

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 05/06/2025
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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>37813</p> <p>Based on interview and record review the facility failed to document complete accurate assessments for one resident (R7) of three residents reviewed for documentation in a sample list of eight residents.</p> <p>Findings Include:</p> <p>R7's current diagnoses list includes the following diagnoses: Repeated Falls, Malignant Neoplasm of Prostate, COVID-19, Pain in Unspecified Joint, Abnormalities of Gait and Mobility, Type 2 Diabetes without Complications, Chronic Atrial Fibrillation, Lack of Coordination, Colostomy, Hyperlipidemia, and Vitamin C Deficiency.</p> <p>R7's progress note dated 4/11/25 at 7:30 PM documents R7 was admitted from the hospital emergency room following a fall at the assisted living facility where he lived on 4/11/25.</p> <p>R7's Nursing assessments on 4/11/25 and 4/12/25 do not indicate R7 was having any respiratory symptoms and documents R7 as negative for respiratory signs and symptoms.</p> <p>There are no head-to-toe assessments or respiratory assessments documented on 4/13/25, 4/14/25, or 4/15/25. R7's Electronic Medical record census report documents R7 left for the hospital 4/15/25.</p> <p>R7's progress note dated 4/14/2025 at 11:16 AM documents (R7) tested positive for Covid; Power of Attorney here and was notified. Stated family member had tested positive and helped resident move in facility.</p> <p>R7's progress note dated 4/14/2025 at 11:33 AM documents Fax sent to (APN) to report covid positive results; chest congestion, cough.</p> <p>R7's progress note dated 4/14/2025 at 11:37 AM Documents Covid isolation precautions initiated.</p> <p>There are no subsequent assessments or notes to indicate where R7 was transferred to or rationale for transfer. There is also no documentation to indicate if the physician or family were made aware of the transfer.</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 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/7/25 at 2:00 PM V2, DON (Director of Nursing) stated I am aware our documentation for R7 is lacking and it would be my expectation when a resident becomes symptomatic and tests positive for Covid at very least respiratory assessments should be documented and when a resident is sent to the hospital the reason and an assessment should be documented.</p> <p>The facility's policy Notification of Changes reviewed 2/10/25 states Circumstances requiring notification (of Physician) include A transfer or discharge of a resident from the facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37813</p> <p>Based on interview and record review the facility failed to follow their infection prevention, response, and reporting policy following a newly identified Covid positive resident. This failure has the potential to affect all residents who reside in the facility.</p> <p>Findings Include:</p> <p>The 5/6/25 facility Census document 108 residents reside at the facility.</p> <p>R7's current diagnoses list includes the following diagnoses: Repeated Falls, Malignant Neoplasm of Prostate, COVID-19, Pain in Unspecified Joint, Abnormalities of Gait and Mobility, Type 2 Diabetes Without Complications, Chronic Atrial Fibrillation, Lack of Coordination, Colostomy, Hyperlipidemia, Vitamin C Deficiency.</p> <p>R7's progress note dated 4/14/2025 at 11:16 AM documents (R7) tested positive for Covid; Power of Attorney here and was notified. Stated family member had tested positive and helped resident move in facility (4/11/25).</p> <p>R7's progress note dated 4/14/2025 at 11:33 AM documents Fax sent to (APN/Advanced Practice Nurse) to report Covid positive results; chest congestion, cough.</p> <p>R7's progress note dated 4/14/2025 at 11:37 AM Documents Covid isolation precautions initiated.</p> <p>On 5/5/25 at 2:00 PM V5, RN (Registered Nurse) Infection Preventionist stated she wasn't aware there needed to be contact tracing and testing following a resident testing positive for Covid. V5 further stated I didn't do any of that. If I was aware I would have.</p> <p>On 5/5/25 at 2:15 PM V2, DON verified contact tracing and testing should have been initiated immediately following a newly Covid positive resident. V2 also verified direct care staff at the facility have the potential to work anywhere in the facility according to staffing needs.</p> <p>The facility's policy Covid 19 Prevention, Response, and Reporting reviewed 10/1/24 states Responding to a newly identified SARS CoV-2 infected Health Care Provider or resident: a. The facility should defer to the recommendations of the jurisdiction's public health authority when performing an outbreak response to a known case. b. A single new case of SARS CoV-2 infection in any Health Care Provider or resident should be evaluated to determine if others in the facility could have been exposed. c. The approach of an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based approach (e.g. Unit, floor, or other specific areas of the facility) is preferred if all potential contact cannot be identified or managed with contact tracing or if contact tracing fails to halt transmission. d. Perform testing for all residents and Health Care Providers identified as close contacts or on the affected unit(s) if using a broad-based approach, regardless of vaccination status.</p>		