

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145031	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Loft Rehab & Nursing of Normal		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Broadway Normal, IL 61761	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50322</p> <p>Based on interview and record review the facility failed to ensure a severely cognitively impaired resident (R1) did not exit the facility unnoticed (elopement). The facility failed to reassess and develop a plan of care for a resident with a known history of exit seeking behaviors, wandering, and supervision needs during emergency procedures. These failures affect one (R1) resident reviewed for elopement on a sample list of three residents. These failures resulted in R1 exiting the facility in the late afternoon on 5/31/24, unsupervised, being found 17 hours later in a grassy area next to a creek. R1 had potential for serious injury and/or death due to poor safety awareness in negotiating city streets/traffic and environmental hazards including a crossing four lanes of traffic to arrive at a nearby creek with dense brush, rugged terrain in the dark.</p> <p>This failure resulted in an Immediate Jeopardy.</p> <p>An Immediate Jeopardy situation was identified on 6/20/24. The Immediate Jeopardy was identified to have begun on 5/31/24 when the facility failed ensure that a resident (R1) did not exit the facility unnoticed (elopement) and failed to reassess and develop a plan of care for a resident with a known history of exit seeking behaviors, wandering, and supervision needs during emergency procedures. On 6/20/24 at 9:11AM, V1 Administrator was notified of the Immediate Jeopardy situation.</p> <p>While the immediacy was removed on 6/24/24, the facility remained out of compliance at a Severity Level 2 while the facility continues to educate the staff on increasing supervision and implementation of interventions to prevent potential harm to a resident who is displaying exit seeking behaviors, training staff to assess residents upon admission and with changes in behavior for elopement risk and care plan documentation, training staff to ensure that exit doors are monitored during fire drills and that a process is developed to ensure safety of at risk residents.</p> <p>Findings include:</p> <p>The facility's Elopement and Wandering Resident's Policy dated 2/1/2020 documents that the facility ensures that resident who exhibit wandering behavior and /or are 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.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145031
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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility's final report to the State Agency documents that on 5/31/24 at approximately 5:04PM a fire alarm drill was initiated. When the fire alarm was silenced, an exit door was heard alarming and R1 was found to be missing from the facility. Staff initiated a search for R1 both on the interior and exterior of the facility without success.</p> <p>An undated timeline provided by the facility documents that on 5/31/24 at 5:39PM, V1 Administrator called 911 to notify the authorities of a missing resident. The undated timeline provided by the facility further documents that R1 was missing from the facility from 5/31/24 at approximately 5:10PM until 6/1/24 at 10:04AM (17 hours) when law enforcement found R1 and took him to a local hospital for evaluation and treatment.</p> <p>R1's Brief Interview for Mental Status dated 4/28/24 documents R1 as severely cognitively impaired. R1's Minimum Data Set, dated [DATE] documents R1 as independent with mobility. R1's elopement assessment dated [DATE] documents R1 as high risk for elopement. R1's progress notes dated 3/26/24, 4/17/24, 4/21/24 document exit seeking behaviors requiring redirection, including exiting the building and walking around the facility to his bedroom window. R1's care plan with reviewed date of 2/26/24 does not address R1's wandering behaviors or high risk of elopement.</p> <p>R1's Order Summary Report dated 6/17/24 documents the following diagnoses: dementia, transient cerebral ischemic attack, type 2 diabetes, dehydration, chronic kidney disease, Picks disease, malnutrition.</p> <p>A map provided by the facility documented where R1 was found on 6/18/24 at 10:00AM. On 6/18/24 at 10:08AM when walking from the facility to the location, it was approximately three blocks from the facility, across a four-lane street, behind a fraternity building in a low lying, brushy, grassy area next to a creek without any barricade. Additionally, this area had a metal fire pit littered with empty cans and trash.</p> <p>On 6/17/24 at 9:15AM, V1 Administrator stated on 5/31/24, R1 was out of the building overnight for 17 hours and was found 3 blocks away from the facility. V1 further stated that he believed that R1 eloped from the facility via the therapy room doors on the Uptown [NAME] Hall, near where R1 resided in (room number) because R1 was last seen on camera at 5:06PM near the therapy room. V1 Administrator also stated that R1 thought that his wife lived in the apartments that are visible from the therapy room. On 6/17/24 at 9:15AM, V1 Administrator stated R1 had a personal alarm but that the personal exit alarms only work on the front door.