

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005938</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOFT REHAB OF DECATUR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 WEST MCKINLEY AVENUE DECATUR, IL 62526</b>
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(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 4/15/2025 /IL190691	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 2)  300.610a) 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.  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		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
05/09/25

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>These regulations were not met as evidence by:</p> <p>A. Based on interview and record review the facility failed to immediately notify the physician, complete a pain assessment, complete a physical assessment, and provide pain management when severe pain with redness and swelling to the left knee began suddenly and continued for five days for one (R401) of three residents reviewed for significant change in condition in the sample list of 27. These failures resulted in R401 experiencing severe pain from 3/9/25 to 3/14/25 when R401 was hospitalized with a left femur fracture which required surgical repair.</p> <p>The findings include</p> <p>The facility's Notification of Changes policy revised 2/10/25 documents the facility will promptly inform the resident, physician and residents' representative when there is a change</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>in condition requiring notification. The facility's Pain Management policy revised 2/10/25 documents the facility will ensure that pain management is provided to residents who require such services. The facility will use a pain assessment tool, which is appropriate for the resident's cognitive status, to assist staff in consistent assessment of resident's pain. In collaboration with the physician, resident and resident's representative the facility will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain.</p> <p>R401's Minimum Data Set (MDS) dated 1/7/25 documents R401 is severely cognitively impaired. This same MDS documents R401 is dependent on staff for activities of daily living and transfers.</p> <p>R401's Medical Diagnosis List documents R401 has a diagnosis of Dementia without behaviors.</p> <p>R401's current care plan documents R401 requires a full mechanical lift with two staff members for transfers .</p> <p>R401's Nurse Progress Note dated 3/9/25 at 2:41 PM, documents R401 was having pain and discomfort to the left knee. The Note documents R401 yelled out when her left knee was touched, non-pitting edema was noted to the left knee and that R401 was given Tylenol and V3 Medical Director was notified.</p> <p>On 4/21/25 at 2:00 PM, V4 Licensed Practical Nurse stated on 3/9/25 R401 was sitting in a high back wheelchair at the nurse's station, upright and lunging forward in the wheelchair. V4 stated she and V8 Licensed Practical Nurse repositioned R401 with the mechanical lift sling in</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>R401's chair and R401 yelled "my knee." V4 stated she assessed R401's left knee and noticed it was swollen and red. V4 stated she had the certified nursing assistants V10, V11, and V12 lay down R401 in her bed, and V4 faxed V3 Medical Director to make V3 aware of R401's left knee change.</p> <p>On 4/21/25 at 2:15 PM, V5 Certified Nursing Assistant stated on 3/9/25, V5 was assisting R401 with getting dressed in the morning and R401 was screaming out in pain when V5 was putting on R401's socks. V5 stated she removed R401's pants and her left knee was red and swollen. V5 stated she made the nurse aware of R401's pain and swelling in the left knee. V5 further stated that R401 had not had any falls or tried to get up on her own in a long time. V5 stated that R401 complained of pain daily the week of 3/9/25-3/14/25.</p> <p>R401's Physician Orders dated 3/10/25 document an order for doxycycline 100 milligrams twice a day for seven days for redness and swelling to left knee.</p> <p>On 4/24/25 at 12:35 PM, V20 Licensed Practical Nurse stated V20 worked on 3/10/25 dayshift from 6:00AM-6:00 PM and cared for R401. V20 stated she remembers R401 complained about pain in her left leg the week of 3/9/25-3/14/25 and would yell out when staff repositioned R401.</p> <p>On 4/24/25 at 12:00 PM, V19 Certified Nursing Assistant stated on 3/11/25 around 2:00 PM, V19 went into R401's room to perform perineal care. V19 stated that R401 was crying and telling V19 that her left leg was hurting. V19 stated that R401 did not want to move in bed and refused to get up for dinner and go to the dining room which R401 normally does. V19 stated that R401's left knee</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>was swollen and red. V19 stated that she reported R401's pain to V20 Licensed Practical Nurse.</p> <p>On 4/24/25 at 1:00 PM, V15 Certified Nursing Assistant stated she cared for R401 the morning of 3/14/25. V15 stated that she went into R401's room to get R401 dressed for the day and R401 told V15 to be careful when rolling her because her side was hurting. V15 stated she went to roll R401 and R401 screamed "it hurts really bad." V15 stated she did not get R401 out of bed that day because she was in so much pain. V15 further stated R401 had no urinary out put on V15's shift and did not eat meals. V15 stated she made V20 Licensed Practical Nurse aware of R401's condition and V20 told V15 that R401 would be having an X-ray done later in the day. V15 stated "she just knew something wasn't right."