

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  06/03/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on interview and record review the facility failed to provide showers to dependent residents. This failure affected four of four residents (R1, R3, R6, R7) reviewed for showers on the sample list of eight.</p> <p>Findings Include:</p> <p>The facility's Activities of Daily Living (ADL) policy dated 12/5/22 documents the facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Care and services will be provided for resident bathing. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>1. R1's Medical Diagnoses dated May 2024 documents R1 is diagnosed with Multiple Sclerosis and Right Side Hemiplegia.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 is cognitively intact and requires substantial maximum assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R1 is to receive showers on Tuesday and Fridays.</p> <p>R1's Shower Sheets for May 2024 document showers were given on 5/21/24 and 5/28/24. Bed Baths were given on 5/14/24 and 5/18/24. There is no documentation for five of R1's scheduled showers.</p> <p>On 6/1/24 at 3:42 PM R1 stated he was scheduled for a shower yesterday (5/31/24) but staff said they didn't have time so he would get one today, but it is almost 4:00 PM and he still hasn't gotten one. R1 stated this often happens and staff say they are short on Certified Nurses Assistants.</p> <p>2. R3's Medical Diagnoses dated May 2024 documents R3 is diagnosed with Depression, Anxiety, and Congestive Heart Failure.</p> <p>R3's Minimum Data Set, dated dated dated [DATE] documents R3 is cognitively impaired and requires partial/moderate assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R3 is to receive showers on Mondays and Thursdays.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's Shower Sheets for May 2024 document showers were given on 5/6/24, 5/9/24, 5/13/24, and refused on 5/16/24. There is no documentation for five of R3's scheduled showers.</p> <p>3. R6's Medical Diagnoses dated May 2024 documents R6 is diagnosed with Rheumatoid Arthritis, Diabetes, Asthma, Fibromyalgia, Spondylosis, Muscle Weakness, Anxiety, and Pain.</p> <p>R6's Minimum Data Set, dated dated dated [DATE] documents R6 is cognitively intact and requires substantial/maximum assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R6 is to receive showers on Mondays and Thursdays.</p> <p>R6's Shower Sheets for May 2024 document showers were given on 5/6/24 and 5/9/24. R6 was in the hospital from 5/15/24 through 5/20/24. There is no documentation for five of R6's scheduled showers.</p> <p>On 6/1/24 at 3:28 PM R6 stated she has not had a shower since before she was in the hospital. She returned back to the facility on [DATE] and has had no showers since. R6 stated she is tired of asking for one and the staff always have some excuse.</p> <p>4. R7's Medical Diagnoses dated May 2024 documents R7 is diagnosed with Congestive Heart Failure, Anemia, Dizziness, Pain, Physical Debility, Falls, Shortness of Breath, and Gait and Mobility Abnormalities.</p> <p>R7's Minimum Data Set, dated dated dated [DATE] documents R7 is cognitively intact and requires partial/moderate assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R7 is to receive showers on Wednesdays and Saturdays.</p> <p>R7's Shower Sheets for May 2024 document showers were given on 5/18/24. There is no documentation for eight of R7's scheduled showers.</p> <p>On 6/1/24 at 3:05 PM R7 stated she usually only gets one shower per week and would prefer to get the two she is scheduled to receive.</p> <p>On 6/1/24 at 4:20 PM V1 Administrator confirmed showers are scheduled twice per week. V1 confirmed showers should be offered to residents twice per week and should be documented on Shower Sheets and in the electronic medical record after they are completed.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on interview and record review the facility failed to provide safe mechanical lift transfers for dependent residents. This failure affected two of three residents (R1, R4) reviewed for mechanical lift transfers on the sample list of eight.</p> <p>Findings Include:</p> <p>The facility's Safe Handling and Transfers policy dated 12/15/22 documents it is the policy of the facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Mechanical lifts may include equipment such as full body/full mechanical lifts, sit to stand lifts, or ceiling track lifts. Two staff members must be utilized when transferring residents with a mechanical lift. Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the need arises or changes in equipment occur.</p> <p>1. R1's Medical Diagnoses list dated May 2024 documents R1 is diagnosed with Multiple Sclerosis and Right Side Hemiplegia.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 is cognitively intact and is totally dependent on staff for transfers.</p> <p>On 6/1/24 at 3:42 PM R1 stated staff use the total mechanical lift to transfer him. R1 stated often the staff tell him that they can't find anyone to assist with his transfer and only use one person to complete his mechanical lift transfer. R1 stated he knows they should have two staff present for safety.</p> <p>2. R4's Medical Diagnoses list dated May 2024 documents R4 is diagnosed with Sepsis, Falls, Amnesia, and Lymphedema.</p> <p>R4's Minimum Data Set, dated dated dated [DATE] documents R4 is cognitively intact and requires substantial/maximum assistance for transfers.</p> <p>On 6/1/24 at 3:19 PM R4 stated staff use the total mechanical lift to transfer her. R4 stated staff can't find anyone to assist with her transfer and only use one person to complete her mechanical lift transfer. R4 stated they should have two staff for safety.</p> <p>On 6/1/24 at 10:12 AM V3 Certified Nurse's Assistant stated the facility doesn't staff enough CNAs to take care of the residents. V3 stated it is hard to find someone to help assist with a mechanical lift transfer so often staff just complete the transfer with one staff member. V3 stated there should be two staff present with all mechanical lift transfers.</p> <p>(continued on next page)</p>

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F 0689  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	On 6/1/24 at 4:20 PM V1 Administrator confirmed all mechanical lift transfers should be completed with two staff present in order to safely transfer residents. V1 confirmed staff should never be transferring a resident with just one staff member when two are required.		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on interview and record review the facility failed to staff a sufficient number of nurses' aides on a consistent basis in order to provide services to meet the resident's needs safely and in a manner that promotes each resident's rights and well-being. This failure has the potential to affect all 62 residents in the facility.</p> <p>Findings Include:</p> <p>The facility's Activities of Daily Living (ADL) policy dated 12/5/22 documents the facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable. Care and services will be provided for resident bathing. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>The facility's Safe Handling and Transfers policy dated 12/15/22 documents it is the policy of the facility to ensure that residents are handled and transferred safely to prevent or minimize risks for injury and provide and promote a safe, secure and comfortable experience for the resident while keeping the employees safe in accordance with current standards and guidelines. Mechanical lifts may include equipment such as full body/full mechanical lifts, sit to stand lifts, or ceiling track lifts. Two staff members must be utilized when transferring residents with a mechanical lift. Staff will be educated on the use of safe handling/transfer practices to include use of mechanical lift devices upon hire, annually and as the need arises or changes in equipment occur.</p> <p>The facility's Facility assessment dated [DATE] documents the facility will utilize certified nursing aides and licensed nursing staff in order to provide support and care for the residents.</p> <p>.</p> <p>The Resident Census sheet from 6/1/24 documents a total census of 62 residents.</p> <p>1. R1's Medical Diagnoses dated May 2024 documents R1 is diagnosed with Multiple Sclerosis and Right-Side Hemiplegia.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 is cognitively intact, requires substantial maximum assistance for bathing/showering, and is totally dependent on staff for transfers.</p> <p>The undated Resident Shower Schedule documents R1 is to receive showers on Tuesday and Fridays.</p> <p>R1's Shower Sheets for May 2024 document showers were given on 5/21/24 and 5/28/24. Bed Baths were given on 5/14/24 and 5/18/24. There is no documentation for five of R1's scheduled showers.