

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145647	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER Loft Rehab of Peoria, The		STREET ADDRESS, CITY, STATE, ZIP CODE 1500 West Northmoor Road Peoria, IL 61614	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Based on observation, interview, and record review, the facility failed to assess, monitor, and apply a physician ordered hand protector for contracture prevention, and ensure Range of Motion Services were provided for one (R39) of three residents reviewed for splints and contractures in the sample list of 53.</p> <p>Findings include:</p> <p>The facility's ADLs (Activities of Daily Living) Policy, dated 2/10/25, documents, Policy: The facility will, based on the resident's comprehensive assessment and consistent with the resident's needs and choices, ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. Policy Explanation and Compliance Guidelines: 2. The facility will provide a maintenance and restorative program if indicated to assist the resident in achieving and maintaining the highest practical outcome based on the comprehensive assessment.</p> <p>The facility's Facility Assessment, dated 9/5/2024, documents, Services and Care We Offer Based on Our Resident's Needs: General Care- Mobility and fall/fall with injury prevention. Specific Care or Practices: Transfers, Ambulation, Restorative Nursing, Contracture Prevention/Care.</p> <p>R39's Physician Order Sheet, dated 7/27/23, documents a Physician Order for a right-hand protector to prevent contracture twice a day. This order did not include parameters for how long splint should be on and when to remove the splint.</p> <p>R39's current Medical Diagnosis list documents Cerebral Infarction affecting right dominant side, Contracture of Right Hand, and Abnormalities of Gait and Mobility.</p> <p>R39's MDS (Minimum Data Set) Assessment, dated 5/17/2025, documents R39 is cognitively impaired, requires assistance with all ADLs, has an impairment on one side of R39's upper extremities, and an impairment on both sides of R39's lower extremities.</p> <p>R39's current Care Plan documents, (R39) has an ADL self-care performance deficit related to Activity Intolerance, Fatigue, Impaired balance, right hand contracture, memory loss, post laminectomy syndrome with pain, obesity. This same care plan does not document any active or passive range of motion exercises to R39's right hand.</p> <p>R39's electronic medical record does not contain any evidence of Range of Motion exercises being performed to R39's right hand.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/30/25 at 1:30 PM, R39 was observed lying in bed. A right-hand splint labeled with R39's name was on the bedside table. R39's right arm was drawn up toward R39's chest, with the right hand curled into a fist, indicating a contracted posture. The hand protector was not in use, and there was no staff present to explain the absence.</p> <p>On 6/30/25 at 2:15 PM, V21 (Physical Therapist) stated therapy gave the order on 7/27/23 for R39's right hand protector. V21 further stated R39's hand was becoming contracted, and the protector was to keep R39's fingernails from digging into R39's hand. V21 stated R39's order should have had more clear instructions for right placement and removal of right-hand protector.</p> <p>On 6/30/25 at 2:25 PM, V7 (MDS Nurse) stated she does not do quarterly assessments for residents with a brace/splint. V7 stated the facility does not have a nursing assessment to address splints and braces for contractures. V7 confirmed the facility does not have a restorative program, and there is no documentation to show R39 has received Range of Motion to R39's right hand.</p> <p>On 6/30/25 at 2:20 PM, V13 (Assistant Director of Nursing) stated V13 was not aware R39 had a right-hand protector. V13 further stated she is not aware of a nursing assessment being completed for R39's right hand protector, and V13 stated she is not aware who would complete the assessment.</p>		