

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 02/04/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview, and record review the facility failed to revise care plans for two (R4 and R7) of three residents reviewed for care plan revision from a total sample list of 10 residents.</p> <p>Findings include:</p> <p>The facility provided Care Plan Revisions Upon Status Change Policy dated 1/25/23 documents that the comprehensive care plan will be reviewed and revised as necessary when a resident experiences a status change.</p> <p>1.) R4's census sheet documents admission to the facility on [DATE].</p> <p>R4's Minimum Data Set, dated dated dated [DATE] documents that R4 is cognitively intact.</p> <p>R4's Minimum Data Set, dated dated dated [DATE] documents that R4 requires a wheelchair for mobility.</p> <p>The facility provided transport schedule documents that R4 was transported on the following dates: 1/9/25, 1/23/25 and 1/28/25.</p> <p>On 2/3/25 at 9:40AM, R4 stated that due to her size and inability to wear shoes, she was unable to keep her feet on the pedals of the transport wheelchair, resulting in R4 sliding down in the wheelchair during transport.</p> <p>On 2/3/25 at 1:00PM, V3 Physical Therapy Assistant stated that on 1/19/24, V3 applied a foot board and non-slip material with binder clips to R4's transport chair to prevent R4's feet from sliding off of the pedals, preventing R4 from sliding down in the chair during transport.</p> <p>On 2/3/25 at 2:00PM, R4's transport chair was in R4's room-adjointing bathroom and a foot board was on the pedals and non-slip material was in the wheelchair seat.</p> <p>R4's current Care Plan does not document the intervention of non-slip material on R4's wheel chair.</p> <p>2.) R7's census sheet documents admission to the facility on [DATE].</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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R7's Minimum Data Set, dated dated dated [DATE] documents that R7 is cognitively intact and is on dialysis.</p> <p>The facility provided transport schedule documents that R7 was transported to dialysis on the following dates: 1/6/25, 1/7/25, 1/8/25, 1/10/25, 1/13/25, 1/15/25, 1/17/25, 1/20/25, 1/22/25, 1/24/25, 1/27/25, 1/29/25, and 1/31/25.</p> <p>R7's progress notes document a referral to dialysis on 12/6/24 with subsequent first-time dialysis on 12/18/24, followed by orders for dialysis three times a week starting on 12/25/24.</p> <p>R7's care plan does not document dialysis services for R7.</p> <p>On 2/3/25 at 1:30PM, V4 Social Service Director/Care Plan Coordinator stated that currently there is no Minimum Data Set/Care Plan Coordinator. V4 stated Dialysis for (R7) and the intervention of (non-slip material) in R4's chair to keep her from falling out of the wheel chair both should have been documented and it just didn't get done.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50430</p> <p>Based on observation, interview, and record review, the facility failed to assess for elopement risk, document the rationale for application of an elopement notification bracelet, and re-apply an elopement notification bracelet after readmission from the hospital for one (R6) of three residents reviewed for elopement from a total sample list of ten residents reviewed.</p> <p>Findings include:</p> <p>The facility Elopement and Wandering Residents Policy revised 5/6/2024 documents that the facility shall establish and utilize a systematic approach to monitoring and managing residents at risk for elopement or unsafe wandering, including identification and assessment of risk, evaluation and analysis of hazard and risk, implementing interventions to reduce hazards and risks, and monitoring for effectiveness and modifying interventions when necessary.</p> <p>R6's current medical diagnosis record dated 2/4/24 documents R6 has Vascular Dementia, Repeated Falls, Panic Disorder, Depression and Parkinson's Disease.</p> <p>R6's Minimum Data Set (MDS) assessment, dated 11/25/24, documents R6 is severely cognitively impaired.</p> <p>R6's Admission Elopement assessment dated [DATE], documents R6 is not an elopement risk.</p> <p>R6's Nurse Progress Note dated 11/25/24, documents an elopement management bracelet was placed on R6's left ankle due to high elopement risk.</p> <p>R6's current care plan documents R6 is an elopement risk on 11/26/24, and R6 has an elopement management bracelet on left ankle.</p> <p>R6's medical record does not contain an elopement assessment or documentation of why an elopement management bracelet was applied to R6 on 11/25/24.</p> <p>On 2/3/25 at 1:30 PM, V4 Social Service Director (SSD) stated an elopement management bracelet was placed on R6 because R6 was telling staff she was going to leave building to go across the street to visit her boyfriend and take him shopping. V4 stated R6 will go to the door and try to leave but is able to be redirected.</p> <p>On 2/3/25 at 1:00 PM, V4 SSD stated that she thought nursing was completing the elopement assessments; however, she learned today that it is her job to complete all elopement assessments. V4 SSD then confirmed that R6's medical record does not contain documentation of an elopement assessment or progress note documenting the reason for placement of the elopement management bracelet on 11/25/24.</p> <p>On 2/3/25 at 1:30 PM, V8 Licensed Practical Nurse confirmed R6 does not have an elopement management bracelet in place.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/3/25 at 1:05PM, V4 SSD confirmed that R6 does not have an elopement assessment from readmission to facility on 1/30/25. Additionally, V4 SSD confirmed R6 does not have an elopement management bracelet in place.</p> <p>On 2/3/25 at 1:00 PM, V4 Social Services Director (SSD) stated a resident should have an elopement assessment completed on readmission to the facility. V4 SSD stated that R6 went to the hospital recently and was readmitted to the facility. V4 stated that she was not aware that a re-admission elopement assessment wasn't completed nor was an elopement management bracelet reapplied at this time. V4 SSD further stated R6 does try and exit the building and needs an elopement management bracelet.</p>		