</p> <p>R401's electronic medical record does not contain a nursing assessment or a pain assessment from 3/9/25 -3/14/25. R401's electronic medication administration record (MAR) documents on 3/12/25 at 8:54 AM R401 received Tylenol 325 Milligrams for pain. R401's MAR does not document Tylenol given on any other date for the month of March. R401's medical record does not contain a response to the Tylenol administered to R401 on 3/12/25.</p> <p>R401's Nurse Progress Notes dated 3/14/25 at 4:00 PM, document on site radiology came to the facility to perform an X-Ray of R401's left lower extremity and a displaced fracture was diagnosed. The Note documents R401 was in severe pain with movement of joint/extremity and was hollering out with facial grimacing. The Note documents R401's left leg was immobilized to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>prevent further injury and R401 was transferred by ambulance to the local emergency room.</p> <p>R401's medical chart does not contain documentation of the rationale for obtaining the X-ray for R401.</p> <p>R401's hospital records dated 3/14/25 document R401 arrived at emergency room by ambulance after an onsite X-ray at the facility noted a left distal femur fracture with moderate angulation and displacement. This note further documents R401 will be having an Open Reduction and Internal Fixation to left leg on 3/15/25.</p> <p>The facility's Incident Witness statements dated 3/17/25-3/21/25 document interviews with V4 Licensed Practical Nurse (LPN), V14 LPN, V5 Certified Nursing Assistant CNA, V9 CNA, V10-V13 CNA, V15 CNA, V16 CNA which all confirmed R401 had pain with transfers, dressing and personal cares to the left leg with redness and swelling during the week ok 3/9/25-3/14/25.</p> <p>On 4/22/25 at 2:00 PM, V9 Nurse Practitioner stated when the resident had ongoing continuous pain, the facility should have notified V9 as V9 is in the facility Monday-Friday. V9 stated the facility reported redness on 3/10/25, but never reported ongoing complaints of severe pain. V9 further stated V9 ordered doxycycline on 3/10/25 because at the time the facility had an issue with wounds and based on the information V9 was given he felt R401 may have cellulitis. On 4/22/25 at 1:45 PM, V3 Medical Director stated he expects the facility staff to call or text V3 if a resident is screaming out in pain, so that V3 can arrange to have the resident sent to emergency room for evaluation and treatment. (A)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>(2 of 2)</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>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:</p> <p>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.</p> <p>These regulations were not met as evidence by:</p> <p>Based on interview and record review the facility failed to assess a resident following a fall and failed to recognize a change in condition following a fall for one resident (R408) of five residents reviewed for falls in a sample list of 27 residents. This failure resulted in R408 being hospitalized with a subdural hematoma resulting in left midline shift of the brain tissue, increasing pressure on the brain, hemiparesis and pain from left hip displacement requiring neurosurgery and orthopedic repair.</p> <p>Findings Include:</p> <p>R408's current diagnoses list includes the following diagnoses: Fractured Left femur with Left Hip Replacement, Type II Diabetes, Heart failure with Cardiomyopathy, and Alzheimer's Disease.</p> <p>R408's Minimum Data Set (MDS) dated 4/23/25 documents R408 is cognitively intact, and able to rise from sitting to standing with partial/moderate assistance upon admission 4/16/25.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>R408's Fall risk assessment dated 4/16/25 documents R408 is at high risk for falls.</p> <p>R408's Medication Administration Record for April 2025 does not document R408 was administered Hydrocodone-Acetaminophen Oral Tablet 10-325 MG (milligrams) 1 tablet by mouth every 6 hours as needed for Pain between 4/16/25 (admission) until 4/19/25 following an unwitnessed fall.</p> <p>On 4/19/25 at 02:06AM R408's Progress Note documents "(R408) was yelling out for help, (V24 agency LPN) and staff arrived (to) room and observed (R408) laying on the floor on her back under the bed wrapped in her blanket, resident examined for injuries including head and body no complaint of pain or discomfort. Full Range of Motion for all extremities."</p> <p>No neurological checks or post fall assessments are documented from 4/19/25 at 5:20AM until 4/19/25 at 9:57 PM. No neurological checks or post fall assessments are documented at any time on 4/21/25 or 4/22/25.</p> <p>R408's Medication Administration Record for April 2025 documents R408 was administered Hydrocodone-Acetaminophen Oral Tablet 10-325 MG 1 tablet by mouth 4/19/25 at 3:57AM, 4/20/25 at 12:25AM and 7:09AM, 4/22/25 at 9:10AM and 6:12PM, and 4/23/25 at 8:27AM.</p> <p>On 4/29/25 at 10:30 AM, V20 Licensed Practical Nurse stated she cared for R408 on 4/22/25 from 6:00 AM-6:00PM. V20 stated R408 asked for a pain pill in the morning for leg pain. V20 stated R408 asked for another Norco two hours later. V20 stated it was too soon for R408's Norco so V20 offered R408 a Tramadol. V20 stated R408 told her that Tramadol doesn't work for her, and</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>she has told the staff that. V20 stated she also offered R408 a Tylenol to have instead of Tramadol and R408 stated if Tramadol doesn't help then neither will Tylenol. V20 stated she gave R408 another Norco by the end of her shift and left a note on the report sheet requesting R408's Norco frequency be increased because she does not feel the Tramadol was helping. V20 stated she did not complete neurological assessments for R408 on her shift or an assessment on R408 because V20 was not informed R408 had a fall on 4/19/25.