

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 08/27/2026
Form Approved OMB
No. 0938-0391

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 06/10/2026
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility failed to provide showers on all scheduled shower days for two of five residents (R1, R5) reviewed for activities of daily living assistance. Findings include: The facility's Activities of Daily Living Policy dated 1/2026, documents; based on the resident's comprehensive assessment and the resident's needs, care such as bathing and grooming will be provided. This policy also documents that a resident who is unable to carry out activities of daily living will receive the necessary services to maintain good grooming and personal hygiene. R1's electronic health records document medical diagnoses which include, but are not limited to, multiple sclerosis, hemiplegia, neuromuscular dysfunction of bladder, and retention of urine. R1's quarterly Minimum Data Set dated 5/7/2026 documents R1 uses a wheelchair and is dependent for showering, meaning he is unable to shower without maximum assistance from staff. R1's care plan dated 4/3/2026 documents he is incontinent and dependent on staff for personal hygiene and for meeting physical needs related to immobility and physical limitations. On 6/9/2026 at 9:05 AM, R1 stated he has missed many showers in the past few months, sometimes going a whole week without his two scheduled showers. R1 stated evening shift seems to struggle with consistently completing all the showers, it's hit or miss if I get both my showers each week. R1 stated his assigned shower days are Tuesdays and Fridays on evening shift, after 2:00 PM. R1's Bath/Shower Report from 3/31/2026 to 5/31/2026 documents when showers were given. R1's Bath/Shower Report is blank on 4/3/2026, 4/24/2026, 5/12/2026, and 5/26/2026, indicating showers were not documented as completed on those days even though they fall on a Tuesday or a Friday, R1's assigned days of the week for showers. On 6/10/2026 at 9:45 AM, V1 (Administrator) and V2 (Assistant Director of Nursing) stated they were unable to find or provide nursing notes documenting why showers were not given on the missed days or if alternatives/rescheduling were offered to R1. 2. R5's electronic health records document medical diagnoses which include, but are not limited to, tubule-interstitial nephritis, fibromyalgia, central cord syndrome at unspecified level of cervical spinal cord, chronic kidney disease, chronic bladder pain, overactive bladder, personal history of urinary infections, and acute transverse myelitis in demyelinating disease of central nervous system. R5's care plan dated 4/2/2026 documents R5 has bowel and bladder incontinence related to overactive bladder and need for staff assistance with interventions such as providing prompt incontinence care if incontinence occurs. R5's care plan documents R5 has an activity of daily living self-care performance deficit and requires extensive assist with showering. On 6/9/2026 at 1:50 PM, R5 states she does not always receive her scheduled two showers a week at one point going almost a month without a shower. R5 admits that sometimes she refuses showers but there is no follow up from staff to reschedule the shower. R5 states that her shower days are Tuesdays and Fridays on evening shift, after 2:00 PM. R5's Bath/Shower Report from 4/30/2026 to 6/9/2026 documents when showers were given. R5's Bath/Shower Report is blank on 5/15/2026 and 5/26/2026 indicating showers were not documented as completed on those days even though they fall on a Tuesday or a Friday, R5's assigned days of the week for showers. The report documents R5 refused showers on 5/5/2026, 5/8/2026, and 5/19/2026. On 6/10/2026 at 9:45 AM, V1 (Administrator) and V2 (Assistant Director of Nursing) stated they were unable to find or provide nursing notes documenting why showers were not (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145431
		If continuation sheet Page 1 of 2

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	given on the missed days or if alternatives/rescheduling were offered to R5. V1 and V2 stated they were unable to provide nursing notes documenting why R5 refused multiple showers or if alternative accommodations were made to encourage bathing. On 6/9/2026 at 2:15 PM, V6 (Certified Nursing Assistant) stated there are times she cannot get through all showers with her assigned residents, especially if they are short staffed that evening. On 6/9/2026 at 9:15 AM, V4 (Certified Nursing Assistant) stated showers are usually the first care that gets neglected when a certified nursing assistant calls off for their shift. V4 stated second shift is the worst when it comes to missing showers. On 6/10/2026 at 7:30 AM, V2 (Assistant Director of Nursing) stated it is her expectation that residents receive showers on their assigned shower days, as needed or when a resident requests a shower. V2 also expects nursing staff to communicate to the oncoming shift if showers were missed and document in a nursing note.		