

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 09/01/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682</p> <p>Based on observation, interview, and record review the facility failed to protect a resident (R5) from physical abuse from another resident (R4). This failure affects two of three residents (R4 and R5) reviewed for abuse in the sample of six.</p> <p>Findings include:</p> <p>The facility's Abuse, Neglect, and Exploitation policy dated 12-5-22 documents, Policy: Each resident has to be free from abuse, neglect, misappropriation of resident property and exploitation. Residents must not be subject to abuse by anyone, including, but not limited to, facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies, family members, legal guardians, friends, or other individuals. Physical abuse includes, but not limited to hitting, slapping, pinching, and kicking.</p> <p>R4's MDS (Minimum Data Set) assessment dated [DATE] documents R4 is cognitively intact.</p> <p>R5's MDS assessment dated [DATE] documents R5 is severely cognitively impaired.</p> <p>The facility's Final State Report dated 8-22-24 and signed by V6 (Administrator) documents, CNA/Certified Nursing Assistant (V10) notified abuse coordinator about (R4) hitting (R5). (V10) immediately removed (R5) from the area. (R5) has three small scratches on left side of face. Allegation of abuse substantiated.</p> <p>V3's (Local Police Officer's) Incident Report #24-EURK-03129 dated 8/21/2024 documents, I (V3) made contact with (the facility) Administrator (V6) in regard to (R4) that had struck another resident (R5) in the face approximately three times with her hand on 08/17/2024 at approximately 11:30 hours. V6 stated that another employee (V10/CNA/Certified Nursing Assistant) had checked on (R5) on said date and time because (R5's) door was shut. According to (V10's) statement (V10) checked on (R5) and asked him why his door was shut. (R5) informed (V10) that (R4), who lives across the hall, entered his (R5's) room, yelled at (R5). and smacked (R5) in the face approximately five times. (V10) also states that (R5's) face was red and he did have two fresh scratches on his face with blood. According to (V10), (R4) functions normal and is aware of the actions she takes. (V10) stated she reviewed the hallway video and observed (R4) walk into (R5's) room then walk back to (R4's) room approximately thirty seconds later, during the time of the incident.</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
-----------------------------------------------------------------------	-------	-----------

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 09/01/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V10's statement dated 8-17-24 documents, I (V10) went to get (R5) up for lunch. When I got to (R5's) room, I noticed his door was shut. (R5) replied that the lady (R4) across from him came to (V5's) room and yelled at him and smacked (V5) five times in the face and told (V5) to shut up and then shut his door. (R5's) face was red and (R5) did have two fresh scratches on his face with blood.</p> <p>R5's statement dated 8-17-24 documents, I was sleeping in my bed and a lady (R4) across the hall came in. I forget what (R4) said but she said quite a bit. (R4) hit me three times. I told (R4) to stop.</p> <p>R4's statement dated 8-19-24 documents, (R4) stated, I know exactly who you are talking about, and I am not going to admit or deny that anything happened. It is his (R5's) word against mine. I have put up with his (R5's) yelling for a very long time and it is not right that I have to listen to (R5) every day and every night. I have lived here for [AGE] years, and I cannot stand it no longer. That is all I have to say about that. You can leave now.</p> <p>R5's Progress Notes dated 8-17-24 and signed by V5 (RN/Registered Nurse) document, Skin note: Two 0.5 cm (centimeter) abrasions to left jawline.</p> <p>On 8-30-24 at 9:40 AM, R4 was sitting in a recliner in her room. R4 refused to talk to this surveyor about the incident regarding her and (R5). R4 stated, I am not saying nothing. I was tired of (R5) screaming so I took care of it.</p> <p>On 8-30-24 at 11:00 AM, R5 was sitting in a recliner in his room. R5 had a 0.5 cm round scab to his left jaw. R5 stated, A few weeks ago, I was lying in bed and (R4) came in my room and hit me in the face three times. I got a couple scratches from her fingernails.</p> <p>On 8-30-24 at 11:10 AM, V10 stated, On 8-17-24 right before lunch I noticed (R5's) door was shut which is not normal. I went into (R5's) room and (R5) told me (R4) had just slapped him five times. (R5's) left cheek was red and had two scratch marks where it looked like (R4) had got (R5) with her fingernails. I immediately got the nurse (V5/RN/Registered Nurse) to clean the blood off (R5's) face.</p> <p>On 8-30-24 at 11:20 AM, V6 (Administrator) stated, I was the administrator when (R4) hit (R5) in the face. I watched the cameras and saw (R4) go into (R5's) room at the time when (R5) reported that (R4) hit him in the face three times.</p>		