

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 08/22/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33970</p> <p>Based on record review and interview the facility failed to provide a completed transfer document for one resident (R68) of 2 residents reviewed for discharge in a total sample of forty.</p> <p>Findings Include:</p> <p>The Facility's Transfer and Discharge policy dated 1/30/24 documents Orientation for transfer or discharge must be provided and documented to ensure safe and orderly transfer or discharge from the facility, in a form and manner that the resident can understand. Depending on the circumstances, this orientation may be provided by various members of the interdisciplinary team.</p> <p>The Facility's Transfer and Discharge policy dated 1/30/24 documents for Emergency Transfers/Discharges that the nurse will Complete and send with the resident (or provide as soon as practicable) a Transfer Form which documents: Resident status, including baseline and current mental, behavioral and functional status and recent vital signs; Current diagnosis, allergies and reason for transfer/discharge; Contact information of the practitioner responsible for the care of the resident; Resident representative information including contact information; Current medications (including when last received), treatments, most recent relevant lab and. or radiological findings and recent immunizations; Special instructions or precautions for ongoing care to include precautions such as isolation or contact; special risks such as risk for falls, elopement, bleeding or pressure injury and/or aspiration precautions, comprehensive care plan goals, and any other documentation, as applicable, to ensure a safe and effective transition of care.</p> <p>R68's Electronic Medical Record documents that R68 was admitted on [DATE] after a Cerebral Vascular Accident for therapy with an anticipated return to home after therapy was completed.</p> <p>R68's Physician Order Sheet for May 2024 documents that R68 was receiving Skilled Therapy during his stay,</p> <p>R68's Physician Order Sheet for May 2024 document that R68 was receiving Apibaxin 5 mg (milligrams) (anti-coagulant medicine) daily.</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: 145600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R68's Nurse's Notes dated 5/24/24 at 9:24 AM document that R68 left the physical therapy department independently in his wheelchair and staff attempted to redirect him to finish his therapy due to his repeated refusals to complete the whole sessions. The Nurse's Note documents Resident sitting in middle of hallway, resident is having behaviors. Resident purposefully sliding out of his wheelchair as he did not want to wheel himself back to his room. Resident asking female staff for their personal phone number. Resident assisted back up in his chair using gait belt and several staff members. Resident taken to his room and started demanding we send him out to hospital because he wants to leave. Several minutes later he reported to staff he had facial numbness (of) bilateral arms (and) legs numbness. (Doctor) was notified and he gave an order to send resident to (Local emergency room) for evaluation.</p> <p>R68's SNF/NF (Skilled Nursing Facility/Nursing Facility) to Hospital Transfer Form dated 5/24/24 has area for Reason for transfer that was blank, area Primary Care Clinician in SNF/NF was blank, Risk Alerts area was blank, Immunizations area was blank, Behavioral Issues and Interventions area was blank, Rehabilitation Therapy: Is the Resident/Patient currently receiving Rehabilitation Therapy? was not answered.</p> <p>On 8/21/24 at 10:30 AM V2 (Director of Nursing) stated she didn't know why the areas were blank because she was not the one who filled out the form. V2 provided R68's eInteract Transfer Form dated 5/24/24 and stated that the form could be considered R68's transfer form/discharge summary.</p> <p>R68's eInteract Transfer Form dated 5/24/24 has area Primary Diagnosis for Admission to your Facility that was blank, Transfer/Discharge Details area was blank, Risk Alerts: Precautions: currently on isolation precautions? was not answered, Risk Alert: Other Risks area was blank, Behavior area was blank, Immunizations area was blank, Rehabilitation Therapy Is the resident/patient currently receiving Rehabilitation Therapy? was not answered, Primary Care Clinician in SNF/NF area was blank.