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/1/24 at 3:42 PM R1 stated he was scheduled for a shower yesterday (5/31/24) but staff said they didn't have time so he would get one today, but it is almost 4:00 PM and he still hasn't gotten one. R1 stated this often happens and staff say they are short on Certified Nurses Assistants (CNA). R1 stated staff use the total mechanical lift to transfers him. R1 stated often the staff tell him that they can't find anyone to assist with his transfer and only use one person to complete his mechanical lift transfer. R1 stated he knows they should have two staff present for safety. R1 also stated he often waits too long for his call light to be answered-sometimes up to 30 minutes or more. R1 stated there is never enough CNA staff to get all the jobs done.</p> <p>2. R3's Medical Diagnoses dated May 2024 documents R3 is diagnosed with Depression, Anxiety, and Congestive Heart Failure.</p> <p>R3's Minimum Data Set, dated dated dated [DATE] documents R3 is cognitively impaired and requires partial/moderate assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R3 is to receive showers on Mondays and Thursdays.</p> <p>R3's Shower Sheets for May 2024 document showers were given on 5/6/24, 5/9/24, 5/13/24, and refused on 5/16/24. There is no documentation for five of R3's scheduled showers.</p> <p>3. R4's Medical Diagnoses list dated May 2024 documents R4 is diagnosed with Sepsis, Falls, Amnesia, and Lymphedema.</p> <p>R4's Minimum Data Set, dated dated dated [DATE] documents R4 is cognitively intact and requires substantial/maximum assistance for transfers.</p> <p>On 6/1/24 at 3:19 PM R4 stated staff use the total mechanical lift to transfers her. R4 stated staff can't find anyone to assist with her transfer and only use one person to complete her mechanical lift transfer. R4 stated they should have two staff for safety. R4 stated there does not seem to be enough staff in order to care for residents properly. R4 stated it takes too long to answer a call light, especially around mealtime.</p> <p>4. R5's Medical Diagnoses list dated May 2024 documents R5 is diagnosed with Chronic Obstructive Pulmonary Disorder, Anxiety, Depression, and Obesity.</p> <p>R5's Minimum Data Set, dated dated dated [DATE] documents R5 is cognitively intact and requires staff assistance with toileting, showers, and transfers.</p> <p>On 6/1/24 at 2:40 PM R5 stated she often waits 20 minutes to an hour for staff to answer her call light. R5 stated this concern has been brought up in Resident Council many times with no sustained resolution. R5 stated it seems the CNA staff are always short staffed and there has been a few times there were only 2 CNAs at night. R5 also stated due to not enough staff, some days her bed never get made.</p> <p>5. R6's Medical Diagnoses dated May 2024 documents R6 is diagnosed with Rheumatoid Arthritis, Diabetes, Asthma, Fibromyalgia, Spondylosis, Muscle Weakness, Anxiety, and Pain.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R6's Minimum Data Set, dated dated dated [DATE] documents R6 is cognitively intact and requires substantial/maximum assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R6 is to receive showers on Mondays and Thursdays.</p> <p>R6's Shower Sheets for May 2024 document showers were given on 5/6/24 and 5/9/24. R6 was in the hospital from 5/15/24 through 5/20/24. There is no documentation for five of R6's scheduled showers.</p> <p>On 6/1/24 at 3:28 PM R6 stated she has not had a shower since before she was in the hospital. She returned back to the facility on [DATE] and has had no showers since. R6 stated she is tired of asking for one and the staff always say they don't have time but will do it later and never do. R6 stated she often waits for call lights to be answered up to an hour. R6 stated she has almost had an accident due to waiting too long to be taken to the bathroom. R6 stated there are too little CNA staff on a regular basis.</p> <p>6. R7's Medical Diagnoses dated May 2024 documents R7 is diagnosed with Congestive Heart Failure, Anemia, Dizziness, Pain, Physical Debility, Falls, Shortness of Breath, and Gait and Mobility Abnormalities.</p> <p>R7's Minimum Data Set, dated dated dated [DATE] documents R7 is cognitively intact and requires partial/moderate assistance for bathing/showering.</p> <p>The undated Resident Shower Schedule documents R7 is to receive showers on Wednesdays and Saturdays.</p> <p>R7's Shower Sheets for May 2024 document showers were given on 5/18/24. There is no documentation for eight of R7's scheduled showers.