</p> <p>On 4/29/25 at 10:45 AM, V23 Certified Nursing Assistant stated V23 cared for R408 on 4/22/25 from 6:00 AM-2:00PM. V23 stated R408 was complaining of pain her entire shift. V23 stated R408 was complaining of pain on her left side and her left arm was drawn up with bruises. V23 further stated R408 had redness on her left side. V23 stated she got R408 up with a sit to stand mechanical lift. V23 stated R408 went to therapy after V23 got R408 ready for the day. V23 stated when R408 came back from therapy R408 wanted to use the toilet. V23 stated when R408 was finished using the toilet V23 was unable to get R408 off the toilet. V23 stated it took three staff members to get R408 off the toilet with a sit to stand mechanical lift and a gait belt. V23 stated R408 was not bearing any weight during the transfer. V23 stated she made V20 Licensed Practical Nurse aware of R408's pain and change in condition several times during her shift. V23 further stated she also cared for R408 the morning of 4/23/25. V23 stated she went to V1 Administrator to make her aware of V23's concerns about R408 and V1 went with V23 to get R408 ready for the day. V23 stated R408 was unable to move when they were changing R408 in bed. V23 stated V1 stated she was going to</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>change R408's transfer status to full mechanical lift transfers. V23 stated later that day R408 was sent to the hospital.</p> <p>A witness statement signed by V1, Administrator dated 4/23/25 documents "(V27), Admission Coordinator reported to (V1) (R408) had discoloration to top of left hand 4/23/25 at approximately 8:15AM. (V1) went to investigate discoloration to left hand." This statement also documents "(V1) assisted (V23) CNA (Certified Nurse's Aide) with morning cares and during cares (V1) noted flaccid left upper and lower extremities. (R408) voiced no complaint of pain. (V1) immediately spoke with husband and facility Director of Nursing regarding her clinical observations and concerns while cares. After discussing, it was determined further medical evaluation was necessary. (R408) was then transported via facility van to the emergency room."</p> <p>On 4/28/25 at 10:00AM V1, Administrator verified the above statement was correct.</p> <p>R408's head CT (Computerized Tomography) dated 4/23/25 at 11:24AM documents "Acute Extra axial hemorrhage overlying the right cerebral hemisphere extending along the tentorium most likely subdural." This document also states " Proximally 7MM (millimeter) of midline shift is present."</p> <p>R408's physician's progress note dated 4/24/25 at 6:25AM from higher level trauma hospital documents "Patient is a 70 yrs. (years) old female with a subdural hematoma and a dislocated left Hemiarthroplasty." This document also states "Neurosurgery team plans to take patient to Operating Room today for subdural evacuation.</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Orthopedic team will be there to attempt closed reduction under sedation prior to initiation of subdural evacuation."</p> <p>On 4/29/25 at 1:40PM V9 Advanced Practice Nurse for the facility stated according to current standards of practice "if a resident is taking increasing pain medication particularly following a fall the physician should be notified to determine the cause of the increased pain. If a resident has had a fall the resident should be assessed at least every shift for the possible effects of the fall including neurological signs. I saw (R408) for the first time 4/22/25. I saw she had the diagnosis Alzheimer's Disease. I did not know her baseline cognition. (R408) was confused when I saw her, and I assumed it was her baseline."</p> <p>On 4/30/25 at 1:56 PM V29, the physician who completed R408's history and physical in ICU (Intensive Care Unit) verified The ICU team agree the fall was the cause of the left hip dislocation and the subdural hematoma. "A subdural hematoma is a traumatic brain bleed. If R408 had been seen sooner the 7MM midline shift in the brain might have been avoided. The midline shift is critical because it causes compression of the brain. A stroke or brain bleed is a brain attack, and delays cause loss of function. The Vicodin might have masked part of the pain from the hip dislocation. The other factor in the pain is once the bleed started R408 might have had decreased sensation to the left side of her body. The delay in care was detrimental to R408's outcome. The left sided neglect I saw in R408 was one of the worst I have seen in my residency. In fact, I raised R408's hand and asked her if it was her hand and she said it was one of my colleague's hand because her brain was unable to recognize it as hers."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005938</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/01/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOFT REHAB OF DECATUR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 WEST MCKINLEY AVENUE DECATUR, IL 62526</b>
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(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  The facility's Notification of Changes policy revised 2/10/25 documents the facility will promptly inform the resident, physician and residents' representative when there is a change in condition requiring notification. (A)	S9999		