</p> <p>R68's Acute Care Transfer Document Checklist documents Documents Recommended to Accompany Resident/Patient: Resident/Patient Transfer Form, Personal Belongings identified on Resident/Patient Transfer Form are enclosed, Face Sheet, Current Medication List or Current MAR (Medication Administration Record), SBAR (Situation, Background, Assessment and Recommendation) and/or other Change in Condition Progress Note (if completed), Advance Directives (Durable Power of Attorney for Health Care Living Will), Advance Care Orders. None of the listed documents are marked as sent with R68 to the emergency room .</p> <p>On 8/22/24 at 9:15 AM V2 stated she did not know why the forms were not completed because she was not the person who transferred R68 to the hospital.</p> <p>On 8/22/24 at 9:20 AM V1 (Administrator) confirmed that the forms should have been filled out in their entirety and V1 confirmed that R68 had documented behaviors that should have been noted, and that R68 was on an anticoagulant and that should have been noted in the other risk areas where available on the forms.</p>		

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 08/22/2024
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>33970</p> <p>Based on observation, interview and record review the facility failed to perform personal care for one resident (R20) of twenty residents reviewed for clean and well kempt appearance in a total sample of forty.</p> <p>Findings Include:</p> <p>The Facility's Activities of Daily Living Policy dated 12/5/23 documents Care and services will be provided for the following activities of daily living: 1. Bathing, dressing, grooming and oral care. The policy also documents A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal hygiene and oral hygiene.</p> <p>R20's Electronic Medical Record documents that R20 was admitted for Hospice Care due to adult failure to thrive and muscle wasting.</p> <p>R20's Point of Care Response History documents that on 8/17/24 R20 was totally dependent for bathing and grooming.</p> <p>On 8/20/24 at 9:00 AM R20 was lying in bed in a hospital gown with full beard stubble with a longer mustache that covered his entire lips. R20's fingernails were also long. R20 stated I've been asking (staff) to shave me, I want the mustache trimmed and I don't want all of this (motioned to full beard stubble on cheeks and neck). I need my damn nails cut too, I told the girl last night she said she would come back later and do it but never did. I could cut paper with my nails.</p> <p>On 8/22/24 at 10:00AM V8 (R20's family) stated (R20) needs shaved badly and he has told me a couple of times about his nails, I keep trying to remember some clippers so I could do it for him. I don't know why they (staff) haven't done it.</p> <p>R20's Point of Care Response History documents that R20 received a shower on 8/20/24 by V6 (Certified Nurse Aid).</p> <p>On 8/22/24 at 10:05 AM R20 stated I told her (V6/Certified Nurse Aid) that I wanted shaved, and my nails cut, and she said she would come back and do it and she never did.</p> <p>On 8/22/24 at 11:00 AM V1 (Administrator) confirmed that it would be her expectation that unless there was documentation of a resident refusing that all residents receive personal grooming to include being shaved and nails clipped during a shower. V1 confirmed that R20's shower was marked as given and that there was no documentation of R20 refusing personal grooming.</p>		

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 08/22/2024
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>Based on record review and interview, the facility failed to complete diabetic monitoring and care for one of two residents (R41) reviewed for quality of care in a sample of 40 residents.</p> <p>Findings include:</p> <p>R41's Minimum Data Set (MDS) documents R41 was admitted on [DATE] with Type 2 Diabetes Mellitus with Insulin Dependence.</p> <p>R41's Physician's Standing Orders, undated, documents Diabetes: Unless otherwise indicated: blood glucose monitoring before meals and at bedtime. If no sliding scale ordered, may use the following scale .</p> <p>R41's hospitalization Discharge Summary, dated 8/16/24, documents Insulin to be administered per sliding scale every four hours.</p> <p>R41's Progress Note document R41 returned to the facility post hospitalization on [DATE] at 3:45 PM.</p> <p>R41's Blood Glucose Monitoring log documents a blood glucose level was conducted on the facility's admission assessment on 8/16/24 at 5:30 PM and not again until 8/19/24 at 11:06 AM.