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| 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 09/13/2024 |
| 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) |
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| <p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to manage his or her financial affairs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41970</p> <p>Based on interview and record review the facility failed to safeguard one (R1) resident personal bank account entrusted to facility for billing purposes by withdrawing money from R1's account without R1's permission. This failure affects one (R1) out of three residents reviewed for resident funds in a sample list of four residents.</p> <p>Findings include:</p> <p>R1's Electronic Medical Record (EMR) documents R1 was admitted to facility on 10/18/2023 and discharged from facility on 8/19/24.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 as cognitively intact.</p> <p>R1's Automatic Payment Authorization Agreement dated 3/6/2024 documents the facility has the authority to withdraw \$6,673.44 monthly from R1's personal banking account.</p> <p>R1's Durable Power of Attorney (DPOA) for Finances dated 1/26/2023 documents V3 as R1's designated DPOA for finances.</p> <p>The facility untitled document dated 9/13/24 documents a refund of \$6,673.44 to R1's personal debit card.</p> <p>On 9/13/24 at 12:00 PM V4 Business Office Manager (BOM) stated R1 did not hold a resident trust fund through the facility. V4 BOM stated R1 was on the Medicaid program and also received Social Security. V4 stated R1 had her own separate bank account through a bank unaffiliated with the facility. V4 stated R1 signed an authorization for the facility to remove funds for her stay at the facility. V4 BOM stated all of R1's funds including Social Security and Medicaid funds were deposited directly into R1 ' s personal banking account. There is no detailed financial statement due to R1 did not have a personal trust fund with the facility.</p> <p>On 9/13/24 at 12:10 PM V5 Regional Corporate Business Office Manager stated the facility is unable to provide any kind of billing statements or financial information for R1 due to R1 did not have a facility resident trust fund. V5 stated I was not aware that (R1) had discharged from the facility so I had already told the Chief Financial Officer (CFO) to remove the funds (\$6,673.44) from (R1's) personal bank account to apply to her bill. We (facility) did charge (R1) for days past her discharge but (R1's) refund is in process.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 9/13/24 at 3:45 PM V3 (R1's) Durable Power of Attorney (DPOA) stated the facility charged R1 for days past R1's discharge day. V3 stated I don't think the facility stole any of (R1's) money. I called the facility about this and was told there was nothing they (facility) could do about it. They (facility) didn't steal anything, but they did overcharge (R1). It was very stressful for a few days trying to find money to pay the new facility where (R1) moved to. We (R1's family) were in a tight spot. There was no extreme financial hardship, but those days were very confusing, stressful and full of very negative conversation from this facility. We (R1's) family only wanted to get the money returned to (R1) and they did. It is sad that it took these extremes to get them (facility) to do what was right.</p> <p>On 9/13/24 at 4:15 PM V1 Administrator stated Our facility does not have a policy for this exact situation. We (facility) should make sure we get the billing done right and the lack of communication seems to be the problem here. V1 Administrator stated R1 was billed for days past her discharge date and 'that should never happen'.</p> | | |