(X6) DATE

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		IL6012165	B. WING		C <b>04/15/2025</b>	
			DDRESS, CITY, STATE, ZIP CODE ST NORTHMOOR ROAD			
(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 SHOULING CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 25230782/IL189799				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.1210 b) 300.1210 d)1) 300.1610 a)1) 300.1620 c)					
	Nursing and Person b) The facility s care and services to practicable physical well-being of the res each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re d) Pursuant to nursing care shall in following and shall is seven-day-a-week is 1) Medicat hypodermic, intrave be properly adminis  Section 300.1610 M Procedures	shall provide the necessary of attain or maintain the highest of attain and psychological sident, in accordance with a properly supervised nursing care shall be provided to each of total nursing and personal esident.  Subsection (a), general anclude, at a minimum, the peracticed on a 24-hour, possis:  Joseph School, including oral, rectal, enous and intramuscular, shall attered.  Medication Policies and				
	<ul><li>a) Development</li><li>1) Every fat</li><li>policies and proced</li><li>obtaining, dispensir</li></ul>	nt of Medication Policies acility shall adopt written ures for properly and promptly ng, administering, returning, ugs and medications. These				

(X2) MULTIPLE CONSTRUCTION

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

05/03/25 **Electronically Signed** 

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	IL6012165		B. WING		l l	C <b>04/15/2025</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
LOFT RE	HAB OF PEORIA, TH	-	T NORTHMO	OOR ROAD			
	Г	PEURIA,					
(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 pa	ge 1	S9999				
	policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.  Section 300.1620 Compliance with Licensed Prescriber's Orders  c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300.Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be documented in the clinical record. Portions of this review may be done outside the facility. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon.						
	These requirements	s are not met as evidenced by:					
	failed to prevent a sone (R4) of four resmedication adminis This resulted in R4 medication with a d	view and interview, the facility significant medication error for sidents reviewed for tration in a sample of seven. being administered a ocumented drug allergy and and experiencing a sore throat wing.					
	Findings include:						
		tion Administration Policy, uments: medications are					