</p> <p>On 6/17/24 at 1:00PM, V7 Registered Nurse (RN) stated on the evening of the elopement, R1 was hovering around the exit doors that day and that several staff tried to redirect R1. At approximately 5:00PM, V7 RN saw V1 Administrator redirect R1 toward the Uptown [NAME] Hallway, near the nurse's station, approximately 6 feet from the therapy room. At the time of the fire alarm, there were no nurses at the nurse's station on the Uptown [NAME] Hallway. V7 RN then stated she seen R1 attempt to exit the facility four or five times at least from various doors throughout the facility.</p> <p>On 6/17/24 at 9:50AM, V3 Licensed Practical Nurse stated seen R1 wandering and looking out the doors frequently. V3 said that R1 would try to leave the facility to go to where he thought his wife lived across the street.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 6/17/24 at 10:10AM, V5 Registered Nurse stated R1 had a history of wandering throughout the facility and out the front door.</p> <p>On 6/17/24 at 10:25AM, V6 Administrative Assistant stated she would often see R1 looking out the front door.</p> <p>On 6/18/24 at 11:55AM, V18 Maintenance Director stated that the only door alarming after the fire alarm was silenced was the therapy room exit door, one of ten exit doors in the facility.</p> <p>On 6/18/24 at 3:53 PM, V19 Regional Nurse Consultant stated he was not the one that found R1 that third shift found R1 but R1 was found alone in a grassy area, wet as it had rained that previous night and that R1 had defecated himself and indicated he was hungry. V19 stated he could not understand how R1 was able to leave facility and get to area found on own as he would have to cross a heavily traffic area.</p> <p>The Immediate Jeopardy that began on 5/31/24 was removed on 6/24/24 when the facility took the following actions to remove the immediacy:</p> <ol style="list-style-type: none"> 1. The (departure alert system)/Door Check Audit dated 6/1/24 documents V29 [NAME] President of Clinical Services checked the facility's exit doors for alarm functioning, and the employee entrance did not alarm. This Audit does not document the conference room exit door alarm was checked for functioning. On 6/20/24 at 2:15 PM V17 Regional Director of Operations reviewed the audit dated 6/1/24 and confirmed the audit does not document that the conference room exit door alarms was checked as part of the facility wide audit. V17 stated V17 will have another facility wide door alarm audit conducted. The (Departure Alert System)/Door Check Audit dated 6/22/24 documents all of the facility's exit doors were checked for alarm functioning. On 6/24/24 at 11:53 AM V29 stated the employee entrance door did not alarm during V29's door audits completed on 6/1/24. V29 stated the door alarm was reactivated when the facility conducted a fire drill on 6/3/24. 2. The (departure alert system)/Door Check Audit dated 6/1/24 documents V29 checked the front door alarm with the (departure alert system) and it was functioning. On 6/24/24 at 11:53 AM V29 stated on 6/1/24 V29 tested all residents' (departure alert systems) at the front entrance. 3. The (departure alert system) Audit dated 6/1/24, and signed by V29 [NAME] President of Clinical Services, documents the device functioning was tested for all residents who use this device (R2-R8, R10, R11). On 6/24/24 at 11:53 AM V29 stated on 6/1/24 V29 checked the functioning of all residents' (departure alert system) with the transmitter. 4. On 6/1/2024 V2 Director of Nursing (DON) and V21 Minimum Data Set (MDS) Coordinator conducted an audit to ensure a current Wandering Risk Assessment was completed for all residents with a (departure alert system). R1's-R11's (residents identified to be at risk for elopement) Wandering Risk Assessments document a completion date of 6/1/24. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>5. R1's-R6's and R8-R11's care plans were updated on 6/3/24 to include risk for elopement, interventions, and supervision needs during disaster drills. R7's care plan documents interventions dated 6/24/24 to keep R7 in direct sight to ensure safety during disaster/fire drills and to provide comfort and basic needs when R7 begins to wander. On 6/20/24 at 1:15 PM V2 DON confirmed V2 and V21 conducted a care plan audit on 6/3/24 for residents using (departure alert system) and/or high risk for elopement (R1-R11). V2 confirmed R7's care plan was not updated until 6/14/24 to include interventions for direct supervision during disaster/fire drills and provide comfort measures and basic needs when wandering.</p> <p>6. The (departure alert system) Audit dated 6/1/24, completed by V29, documents all residents using this device were audited to ensure daily device checks for functioning were recorded on the resident's Treatment Administration Record (TAR). R1's-R11's TARs documents (departure alert system) device checks were completed every shift as of 6/1/24. This was confirmed with V29 on 6/24/24 at 11:53 AM.</p> <p>7. On 6/17/24 at 1:05 PM V15 Social Services Director verified that elopement books are updated weekly beginning on 6/1/24 and last updated on 6/12/24. On 6/27/24 these books were observed at each of the nurse's stations and the front reception desk.