes," s were going ok, and stated he had any issues or				
	of Nursing) stated, not cognizant. He c that he wants (R4) is sexual behavior hei She only behaves t has been inappropr (Certified Nursing A here. (R4) has been lobby in front of (R5 does not like to be comes out of her ro	50 PM, V3 (Assistant Director "(R4) targets (R5). He (R5) is annot give a verbal response to do that (touching). (R4's) ghtened about 3 weeks ago. his way toward (R5), and she riate with the two male CNAs assistants) that currently work in pulling her shirt up in the b). (R5) barley converses and bothered. Every time (R4) both she looks for (R5). We try ated, but (R4) can be quick."				
	verified the followin documented in R4 a Investigation: "On 0 10:00 AM, I saw (R were not talking, jus started moving (R5 said to me 'We are room.' (R5) was in 0 he got in there. My in there. He would r someone's room, b	15 PM, V4 (Activity Director) g written statement and R5's 03/04/24 Incident 03/03/24 at approximately 5) in (R4's) room and they st sitting there. I walked in and) out of the room and (R4) in love and in our own private (R4's) room. I don't know how best guess is (R4) lured (R5) not purposefully go into ut he would follow commands m instructions. I removed (R5)				

IL6005722	B. WING		- (X3) DATE SURVEY COMPLETED	
	D. WING		C 04/03/2024	
LIER STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
& NURSING	ORTH MAIN STR (A, IL 61530	REET		
IENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	ILD BE COMPLET	
at that time. (R4) had been for about a month, and I feel like ed about 2 to 3 weeks ago. I feel situation where the more you tell re she wants to do it. We have ep them separated, and if (R4) is n, she will find (R5). (R5) is aired, so he hasn't seemed by of this. But you wonder how understands since he is impaire arate them a few times this past when (R4) has made herself close to 12:50 PM, V2 (Director of d she has been employed at the anuary 2024. V2 stated, "(R4) has inappropriate towards (R5). We ping them separated. (R5) is loesn't know what happening. (R ave told her that (R5) doesn't ing in love with you. He cannot ikes to sleep naked and does wh o. She wants male staff to see he y she made the comment 'what sed to do when your mind still size 6?' She has only been with (R5). This has not occurred male resident. (R5) has been ut all of what's occurred with (R4) w if any of it has registered. I thir m, he would be swearing becaus taff often during cares. (R4) is ng. She is monitored for behavio be documented as frequently as e staff has normalized her	d. se 4) hat er). I ik se rs,			
RCY of the average of the second states of the second seco	EUREP RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION) om page 7 at that time. (R4) had been for about a month, and I feel like ned about 2 to 3 weeks ago. I feel a situation where the more you tell ore she wants to do it. We have eep them separated, and if (R4) is m, she will find (R5). (R5) is paired, so he hasn't seemed ny of this. But you wonder how y understands since he is impaire parate them a few times this past when (R4) has made herself close at 12:50 PM, V2 (Director of ed she has been employed at the anuary 2024. V2 stated, "(R4) has inappropriate towards (R5). We eping them separated. (R5) is doesn't know what happening. (R- nave told her that (R5) doesn't eing in love with you. He cannot likes to sleep naked and does wh do. She wants male staff to see he ay she made the comment 'what pased to do when your mind still a size 6?' She has only been with (R5). This has not occurred male resident. (R5) has been put all of what's occurred with (R4) pow if any of it has registered. I thin im, he would be swearing becaus staff often during cares. (R4) is ting. She is monitored for behavio	EUREKA, IL 61530RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGDom page 7\$9999a at that time. (R4) had been for about a month, and I feel like it ned about 2 to 3 weeks ago. I feel a situation where the more you tell ore she wants to do it. We have eep them separated, and if (R4) is m, she will find (R5). (R5) is paired, so he hasn't seemed ny of this. But you wonder how y understands since he is impaired. oarate them a few times this past when (R4) has made herself closeat 12:50 PM, V2 (Director of ad she has been employed at the anuary 2024. V2 stated, "(R4) has inappropriate towards (R5). We eping them separated. (R5) is doesn't know what happening. (R4) have told her that (R5) doesn't ended to do when your mind still a size 6?' She has only been with (R5). This has not occurred mut all of what's occurred with (R4). I bow if any of it has registered. I think him, he would be swearing because staff often during cares. (R4) is ting. She is monitored for behaviors, t be documented as frequently as it se staff has normalized her er observing her display them so	EUREKA, IL 61530 RY STATEMENT OF DEFICIENCIES DENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY) yon page 7 S9999 at that time. (R4) had been for about a month, and I feel like it hed about 2 to 3 weeks ago. I feel situation where the more you tell ore she wants to do it. We have eep them separated, and if (R4) is m, she will find (R5). (R5) is paired, so he hasn't seemed ny of this. But you wonder how y understands since he is impaired. Darate them a few times this past when (R4) has made herself close at 12:50 PM, V2 (Director of ed she has been employed at the anuary 2024. V2 stated, "(R4) has inappropriate towards (R5). We eping them separated. (R5) is doesn't know what happening. (R4) have told her that (R5) doesn't ing in love with you. He cannot likes to sleep naked and does what so She wants male staff to see her ay she made the comment 'what used to do when your mind still a size 6?' She has only been with (R5). This has not occurred 'male resident. (R5) has been out all of what's occurred with (R4). I with (R5). This has not occurred 'male resident. (R5) has been out all of what's occurred with (R4). I with (R5). This has not occurred 'male resident. (R5) has been out all of what's occurred with (R4). I with (R5). This has not occurred 'male resident. (R5) has been out all of what's occurred with (R4). I with (R5). This has not occurred 'male resident as frequently as it se staff flen anomalized her r observing her display them so	

