STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145600	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab & Nursing of Canton	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 31682 Based on record review and interview the facility failed to implement Infection Prevention and Control Practices after residents were subjected to direct contact from a staff member who tested positive for COVID-19 (Coronavirus 2019) and after residents exhibited symptoms of COVID-19. These failures have the potential to affect all 67 residents residing within the facility. Findings include: The facility's Daily Census Report dated 1-21-25 documents 67 residents currently reside within the facility. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145600	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab & Nursing of Canton	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility's COVID-19 (Coronavirus 2019) Prevention, Response, and Reporting policy dated 10-1-24 documents, It is the policy of this facility to ensure that appropriate interventions are implemented to prevent the spread of COVID-19 and promptly respond to any suspected or confirmed COVID-19 infections. COVID-19 information will be reported through the proper channels as per federal, state, and/or local health authority guidance. Staff will alert to signs of COVID-19 and notify the resident's physician/practitioner if evident fever/chills, cough, shortness of breath/difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The facility will establish a process to identify and manage individuals with suspected or confirmed SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) infection to include: a. Ensuring that everyone is aware of the recommended IPC (Infection Prevention and Control) practices in the facility by posting visual alerts at the entrance and in strategic placed to include instructions about current IPC recommendations. b. Establishing a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria: i. A positive viral test for SARS-CoV-2. ii. Symptoms of COVID-19. iii. Close contact with someone with SARS-CoV-2 infections for residents and visitors or a higher-risk exposure for healthcare personnel. 5. The facility will instruct healthcare personnel to report any of the three above criteria to the Infection Preventionist or designee for proper management. 6. The facility will provide guidance about recommended actions for residents and visitor who have any of the above three criteria. Source control is recommended for individuals in healthcare settings who have suspected or confirms SARS-CoV-2 infection or other respiratory infections or had close contact or a higher-risk exposure with someone with SARS-CoV-2 infections, for 10 days after their exposure. Source control is recommended more broadly in fete following circumstances: i. By residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation once the outbreak is over. 13. The facility will perform viral testing for SARS-CoV-2 as per national standards such as CDC (Center for Disease Control and Prevention) recommendations. 14. IPC practices when caring for residents with suspected or confirmed SARS-CoV-2 infection: These recommendations below also apply to resident with symptoms of COVID-19 and asymptomatic residents who have met the criteria for empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infections. These residents, however, should not be cohorted with residents with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing. The facility will decide to discontinue empiric transmission-based precautions for symptomatic residents being evaluated for SARS-CoV-2 infections based upon having negative results from at least one viral test. If the suspected resident is never tested , the decision to discontinue transmission-based precautions can be made based on time from symptom onset. 27. Responding to a newly identified SARS-CoV-2 infected healthcare personnel or resident: a. The facility should defer to the recommendations of the jurisdiction's public health authority when performing an outbreak response to a known case. b. A single new case of SARS-CoV-2 infection in any healthcare personnel or resident should be evaluated to determine if others in the facility could have been exposed. c. The approach to an outbreak investigation could involve either contact tracing or a broad-based approach; however, a broad-based approach is preferred if all potential contact cannot be identified or managed with contact tracing or if contact tracing failed to halt transmission. d. Perform testing for all residents and healthcare personnel identified as close contacts or on the affected unit (s) if using a broad-based approach, regardless of vaccination status. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145600	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab & Nursing of Canton	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The CDC Infection Control Guidance: SARS-CoV-2Perform SARS-CoV-2 Viral Testing dated 6-24-24 documents, Anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test for SARS-CoV-2 as soon as possible. Asymptomatic patients with close contact with someone with SARS-CoV-2 infection should have a series of three viral tests for SARS-CoV-2 infection. Testing is recommended immediately (but not earlier than 24 hours after the exposure) and, if negative, again 48 hours after the first negative test and, if negative, again 48 hours after the second negative test. This will typically be at day 1 (where day of exposure is day 0), day 3, and day 5. Healthcare facilities should have a plan for how SARS-CoV-2 exposures in a healthcare facility will be investigated and managed and how contact tracing will be performed. If healthcare-associated transmission is suspected or identified, facilities might consider expanded testing of HCP and patients as determined by the distribution and number of cases throughout the facility and ability to identify close contacts. For example, in an outpatient dialysis facility with an open treatment area, testing should ideally include all patients and HCP. Depending on testing resources available or the likelihood of healthcare-associated transmission, facilities may elect to initially expand testing only to HCP and patients on the affected units or departments, or a particular treatment schedule or shift, as opposed to the entire facility. If an expanded testing approach is taken and testing identifies additional infections, testing should be expanded more broadly. If possible, testing should be repeated every 3-7 days until no new cases are identified for at least 14 days. The IPC recommendations described below (e.g., patient placement, recommended PPE) also apply to patients with symptoms of COVID-19 (even before results of diagnostic testing) and asymptomatic patients who have met the criteria for empiric Transmission-Based Precautions based on close contact with someone with SARS-CoV-2 infection. However, these patients should NOT be cohorted with patients with confirmed SARS-CoV-2 infection unless they are confirmed to have SARS-CoV-2 infection through testing. Duration of Empiric Transmission-Based Precautions for Symptomatic Patients being Evaluated for SARS-CoV-2 infection. The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of current SARS-CoV-2 infection for a patient with symptoms of COVID-19 can be made based upon having negative results from at least one viral test. If a patient suspected of having SARS-CoV-2 infection is never tested , the decision to discontinue Transmission-Based Precautions can be made based on time from symptom onset as described in the Isolation section below. Ultimately, clinical judgment and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions. R7's current Physician's Orders document R7 has the diagnoses of Chronic Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, and Hypertension. R7's Progress Notes dated 12-31-24 at 7:42 AM documents, (R7) complained of a moist, wet, non-productive cough, inspiratory and expiratory wheezing, and rhonchi noted. (R7) denies SOB (Shortness of Breath) and/or chest pain. PRN (As Needed) Mucinex and inhaler utilized. Both are ineffective. (R7) has had this cough for several days now. Fax sent to (V19/R7's Physician) to inquire about a chest-Xray. Will await response. R7's Medical Record does not include evidence of R7 being tested for COVID-19 after exhibiting symptoms on 12-31-24, or evidence of R7 being placed in transmission-based precautions once exhibiting symptoms until COVID-19 could be ruled out. R8's current Physician's Orders document R9 has the diagnoses of Type II Diabetes Mellitus, Chronic Obstructive Pulmonary Disease, and Hypertension. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145600	A. Building B. Wing	01/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab & Nursing of Canton	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	R8's Progress Notes dated 1-12-25 at 9:11 AM documents, (R8) is lethargic but aroused easily. (R8) complains of fatigue, SOB, lower back pain, and all over just not feeling well. Expiratory wheezing and rhonchi noted. PRN nebulizer administered. PRN Tylenol administered for pain. (R8) is refusing breakfast. R8's Medical Record does not include evidence of R8 being tested for COVID-19 after exhibiting symptoms on 1-12-25, or evidence of R8 being placed in transmission-based precautions once exhibiting symptoms until COVID-19 could be ruled out. The facility's COVID-19 Testing Log dated 12-29-24 documents V17 (CNA/Certified Nursing Assistant) tested positive for COVID-19. V17's Timecard Report dated 12-28-24 documents V17 worked on 12-28-24 from 6:05 AM through 2:13 PM. On 1-22-25 at 11:57 AM, V17 stated, I worked all day on 12-28-24 with a sore throat and runny nose. I worked with all residents on all hallways and dining rooms that day. I felt sick, so later that night I tested myself and was positive for COVID-19. The last several months staff have only had to wear surgical masks while caring for the residents. On 1-22-25 at 12:30 PM, V2 (Director of Nursing) stated, I was the infection preventionist in December 2024. We (the facility) do not test residents anymore if they are in contact with a COVID positive staff member. No residents were tested for COVID once (V17/CNA) tested positive for COVID on 12-29-24. (V17) did not report to any of the department heads on 12-28-24 that she had a runny nose or sore throat while at work. (R7 and R8) were not tested for COVID-19 once they had symptoms. I am going to have to educate staff that residents should be tested whenever exhibiting symptoms of COVID. (R7 and R8) were not placed in transmission-based precautions when they were having symptoms of COVID-19. On 1-22-25 at 12:45 PM V2 stated, I just spoke to (V18/Vice President of Clinical Operations), and (V18) said that we should have been testing all residents who were in contact with (V17) on 12-28-24.