</p> <p>R41's Progress Note dated 8/19/24 at 10:09 AM documents Resident had been yelling out in the morning, currently lethargic and slightly diaphoretic (sweating). Blood glucose levels checked, and resident is currently at 471 (per sliding scale 60-150 blood sugar levels require no treatment). Twelve units of insulin Lispro administered in reference to sliding scale standing order. Discharge orders (Hospital's Discharge Orders) checked prior to administration, order for insulin Lispro on sliding scale noted in discharge orders (Hospital's Discharge Orders). Doctor notified of elevated blood glucose levels.</p> <p>R41's Progress Note dated 8/19/24 at 11:06 AM documents 1 (one) hour recheck blood glucose at 413, 15 units (Insulin) administered.</p> <p>On 8/19/24 at 12:00 PM, a Physician's Order for Insulin administration per sliding scale was obtained.</p> <p>R41's Progress Note dated 8/19/24 at 12:08 PM documents Second blood glucose level at one hour after insulin administration, 413. Second dose of insulin administered via sliding scale guidelines. One hour post second dose administration blood glucose level 311.</p> <p>On 8/22/24 at 12:45 PM, V14 (Registered Nurse) confirmed R41's blood glucose levels were not monitored per standing order nor where insulin orders obtained upon return to the facility post hospitalization on [DATE] until 8/19/24.</p>		

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 08/22/2024
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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>Based on record review and interview, the facility failed to ensure catheter care was conducted for one of nine residents (R41) with indwelling catheters in a sample of forty residents.</p> <p>Findings include:</p> <p>R41's Care plan, dated 7/29/24, documents Indwelling Catheter for wound healing. Monitor/record/report to Medical Doctor for signs and symptoms Urinary Tract Infection: pain, burning, blood-tinged urine, cloudiness, no output, deepening of urine color, increased pulse, increased temp, urinary frequency, foul smelling urine, fever, chills, altered mental status, change in behavior, change in eating patterns.</p> <p>R41's Progress Notes, dated 8/3/24 at 9:49 PM, documents Husband concerned that R41 may be getting a Urinary [NAME] Infection. New Catheter bag in place for clean catch (urine sample). Will pass on to next nurse to collect urine if signs and symptoms for urinalysis to be collected.</p> <p>R41's Progress Notes, Physician Orders and Laboratory Results lacks documentation a urinalysis was obtained.</p> <p>R41's Progress Notes, dated 8/6/24 at 9:48 AM, documents R41 was sent to the hospital for evaluation for a change in condition.</p> <p>R41's hospitalization Discharge Summary, dated 8/16/24, documents During R41's admission (8/6/24 through 8/16/24), R41 was treated with Intravenous antibiotics for pneumonia and a urinary tract infection. R41's urine culture did have Pseudomonas Aeruginosa, Enterococcal Faecalis and Coag-negative Staphylococcus.</p> <p>On 8/16/24, the Progress Notes documents R41 returned to the facility with an indwelling urinary catheter.</p> <p>R41's Treatment Administration Record (TAR) documents a Physician's Order for Catheter Care every shift was obtained to start on 8/20/24 at 10:00 PM. The TAR documents catheter care was not conducted until night shift on 8/20/24, 4 days after return to the facility post hospitalization .</p> <p>On 8/22/24 at 12:45 PM, V14 (Registered Nurse) stated R41's (spouse) told me R41 said R41 felt like R41 had a kidney infection. R41 can be very cognizant at times. At home, R41 always told R41's (spouse) when R41 felt the symptoms of an UTI (Urinary Tract Infection) and the spouse would call R41's doctor, get a urinalysis and start antibiotics. R41's spouse said R41 always knew (when UTI was starting). So, when R41's spouse told me that (R41 reported signs and symptoms of kidney infection) I changed the catheter bag so we could get a clean catch specimen (urine). I don't know why it (urine sample) was never gotten. I think R41's urine looked ok until the day R41 went to the hospital. It doesn't look like physician orders were addressed until Monday, the 19th (8/19/24). Probably because it was a weekend.</p>		

