

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/27/2024
NAME OF PROVIDER OR SUPPLIER Loft Rehab & Nursing of Canton		STREET ADDRESS, CITY, STATE, ZIP CODE 2081 North Main Street Canton, IL 61520	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>33975</p> <p>Based on observation, interview and record review the Facility failed to provide physician ordered treatments for three of three Resident's (R1, R2 and R3) reviewed for wound care in a sample of three.</p> <p>Findings include:</p> <p>Facility Wound Treatment Management Policy, revised 8/19/24, documents: to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders; and wound treatments will be provided in accordance with physician orders including the cleansing method, type or dressing and frequency of dressing change.</p> <p>Facility Physician/Practitioner Orders, revised 12/13/23, documents: the attending physician/practitioner may include, but is not limited to wound care.</p> <p>The Facility Administrator Job Description, dated 6/2021, documents the position purpose as leading, guiding and directing the operations of the healthcare facility in accordance with local, state and federal regulations standards and established facility policies and procedures to provide appropriate care and services to residents.</p> <p>The Facility Wound/Skin Log, dated 9/24/24, documents: R1's Lymphedema to R1's Left Lower Shin and Right Lower Shin; R2's Left Lateral Abdominal Fissure and R3's Right Dorsal Trauma/Injury.</p> <p>The Resident Council Minutes, dated 7/7/24 document concerns with day to day nursing care varies and would like care needs to be more consistent and would like (V7/Wound Nurse's) orders for care followed by other nurse caring for residents.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Treatment Administration Records, dated 10/1/24 through 10/25/24, do not document completion of Physician Orders for: monthly skin assessments (Braden Scale) on 10/6/24; cleanse Left and Right below the Knees with surgical cleanser (Antiseptic Skin Cleanser) and pat dry every day shift for wound care on 10/5/24, 10/6/24, 10/8/24, 10/9/24, 10/14/24 and 10/23/24; cleanse Left Lower Shin with surgical cleanser and apply dry dressing (Petroleum Gauze Dressing) and cover with a wrap (Gause Dressing) every day shift for 10/5/24 and 10/6/24; cleanse Left Medial thigh with wound cleanser and apply dry dressing (Petroleum Gauze Dressing) and cover with a wrap (Gause Dressing) every day shift for 10/5/24, 10/6/24, 10/8/24 10/9/24 and 10/14/24; ensure Left Lower Shin dressing is clean and dry every day shift for wound care for 10/5/24 and 10/6/24; apply barrier cream to Buttocks and Sacrum daily every shift on 10/5/24, 10/6/24, 10/8/24 and 10/14/24; and ensure dressing (Antimicrobial Fabric) is intact in Ankle area every shift for 10/5/24, 10/6/24, 10/8/24 and 10/14/24.</p> <p>R2's Treatment Administration Records, dated 9/1/24 through 10/25/24, do not document completion of Physician Orders for: topical cream to back, thigh and abdomen every day and evening for 10/4/24, 10/17/24 and 10/19/24; ensure medicated pad (calcium alginate) is in place every shift to left lateral abdominal area on 9/28/24, 10/4/24, 10/17/24 and 10/19/24; cleanse left lateral a with wound cleanser and apply thin coat of medicated ointment (Gentamicin Sulphate) around the peri-wound and middle of wound, then topical cream (clotrimazole-betamethasone) around peri-wound and cover with dressing (Alginate Calcium) on 9/28/24; topical cream (clotrimazole-betamethasone) around left upper abdominal wound for 9/5/24, 9/6/24, 9/14/24 and 9/20/24 and left lateral Abdominal peri-wound on 9/25/24, 10/8/24; medicated powder (Nystatin) to bilateral breast folds topically every shift for 9/5/24, 9/6/24, 9/14/24, 9/20/24 and 9/28/24; and ensure dressing (silver calcium alginate) is in place every shift to the left lateral upper abdominal area.</p> <p>R3's Treatment Administration Records, dated 10/1/24 through 10/25/24, do not document completion of Physician Orders for: barrier cream to buttock and coccyx every shift on 10/5/24, 10/6/24 and 10/14/24; and external cream to bilateral lower legs topically every day and evening shift for stasis dermatitis on 10/5/24, 10/6/24, 10/8/24 and 10/14/24.</p> <p>On 10/25/24 at 11:23 am, V7 (Wound Nurse/Assistant Director of Nursing/ADON) stated, I am the wound nurse and I monitor the skin issues in the building. This includes the treatment order. If there is no signature/initials in the date on the Treatment Administration Record, then the treatment was not done.</p> <p>On 10/25/24 at 11:53 am, V8 (Wound Doctor) stated, If there is a Physician Treatment order, then the Nursing Department should be following those orders for skin treatments and completing them according to the orders.</p> <p>On 10/25/24 at 1:40 pm, V2 (Director of Nursing) stated, Looking at (R1's, R2's and R3's) Treatment Administration Record/TAR, I do see that treatments were missed getting done and not documented. The nurses should be signing completion of the Treatment Administration records when there is a Physician Order for treatment.</p> <p>On 10/25/24 at 11:57 am, V1 (Administrator/ADM) stated, The nurse on duty should be following the physician orders for (R1's, R2's and R3's) treatment and they should also be signing out that the treatment was completed.</p>		