</p> <p>On 6/1/24 at 3:05 PM R7 stated she usually only gets one shower per week and would prefer to get the two she is scheduled to receive. R7 stated she often waits too long for someone to answer her call light and it is very painful and frustrating when you have to use the bathroom but have to wait on a CNA. R7 stated there are too little CNAs on a regular basis.</p> <p>On 6/1/24 at 10:12 AM V3 Certified Nurse's Assistant stated the facility doesn't staff enough CNAs to take care of the residents. V3 stated it is hard to find someone to help assist with a mechanical lift transfer so often staff just complete the transfer with one staff member. V3 stated there should be two staff present with all mechanical lift transfers. V3 stated there should be six CNA staff on day shift and they usually only have four CNAs. V3 stated call lights don't get answered timely and showers don't get done.</p> <p>On 6/1/24 at 10:25 AM V4 CNA stated they do not have enough CNA staff most of the time. When they are short, staffed showers don't get done and residents wait too long for call lights to be answered, especially during mealtimes.</p> <p>On 6/1/24 at 10:38 AM V6 CNA stated they usually have four CNAs during day shift and really need more like six. V6 stated showers don't get done, unsafe transfers occur, and call lights don't get answered timely.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 6/1/24 at 12:19 PM V7 CNA stated they are often short staffed CNAs. When they are short staffed showers can't get done, residents wait a long time for their call lights to be answered, CNAs are rushed with care, and mechanical lift transfers occur with one staff instead of two like they should.</p> <p>On 6/1/24 at 12:37 PM V9 Licensed Practical Nurse (LPN) stated there are not enough CNA staff on the schedule on a consistent basis. V9 stated the CNA staff are frustrated and people have left because they are tired of working shorthanded. V9 stated the residents complain about call light wait times and showers not being done. V9 stated she believes being short staffed with CNAs puts the residents at risk for more accidents, especially the residents on the Dementia Hall who require increased supervision.</p> <p>On 6/1/24 at 1:12 PM V8 CNA stated they are always short staffed and call lights take too long to answer and showers don't get done all of the time due to being short staffed. V8 stated sometimes they do have to use just one CNA to transfer a resident with a mechanical lift due to there not being enough staff available.</p> <p>On 6/1/24 at 4:20 PM V1 Administrator confirmed showers are scheduled twice per week. V1 confirmed showers should be offered to residents twice per week and should be documented on Shower Sheets and in the electronic medical record after they are completed. V1 confirmed call lights should be answered timely. V1 confirmed all mechanical lift transfers should be completed with two staff present in order to safely transfer residents. V1 confirmed staff should never be transferring a resident with just one staff member when two are required. V1 confirmed the facility is aware of the staffing problem and they are often short CNAs. V1 stated sometimes they don't have enough to schedule six CNAs on day shift and sometimes staff call in. V1 confirmed being short staffed CNAs (direct care staff) can have a significant negative impact on the quality-of-care residents receive. This could affect all residents in the facility.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 32172</p> <p>Based on interview and record review the facility failed to provide eight consecutive hours of Registered Nurse coverage per day. This failure has the potential to affect all 62 residents in the facility.</p> <p>Findings Include:</p> <p>The facility's Facility assessment dated [DATE] documents the facility will utilize licensed nursing staff including those of Registered Nurses (RN) in order to provide support and care for the residents.</p> <p>The May 2024 nurse schedule documents from the dates of 5/22/24 through 5/31/24, there were six days that the facility did not provide RN coverage. These days include 5/22/24, 5/23/24, 5/25/24, 5/26/24, 5/28/24, and 5/29/24.</p> <p>The Resident Census sheet from 6/1/24 documents a total census of 62 residents.</p> <p>On 6/1/24 at 4:20 PM V1 Administrator confirmed six of the last ten days the facility did not provide eight consecutive hours of Registered Nurse coverage per day. V1 also confirmed the current resident census was 62 residents.</p>