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 08/22/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30899</p> <p>Based on observation, interview and record review the facility failed to identify specific triggers of re-traumatization for two residents (R1, R6) reviewed for PTSD (Post Traumatic Stress Disorder) of three residents reviewed for Trauma Informed Care in the sample of 40.</p> <p>Findings include:</p> <p>Facility Policy/Trauma Informed Care dated 1/30/24 documents:</p> <p>A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization.</p> <p>The facility will identify triggers which may re-traumatize residents with a history of trauma. Trigger-specific interventions will identify ways to decrease the resident's exposure to triggers which re-traumatize the resident, as well as identify ways to mitigate or decrease the effect of the trigger on the resident and will be added to the resident's care plan. While most triggers are highly individualized, some triggers may include, but not limited to:</p> <p>Experiencing a lack of privacy or confinement in a crowded or small space.</p> <p>Exposure to loud noises, or bright/flashing lights.</p> <p>Certain sights, such as objects that are associated with their abuser.</p> <p>Sounds, smells, and physical touch.</p> <p>Trauma-specific care plan interventions will recognize the interrelation between trauma and symptoms of trauma such as substance-abuse, eating disorders, depression, and anxiety.</p> <p>In situations where a trauma survivor is reluctant to share their history, the facility will still try to identify triggers which may re-traumatize the resident and develop care plan interventions which minimize or eliminate the effect of the trigger on the resident.</p> <p>Current Physician Order Summary Report indicates R1 was admitted to the facility on [DATE].</p> <p>Trauma Informed Care assessment dated [DATE] indicates R1 had no history of trauma.</p> <p>Trauma Informed Care Assessments dated 5/4/23 and 1/4/24 indicate R1 did have a history of trauma described as child, sexual abuse/assault (including rape) - non-consensual sexual contact which caused emotional harm. Assessments indicate symptoms exhibited are anger and tearfulness.</p> <p>R1's current Care Plan indicates R1 has a history of trauma (child abuse/sexual abuse).</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Care Plan interventions (dated 10/20/23) indicate (R1) will come and talk to Social Services or Nursing if she is having triggers due to her history of sexual abuse until she restarts therapy.</p> <p>Care Plan does not identify triggers for potential re-traumatization.</p> <p>On 8/22/24 at 12:20pm V15, Social Services/Care Plan Coordinator stated triggers should have been identified and documented in R1's care plan.</p> <p>2) Current Physician Order Summary Report indicates R6 was admitted to the facility on [DATE].</p> <p>Trauma Informed Care Assessments dated 8/17/23 and 2/16/24 indicate R6 has a history of trauma identified as sexual abuse/assault (including rape). Assessment indicates no symptoms or triggers per resident.</p> <p>R6's current Care Plan does not include PTSD or Trauma Informed Care including triggers/interventions.</p> <p>On 8/22/24 at 12:25pm V15, Social Services/Care Plan Coordinator stated R6's care plan should have included her diagnosis of PTSD and thinks it got overlooked.</p>		

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 08/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>Based on observation, interview and record review, the facility failed to identify an appropriate indication for use and identify target behaviors for the use of an antipsychotic medications for three of five residents (R28, R32, R39) reviewed for unnecessary medications in a sample of forty residents.</p> <p>Findings include:</p> <p>Facility Policy/Use of Psychotropic Medication dated 9/27/23 documents Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. Enduring Conditions (i.e., non-acute, chronic, or prolonged):The resident's symptoms and therapeutic goals shall be clearly and specifically identified and documented. An evaluation shall be documented to determine that the resident's expressions or indications of distress are:Not due to a medical condition or problems that can be expected to improve or resolve as the underlying condition is treated or the offending medications(s) are discontinued;Not due to environmental stressors alone, that can be addressed to improve the symptoms or maintain safety;Not due to psychological stressors, anxiety, or fear stemming from misunderstanding related to his or her cognitive impairment that can expected to improve or resolve as the situation is addressed; and Persistent, negatively affect his or her life.</p> <p>1. The Medication Administration Record (MAR), dated 8/1/24 - 8/31/24, documents R28's has the following diagnoses: Unspecified Mood Disorder and Unspecified Dementia, Unspecified Severity, without Behavioral Disturbances, Psychotic Disturbances, Mood Disturbances and Anxiety. The MAR's Physician's order, dated 6/11/24, documents Olanzapine (Antipsychotic medication) oral tablet 5 mg (milligram) at bedtime related to unspecified mood disorder is administered daily.