					PLETED
	IL6005722	B. WING		04/03/2024	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, ST			
LOFT REHABILITATION & NUR	SING 700 NORT EUREKA,	TH MAIN STRI IL 61530	EET		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
S9999Continued From pagReport (dated 01/01/ documentation of be this timeframe, with t an episode of grabbi acts, both noted on 0 express frustration/a noted on 03/09/24; a frustration/anger at o noted on 03/17/24.V5's (Certified Nursin statement noted in th Investigation docume up to (R5) at the table crouched over to her (R5). I said, '(R4), ke some material may r and she said 'OK.' I of kept circling around a was inching herself of turned and looked ar was grabbing her bree inappropriate' so I un moved her closer to shouting that she can her right." On 03/25/2 the above statement occurred on 03/04/24 V5 then stated, "I har was sitting at the rec occurred. (R4) has b inches up to him and inappropriate previou (R5) if she sees him. since some time in F angry or really react a 	/24 - 03/27/24) has no shaviors exhibited throughout the exception of the following: ing others and public sex 03/04/24; an episode of unger at others and agitation and an episode of express others and disruptive sounds and sound is a sound and an episode of express others and disruptive sounds and suitable for children), continued with my vitals but I and watching her and she closer to (R5) and then I and her shirt was up and he east. I told (R4) 'that is anlocked her wheelchair and the TV. (R4) was upset and an have relationships and it is 24 at 01:40 PM, V5 verified t and stated this incident 4 at approximately 10:00 AM. ve been on light duty and ceptionist desk when this been approaching (R5). She	S9999	DEFICIENCY)		

IINOIS Department of Public TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	COMI	E SURVEY PLETED
	IL6005722	B. WING			03/2024
AME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
OFT REHABILITATION & NU	RSING	TH MAIN STRE , IL 61530	ET		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
 her shirt up in the fipresent, and I have I went and mention in the beginning why statement about it. Shirt and (R5) being there. She would be hand and it would e and his hand ends witnessed her shirt once it was up. I we behavior and knew shirt up with his hall closely and be more when they were ha her shirt was up. Statement was up. States addressed by multikeep it "PG" and has the second eyes are out with another rese (R4) was reaching V6's (Certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching V6's (certified Nurses statement noted in investigation documents the second eyes are out with another rese (R4) was reaching apart, but she second eyes are been kept an eye on here we have been had found her way separate them aga 	ropriate. She has been lifting ront lobby when (R5) is a had to intervene a few times. ed this to (V1, Administrator) nen it first had started. I wrote a (R4) was always lifting up her g next to her with his hand egin touching and rubbing his escalate to her shirt lifted up up on her breast. I never going up but would catch it buld see her display the initial it was going to progress to her nd on her, so I knew to watch e aware. I never intervened ndsy but knew to step in when he has also tried reaching in (dated 03/04/24 and written by following: "(R4) was ple aides out in the hall to ands to herself. (R4) sneaks in e off of her. Her breast was sident's hand up her shirt while		DEFICIENC		

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6005722	B. WING		04/	03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
LOFT RE	HABILITATION & NU	RSING	RTH MAIN STR A, IL 61530	EET		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT		(X5) COMPLETI
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
S9999	Continued From pa	ge 10	S9999			
	100% with it and kn	nows right from wrong."				
	V7's (Certified Nurs	sing Assistant) witness				
		the facility's 03/04/24 incident				
		nents, "I was told she (R4) wa nds down his (R5) pants and	as			
		e same. On 03/25/24, V7				
		vitness statement and then				
		: "We tried to keep them				
		<i>v</i> ill go back to him if you don't e them, meaning not just				
		moving her away from him in the same vicinity.				
	She has to be moved to where she cannot see					
		to be taken downstairs for				
		haviors started about two				
		y she made comments. It wer ese inappropriate comments	nt			
		ng things to herself. It				
		ite as she began approaching	1			
	(R5)."	5 11 3				
	On 03/25/24 at 03:0	05 PM, V1 (Administrator)				
		started realizing that R4 had				
	been getting close t					
		was getting real close to (R5)).			
		g and began making sexual				
		uld say things like it's her righ and 'We are adults. Leave us				
		e.' We explained to (R4) that	5			
		esn't understand and he				
		pe of decision himself. I think	<			
		hat It means for someone to				
		cisions for themselves. (R4)				
		own little world and was (5) were boyfriend and				
	o	displays attention seeking				
		attention. She has been				
		he'll look up to see if you're				
	watching her. We h	ad placed her on 15 minute				
	checks after the 03	/04/24 incident for 48 hours.				

