

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Loft Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 700 North Main Street Eureka, IL 61530	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30224</p> <p>Based on observation, interview, and record review, the facility failed to notify a resident's representative of a new roommate assignment for one of three residents (R1) reviewed for notification of change in the sample of five.</p> <p>Findings include:</p> <p>The Facility's Change of Room or Roommate policy dated 11/24/20, states 4. Prior to making a room change or roommate assignment, all persons involved in the change/assignment, such as residents and their representatives, will be given advanced notice of such a change as is possible. 7. The Social Service designee or Licensed Nurse should inform the resident's sponsor/family in advance of a change in the resident's room or roommate.</p> <p>The Facility's room roster dated 4/29/24, documents R1 and R3 reside in the same room.</p> <p>On 4/29/24 at 10:10 a.m., R1 and R3 were not in their room. This room was observed to have R1 residing in the second bed, closest to the window, and R3 residing in the first bed, closest to the door.</p> <p>R1's electronic medical record documents R1 is an [AGE] year-old resident receiving Hospice Services and has diagnoses which include but not limited to, Cerebral Atherosclerosis, Alzheimer's Disease, and Major Depressive Disorder.</p> <p>R1's Minimum Data Set assessment dated [DATE], documents R1 has severely impaired cognition.</p> <p>R1's medical record does not document R1 or R1's representative were notified of a new roommate assignment taking place on 4/11/24.</p> <p>R3's computerized electronic Census Report documents R3 moved into R1's room on 4/11/24.</p> <p>On 4/29/24 at 12:14 p.m., V4 (R1's Representative) stated she went to visit R1 on 4/14/24 and observed that R1 had a new roommate (R3). V4 stated she was not notified R3 was moving into R1's room. V4 was not aware of the date that R3 moved into R1's room.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/29/24 at 2:30 p.m., V6 (Social Service Director) stated all parties are to be notified when there is a room change, including the resident that is receiving the new roommate. V6 stated V4 should have been notified that R3 was moving into R1's room on 4/11/24.</p> <p>On 4/30/24 at 9:40 a.m., V1 (Administrator) stated R1's representative (V4) should have been notified that R1 was getting a new roommate on 4/11/24.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>30224</p> <p>Based on interview and record review, the facility failed to ensure the services of a Registered Nurse (RN) a minimum of eight consecutive hours a day, seven days a week. This failure has the potential to affect all 67 residents residing in the facility.</p> <p>Findings include:</p> <p>The Nursing Schedule dated April 2024, documents no RN hours were scheduled or worked on the following dates: 4/13/24, 4/14/24, 4/27/24, and 4/28/24.</p> <p>On 4/30/24 at 1:30 p.m., V1 (Administrator) stated the facility did not have any RN services on 4/13/24, 4/14/24, 4/27/24, and 4/28/24. V1 stated the facility follows the federal regulation and should have a minimum of eight hours of RN services per day. V1 stated at this time, the facility only employs one full time RN that is only scheduled to work the floor. V1 stated the other RNs employed are administrative and are not regularly scheduled to work the weekend shifts.</p> <p>The Centers for Medicare and Medicaid Services (CMS) 802 form dated 4/29/24, provided by V1 (Administrator), documents there are 67 residents residing in the facility.</p>