</p> <p>R28's Careplan, dated 7/23/24, documents R28 uses Antipsychotic medication related to diagnosis of Mood disorder and Dementia.</p> <p>The Psychiatric Evaluation, dated 5/29/24, 6/7/24, 7/5/24 and 8/1/24, documents Psychiatric History: No history of inpatient or out patient psychiatric care. No history of Suicidal Ideation. No history of TMS (Transcranial magnetic stimulation), ETC (Electroconvulsive therapy) or any known psychotropic trials. Staff report no acute concerns or agitation. Staff deny any new or worsening non redirectable dementia related to behaviors. Staff deny noting any signs or symptoms of anxiety, depression, suicidal or homicidal ideation. No indication of delusions, visual hallucinations, auditory hallucinations, mania or paranoia. Patient remains at baseline mood without fluctuations. There are no indications of psychotic or manic features.</p> <p>On 8/20/24, 8/21/24 and 8/22/24, R28 was observed and did not display any inappropriate behaviors or signs/symptoms of psychosis.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/10/24, the Progress Note documents (Primary Care physician) was notified R28 is on a antipsychotic for Dementia related behaviors. However, R28 is not having any current behaviors per staff and per chart review. R28 has also been noted to be very drowsy in the morning during our visits. If R28 is having behaviors that i am unaware of please let me know. No Behaviors noted since being with us per nursing.</p> <p>On 8/22/24 at 12:45 PM, V3 (Assisting Director of Nursing) stated V28 has not exhibited any behaviors since admission and confirmed R28 did not have a psychiatric diagnosis. V3 stated R28 was admitted on Olanzapine and it has not been changed. V3 stated I will ask for them to discontinue it.</p> <p>30899</p> <p>2) Current Physician Order Summary Report indicates R32 is [AGE] years old and was admitted to the facility on [DATE].</p> <p>Physician Order Summary Report dated 4/1/24 to 4/30/24 indicates Quetiapine 25 mg (milligrams) twice daily was initially ordered on admit 4/2/24, for Unspecified Mood Disorder.</p> <p>Current Order Report indicates R32 currently has orders for Quetiapine (antipsychotic) 50 mg (milligrams) twice daily for Unspecified Mood Disorder was increased/ordered on 6/20/24.</p> <p>Progress Note dated 6/7/24 indicates R32's family Would like the physician to do a face to face with (R32) so she can determine whether (R32) is competent or not since she talks to family members about relatives that are no longer alive.</p> <p>Progress Note dated 6/11/24 at 6:42 PM indicates (R32's) family keeps calling staff demanding that he wants (R32) to be deemed incompetent.</p> <p>Progress Note dated 6/19/24 at 8 PM indicates R32 was showing signs of increased anxiety and increased sadness. Note indicates R32's family called facility with same concerns and requested medication change.</p> <p>Progress Note dated 6/20/24 at 1:24 PM indicates R32's family was wanting R32's medications adjusted however, R32's antidepressant was just increased. Note indicates R32 Recently had a flare up of CHF (Congestive Heart Failure) so she's been increase (ingly) complaining about everything and more whining (more) than usual, (which) would be expected.</p> <p>Progress Note dated 6/20/24 at 2:24pm indicates R32's PCP (Primary Care Physician) ordered (increased) R32's Quetiapine to 50 mg twice daily.</p> <p>Progress Note dated 8/4/24 at 11:58 AM indicates R32 was verbally aggressive, yelling and demanding to go home.</p> <p>Progress Note dated 8/7/24 3:29 PM indicates R32 very upset, yelling out that she wanted to go home while receiving care from staff.</p> <p>Consent for Psychotropic Medications dated 4/3/24 and 6/20/24 indicates Quetiapine was ordered for Bipolar.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of R32's current diagnosis list and psychiatry notes found no diagnosis of Bipolar Disorder.</p> <p>Most recent psychiatry note dated 8/1/24 indicates R32 has no audio/visual hallucinations or delusions.</p> <p>Current Care Plan indicates R32 uses antipsychotic medication related to diagnosis of Mood disorder and Depression. Care Plan indicates R32 is upset with placement and wants to go home. Care Plan interventions indicate to monitor occurrence of target behavior symptoms - withdrawn, tearful, refusal of cares, agitation.</p> <p>Pharmacy Recommendations dated 6/12/24 indicates a Gradual Dose Reduction was recommended by pharmacy for R32's Quetiapine. Physician response to recommendations indicated Condition is not well controlled/stable and a reduction is likely to impair the resident's function and/or cause psychiatric instability.