Illinois Department of Public Health

STATE FORM 6899 6NOH11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL6012165	l =		C <b>15/2025</b>		
NAME OF PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
LOET DELIAR OF BEODIA TU	1500 WE	ST NORTHMO	OR ROAD			
LOFT REHAB OF PEORIA, TH	PEORIA,	IL 61614				
PREFIX (EACH DEFICIENCY			PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC\	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
legally authorized to ordered by the physprofessional standar Medication Administ medication to be acted reference material in medication, including common side effect discrepancies and reference material in medication, including common side effect discrepancies and reference material in medication, including common side effect discrepancies and reference material in medication and side of the second medical prior to administration discrepancies to the second medical prior to administration discrepancies to the second medical secon	ensed nurses/staff who are o do so in this state, as sician and in accordance with ards of practice; review stration Record to identify dministered; refer to drug if unfamiliar with the ng mechanism of action or ts; and correct any report to the nurse manger.  Plan documents an antibiotic ralazine/sulfa drug). The Care ts: risk for complication related ty; (Sulfasalazine) and to cion orders against allergies on; and to report e physician and pharmacy.  ultation Note, dated 1/13/25, rese including recurrent the Staphylococcus rinary Tract Infection/UTI, ney Stones. The Consultation has to start prophylactic oral according one tablet daily for 30 or to an antibiotic or a reaction of headaches.  dated 1/17/25, documents luding Adult Failure to Thrive, at Staphylococcus rinary Tract Infection/UTI, rester without complications, reumatoid Arthritis, Calculus of the Peripheral Nervous	S9999				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		IL6012165	B. WING		04/15	5/2025
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LOFT RE	HAB OF PEORIA, TH	E PEORIA, I	ST NORTHM IL 61614	OOR ROAD		
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	·	nary Tract Infection.				
	dated 1/1/25 througantibiotic drug allergalso documents a Fantibiotic (Sulfamet 400-80 milligram/m 1/27/25, but to be h documents adminis 1/17/25 through 1/2 does not document 1/22/25. The MAR one-time dose of the (Sulfamethoxazolemilligram/mg) was a R4's Nursing Note, documents V12 (R4 the antibiotic medic	Trimethoprim 400-80 administered on 1/17/25.  dated 1/17/25 at 7:47 pm, 4's Nurse Practitioner) ordered ation oxazole-Trimethoprim 400-80				
	documents a possil	dated 1/17/25 at 10:36 pm, ble drug allergy to antibiotic Trimethoprim 400-80				
	documents V13 (R4	dated 1/18/25 at 6:01 pm, 4's Physician) was notified of d was awaiting a reply.				
	document R4 had a resulting from the s R4 "has a history of medications." V13	dated 1/22/25 at 12:36 am, an "extreme dry mouth ulfur antibiotic" and R4 states f allergies due to sulfur (R4's Physician) was notified was placed on hold until the lers.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				С		
IL6012165		B. WING		04/1	5/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
I OFT RE	EHAB OF PEORIA, TH	1500 WES	T NORTHM	OOR ROAD		
LOTTINE	INAD OF TEORIA, TH	PEORIA, I	L 61614			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	documents R4 had medications and wa effects of antibiotic allergy. The Nursir response from Prin	dated 1/22/25 at 2:00 pm, some difficulty swallowing ater and the potential side medication listed as an ang Note documents "awaiting hary Care Physician/PCP and screening if difficulty				
	R4's Nursing Notes, dated 2/14/25 at 6:55 pm and 6:57 pm, document a possible drug allergy to antibiotic (Sulfamethoxazole-Trimethoprim 400-80 milligram/mg).					
	R4's Nursing Note, dated 2/19/2025 at 8:04 am, documents R4 "states she is having reaction to medication" and the Doctor was notified.					
	documents an order Practitioner) "order (discontinued). (V1 (prednisone every	ed sulfa antibiotic to be d/c (2/APN) ordered medication day for three days) for or further allergic reactions to				
	"It looks like (R4) a antibiotic order. (R flagged, which meathe Sulfamethoxazo milligram/mg, also 1/17/25, our pharm spoke to (V14/Regi Nursing) and (V15/sending the antibiowas okay to send the medication (Sulfasathe contingency box	dam, V13 (Pharmacist) stated, dmitted on 1/17/25 with the 4's) Sulfasalazine allergy was ans that (R4) was allergic to ble-Trimethoprim 400-80 known as Bactrim. On acy flagged the allergy and stered Nurse/Director of Registered Nurse) to verify tic medication. (V15) said it me medication. It looks like the alazine) was also pulled from x on 1/18/25. Then in				

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II 6012165 B. WING 04/15/20	C <b>04/15/2025</b>	
123012100	/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  1500 WEST NORTHMOOR ROAD		
LOFT REHAB OF PEORIA, THE PEORIA, IL 61614		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)    CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)    CACH DEFICIENCY   PROVIDER'S PLAN OF CORRECTION	(X5) COMPLETE DATE	
Physician Orders for refills on the same medication. On 2/18/25, a four-day antibiotic supply was sent and on 2/19/25, an order for a prophylactic three day supply of medication (Prednisone) was sent for R4's complaints of sore throat and rash. We did notify the Facility and communicated with them regarding (R4's) drug allergy. I am not sure, but given what I am looking at, there may have been some miscommunication on clarifying the drug allergy, because I see it started and stopped multiple times."  On 4/11/25 at 11:37 am, V12 (R4's Nurse Practitioner) stated, "I carried over the antibiotic (Sulfasalazine/Sulfamethoxazole-Trimethoprim 400-80 milligram/mg) orders from (R4's) Urologist recommendation and also from the Hospital Consultation. I did not think that the allergies were a big deal. (R4) was not allergic, (R4) was bat*hit crazy. (R4) said that (R4) was having trouble swallowing and that (R4's) throat hurt, but (R4) did not have any trouble swallowing, it was complete nonsense. Ultimately, I was just following the Urologist orders, but I cannot confirm that the Urologist verified (R4's) allergies."  On 4/11/25 at 10:02 am, V11 (R4's Physician) stated, "Giving (R4) this sulfa (Bactrim/Sulfamethoxazole-Trimethoprim 400-80 milligram/mg) medication is technically a mistake. Treating some of the bacteria requires sulfa medications, this was just an oversite."		

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