</p> <p>8. Door alarm and (departure alert system) audits were initiated daily beginning on 6/20/24 and completed by V18 Maintenance Director. The (departure alert system)/Door Check Audits dated 6/20/24 and 6/24/24 do not document an audit was conducted for all of the facility's exit doors, including the conference room door, until 6/22/24. On 6/20/24 at 1:00 PM all of the facility's exit doors were observed to be alarmed and functioning, verified with V18. On 6/24/24 at 10:05 AM V18 confirmed V18 conducts the daily door alarm audits and confirmed all of the facility's exit doors should be included as part of the daily check.</p> <p>9. On 6/1/2024, V1 Administrator in-serviced V15 Social Service Director and V21 MDS Coordinator regarding assessing all residents quarterly who wander/exit seek and with any changes in behavior, the Interdisciplinary Team (IDT) will review 24- and 72-hour notes to assess for changes in behaviors and possible completion of Wandering Risk Assessment. This was confirmed by V15 on 6/20/24 at 12:12 PM and V21 on 6/20/24 at 11:55 AM. The Focused Audit Tool with date range of 6/1/24-6/21/24 document three residents were reviewed each week for elopement risk assessment update, elopement interventions implemented, one to one in place if required, care plan updated with interventions, and door alarm checks.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>10. On 6/3/24 an all staff in-service was conducted by V1 Administrator and V2 DON on Elopement, checking doors to ensure that exit doors are alarmed at all times, checked by staff daily and anytime electricity is interrupted to ensure alarms are on and in working order, R1's care plan interventions to provide one to one and diversional activities, identifying residents at risk for elopement, and providing adequate supervision for those at risk to prevent elopement. The In-Service Education/Meeting Report dated 6/3/24 documents V2 DON gave an all-staff in-service on Elopement and lists employee signatures. On 6/20/24 between 12:00 PM and 1:30 PM V23 LPN, V22 Certified Nursing Assistant, V25 Housekeeper, and V7 Registered Nurse were unsure of the steps taken for residents at risk for elopement during disaster drills, including one to one monitoring. On 6/20/24 at 1:13 PM V26 Housekeeper stated V26 had not received any training on elopement or fire drills, and V26 was unsure what steps would be taken for residents at risk for elopement during fire/disaster drills. On 6/20/24 at 1:08 PM V25 Housekeeper stated V25 was unsure which resident were at risk for elopement and was unsure where to find this information. On 6/24/24 at 9:13 AM V19 Regional Nurse Consultant stated all staff were re-educated on 6/20/24. On 6/24/24 between 9:13 AM and 1:00 PM V2 and V19 provided documentation of staff sign off sheets or text/communication verifying receipt of education. This documentation was reviewed and verified for all of the facility's staff, completed on 6/20/24. The facility's daily assignment sheets dated 6/20/24-6/23/24 document V36-V39 LPNs worked in the facility and there is no documentation that these staff received the training prior to 6/24/24. On 6/24/24 at 1:25 PM V2 DON confirmed there is no documentation that V36-V39 received this training prior to 6/24/24. On 6/24/24 V2 DON and V35 Scheduler stated they will coordinate to ensure agency staff are trained prior to working in the facility. V2 stated all new employees will receive this training as part of new employee orientation, provided by V1 Administrator or V2, prior to working the floor.</p> <p>11. On 6/3/24 the facility held a Quality Assurance Performance Improvement (QAPI) meeting with the IDT to discuss elopement risk and resident safety during disaster drills/training. The Root Cause Analysis dated 6/3/24 documents a review of R1's elopement. On 6/20/24 at 12:41 PM V2 stated the entire management team attended the QAPI meeting on 6/3/24, we reviewed R1's incident and we conducted a root cause analysis.</p> <p>12. The facility conducted a fire/disaster drill on 6/21/24 at 1:15 PM, completed by V18 Maintenance Director. On 6/24/24 at 9:22 AM V3 LPN and on 6/24/24 at 9:25 AM V23 LPN confirmed residents at risk for elopement were assigned/provided one to one monitoring during the fire drill on 6/21/24.</p> <p>13. R1's Care plan dated 6/3/24 documents the care plan was updated on 6/3/24 with an intervention for one to one monitoring and diversional activities, completed by V21 MDS Coordinator.</p> <p>14. R1's Wandering Risk assessment dated [DATE] documents R1 is considered high risk, completed by V5 RN.</p> <p>15. R1's Nursing Note dated 6/3/24 at 1:35 PM documents a departure alert system was placed on R1 when R1 returned from the hospital.</p> <p>16. R1's Nursing Note dated 6/3/24 at 10:40 AM documents one to one monitoring was initiated for R1, completed by V1 Administrator.</p> <p>17. R1's Care Plan dated 6/3/24 documents this care plan was updated with an intervention for one-to-one monitoring during disaster drills.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility submitted an abatement plan to remove the immediacy on 6/20/24 at 10:22 AM. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions on 6/20/24 at 10:57 AM and 11:32 AM. The facility resubmitted the abatement plan on 6/20/24 at 11:04 AM and 11:51 AM. The survey team accepted the abatement plan on 6/20/24 at 12:27 PM.</p>		