</p> <p>On all dates of the onsite survey 8/20/24, 8/21/24, 8/22/24 - R32 was seen self-propelling her wheelchair through the facility and easily engaging with staff. On 8/20/24 R32 did have a concern regarding her family taking over her finances, then later stated she spoke with staff and it was no longer a concern. R32 did not exhibit any distress related to her concerns.</p> <p>On 8/22/24 at 12:30 PM V15, Social Services/Care Plan Coordinator acknowledged R32's behaviors are only being occasionally verbally aggressive and resistive to cares at times. V15 stated R32 has never been physically aggressive.</p> <p>On 8/22/24 at 12:40 PM V3, ADON/Psychotropic Nurse (Assistant Director of Nursing) stated R32's behaviors are outbursts, yelling at staff and resistive to cares. V3 acknowledged she was not in agreement with increasing R32's Quetiapine acknowledged R32's behaviors did not meet requirements for an antipsychotic. V3 also acknowledged Bipolar was not the correct diagnosis documented on R32's psychotropic consents.</p> <p>3) Current Physician Order Summary Report indicates R39 is [AGE] years old and was admitted to the facility on [DATE].</p> <p>Current Order Report indicates R39 has orders for Quetiapine (antipsychotic) 25 mg (milligrams) in the afternoon for verbal aggression, crying uncontrollably related to Vascular Dementia with Agitation (order date 8/14/24).</p> <p>Progress Note dated 8/7/24 at 2:40 PM indicates R39 was outside of the nursing office yelling and crying out. Note indicates staff attempted to give R39 pain medication which R39 refused at that time.</p> <p>Progress Note dated 8/7/24 at 3 PM indicates R39 Up at the nurses's desk upset and yelling out and crying. Note indicates multiple staff unable to determine reason R39 was upset due to R39's word salad. Note further indicates when R39 was able to calm down, staff able to determine that R39 was constipated and wanted something to help.</p> <p>Progress Note dated 8/11/24 9:10 AM indicates R39 had an unwitnessed non-injury fall in her room.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Progress Note dated 8/11/24 at 10:38 AM indicates R39's hearing aide was broken.</p> <p>Progress Note dated 8/11/24 at 11:58 AM indicates a new order was received from psychiatry services to start Quetiapine (antipsychotic) 25 mg daily.</p> <p>Progress Note dated 8/12/24 at 11:28 AM indicates R39 had an unwitnessed non-injury fall in her room.</p> <p>Progress Note dated 8/19/24 at 4:28 AM indicates R39 came out of her room and was crying and stating I can't stand this pain! and requesting nurse call the physician.</p> <p>R39's current Care Plan reviewed and found no care plan area to address Quetiapine/antipsychotic use or identified target behaviors.</p> <p>On all dates of the onsite survey 8/20/24, 8/21/24, 8/22/24 - R39 was seen sleeping or in her room in her recliner chair. R39 did not exhibit any inappropriate behaviors.</p> <p>On 8/22/24 at 12:40 PM V3, ADON stated Hospice ordered the Quetiapine for R39 and stated she advised Hospice the current diagnosis was not appropriate for its use.</p> <p>V3 stated R39 gets frustrated and mad due to not being able to express herself and not being understood by staff. V3 stated that a lot of R39's behaviors are due to R39's pain and medication seeking. V3 stated there has been a disconnect between nursing and care planning and R39's Quetiapine should have been care planned along with target behaviors. V3 stated R39's behaviors are not constant or dangerous to herself or others.</p>		

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 08/22/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>32189</p> <p>Based on observation and record review, the facility failed to ensure food is prepared under sanitary conditions by not using Personal Protective Equipment (PPE) properly to prevent hair from contacting food. This failure has the potential to affect all residents with a current census of 65 residents.</p> <p>Findings include:</p> <p>The Hair Restraint; Jewelry; Nail Polish; False Eyelashes policy, dated 11/10/21, documents Food and nutrition services employees shall wear hair restraints and beard guards. Hairnets will be worn at all times in the kitchen. [NAME] guards or masks will be worn as indicated. Dietary staff must wear hair restraints to prevent their hair from contacting exposed food. If a hat is worn, a hairnet must be worn under the hat if any hair is exposed from under the hat.</p> <p>On 8/21/24 at 11:15 AM, two maintenance men (vendor) were observed to be in the kitchen working on an ice machine without hair or beard restraints donned.</p> <p>On 8/21/24 at 11:20 AM, V13 (Cook) was observed to have multiple pieces of hair exposed from under the hair restraint while preparing lunch trays.</p> <p>On 8/21/24 at 11:22 AM, V11 (Dietary Manager) stated the maintenance men should have donned hair restraints and beard guards prior to entering the kitchen and the cook should've had all hair covered by the hair restraint.</p>		