	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED C
		IL6005722	B. WING		04/	03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
_OFT RE	HABILITATION & NU	RSING	TH MAIN STR , IL 61530	EET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 11	S9999			
	supervision, but de areas of high visibil (R5). I can totally se situation, especially He does not grab a to be in contact with verbally manipulate V8's (Certified Nurs statement noted in investigation docum with her shirt up an and there are times her to put her shirt doing nothing bad." verified her witness above occurred on and I told her to sto in love.' I told the ne separate them. I too transferred him into in February. First (F was sexually inappen progress to her cor (R5). You could mo lobby and she'd be him. This happened would move (R4) at always seem to find witnessed her with and then again in the later. If (R5) physica because she promp instruction, so I cou- things. (R5) does n the case, he'd be to	mented one-on-one finitely made sure she was in ity. I think she has prompted ee her manipulating the y with his impaired cognition. t anyone else, so for his hands in her, she's physically or ed the situation somehow." Sing Assistant) witness the facility's 03/04/24 incident nents, "(R4) sits in the lobby d no bra on and just sits there, a family comes in to visit. I ask down and she acts like she is ? On 03/26/24 at 09:50 AM, V8 e statement and stated the 03/03/24, "(R4's) shirt was up p and she said, 'Why? We're urse and she told me to ok (R5) in his room and o his recliner. All of this started R4) was lifting up her shirt. She ropriate and it seemed to astantly attempting to pursue we her to the other end of the gin making her way back to d multiple times. Several staff way from (R5) and she would d her way back to him. I her shirt up twice on 03/03/24, he dining room about a week ally had his hands on (R4) it is oted him. (R5) will follow ild see (R4) telling him to do ot grab at anyone. If that was buching others as well."				
		15 AM, V9 (Physical Therapy ne is the individual who				

Ilinois Department of Public F STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
	IL6005722	B. WING	B. WING		03/2024
IAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
OFT REHABILITATION & NUR	SING	TH MAIN STRI , IL 61530	EET		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	TION SHOULD BE COMPLETE THE APPROPRIATE DATE	
 S9999 Continued From page witnessed the 03/04 R5. V9 stated, "I wal (R4) was talking to (supposed to be toge to be separated. (R4 sexually inappropria prior to this day. I as and she said 'nothing along and she did, bo overheard (R4) ask pants, and I immedia that was inappropriate to activities. I told (V Nursing) about what Social Service Direct about the incident laday." On 03/27/24 at 10:37 Assistant) verified he the facility's 03/04/24 stated, "I usually wood walking to the dining of the corner of my e off. I went over and pexplained that she construction for the area and pushed CNA (Certified Nursiworking. I can't remediate day." On 03/26/24 at 12:10 Director) stated, "I bo when (R4) started to getting in his person 	ge 12 /24 incident between R4 and lked into the dining room and R5). I knew they weren't ether and they were supposed I) had been observed being te with (R5) for a week or two ked her what she was doing g.' I told her to keep moving out I continued observing. I (R5) to put his hand in her ately intervened. I told her te and pushed her wheelchain 3, Assistant Director of had occurred and (V10, tor) called and spoke with me ter that day, or the following 0 AM, V11 (Certified Nursing er witness statement noted or 4 incident investigation and rk in the dementia unit. I was groom for something and out eye I saw (R4) taking her shirt put her shirt back on and annot be doing that in the ng it again when I was y unit, so I removed her from d her wheelchair over by the ing Assistant) that was ember who was working that	S9999	DEFICIENCY	0	

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/03/2024	
		IL6005722				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OFT RE	HABILITATION & NU	RSING	RTH MAIN STR A, IL 61530	EET		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLET HE APPROPRIATE DATE	
care plan was observed hype "getting in his p On 03/27/24 at stated the 03/0 regarding R4 a not feel like eith malicious. We for 48 hours ar visibility. I don't as it can be up resident. We a activities to red one-on-one su about resident safety concern		doing." V10 verified that R4's ated on 02/29/24 after R4 was rual and approaching R5 and, onal space." 55 AM, V1 (Administrator) 4 abuse allegation investigation R5 was unsubstantiated, "I did one had the intent to be ated 15 minute checks on (R4) aced her in areas of high doing one-on-one supervision ng and disruptive to the pted to engage (R4) in more t her focus. I would do ision if there were concerns ety. This incident wasn't a e (R4) wasn't going after all of	S9999			
		and (R5) rooms are located /s so we could keep them				