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 08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>This citation has 2 deficient practice statements.</p> <p>A. Based on record review, observation and interview, the facility failed to wear Personal Protective Equipment (PPE) appropriately, failed to disinfect patient use items and failed to conduct hand hygiene per policy for one of three residents (R41) reviewed for infection control practices in a sample of forty residents.</p> <p>B. Based on observation, interview and record review the facility failed to pass medications in a manner to prevent contamination. This failure has the potential to affect the 19 residents who reside on the 400 hall (R1, R5,R6,R12,R16,R19,R23,R26,R27,R31,R32,R36,R29,R46,R50,R54,R56,R60 and R61) in a total sample of forty.</p> <p>Findings include:</p> <p>A. The Enhanced Barrier Precautions policy, dated 1/1/24, documents Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of multi-resistant organisms that employ targeted gown and gloves use during high contact resident care activities. b. An order for enhanced barrier precautions will be obtained for residents with any of the following: i. Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO (Methicillin-drug Resistant Organism).</p> <p>The Morbidity and Mortality Weekly Report Vol. 51 / No. RR-16 Guideline for Hand Hygiene in Health-Care Settings, Recommendations of the Healthcare Infection Control Practices, Advisory Committee and the HICPAC/[NAME]/APIC/IDSA, Hand Hygiene Task Force, 10/25/22, documents G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, nonintact skin and wound dressings if hands are not visibly soiled J. Decontaminate hands after removing gloves.</p> <p>R41 was admitted on [DATE] with sacral and ankle wounds, a gastrostomy tube, indwelling urinary catheter and a history of urinary tract infections.</p> <p>08/20/24 12:10 PM and 8/21/24 at 9:08 AM, an Enhanced Barrier Precaution sign was posted outside of R41's room door.</p> <p>On 8/21/24, V12 (Registered Nurse) and V10 (Certified Nurse Aide) were observed to provide wound care without donning a gown. V12 was observed to clean stool from R41's buttocks and removed the dressing, which was soiled with stool, removed gloves and donned new gloves without conducting hand hygiene. After the dressing change, V12 removed gloves and proceeded to pick up the tube of ointment used during treatment, applied the lid to the tube of ointment and put the ointment back into the ointment box without conducting hand hygiene or wearing gloves.</p> <p>On 8/22/24 at 10:00 AM V2 (Director of Nursing) stated PPE gowns should be secured with both ties, hand hygiene should have been conducted before and after glove application and removal. V2 stated the tube of ointment should have been considered dirty and should have been disinfected prior to replacing the ointment back into the ointment box with clean gloves donned.</p> <p>(continued on next page)</p>		

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 08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>33970</p> <p>B. The Facility's Medication Administration policy dated 01/04/24 documents Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</p> <p>On 8/21/24 at 8:05 AM V2 (Director of Nursing) prepared R5's scheduled morning medications in a medicine cup. V2 knocked the medicine cup over on top of the medication cart and used her gloved hand to scoop up the pills that came out onto to cart and put them back in the cup and then administered the medications to R5.</p> <p>On 8/22/24 at 10:00 AM V2 (Director of Nursing) stated I don't remember doing that, yesterday was crazy, if I did, I shouldn't have. V2 confirmed that the top of the medication cart would not be considered a clean surface and that all medications that came out of a medicine cup during medication preparation should be discarded. V2 confirmed that the medication cart she had been working out of on 8/21/24 contained all the medications for the 400 hall.</p> <p>The Facility's Room Roster dated 8/20/24 documents that the following residents reside on the 400 hall: R1, R5,R6,R12,R16,R19,R23,R26,R27,R31,R32,R36,R39,R46,R50,R54,R56,R60 and R61.</p>		