

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 12/30/2025
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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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
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F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interview, the facility failed to protect one resident(R2) from abuse of 5 residents reviewed for abuse, in a total sample of five residents. This failure resulted in R1 pulling out his penis and placing his penis on R2's lips. A reasonable person would feel intimidated, stressed, and humiliated.FINDINGS INCLUDE:The facility policy, entitled Abuse, Neglect, and Exploitation, date reviewed/ revised 2/11/2025, documents, Sexual Abuse is non-consensual sexual contact of any type with a resident; and B. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility. 1. An assessment of the individual's functional and mood/behavioral status, medical acuity, and special needs will be reviewed prior to admission. 2. The facility will make individual determinations in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment.R1's Electronic Medical Record/EMR documents R1 was admitted to the facility from a local hospital on [DATE], with the diagnoses of Cerebral Infarction, Vascular Dementia, Centrilobular Emphysema, Other Sexual Dysfunction, Aphasia, Tobacco Use, Hyperlipidemia, Nicotine Dependence, Diabetes Mellitus Type II, Dehydration, and Hypertension. R1's Brief Interview for Mental Status (BIMS) is zero-indicating R1 is not cognitively intact.R1's local hospital documentation prior to admission documents: Interval HPI [History/Physical Information]: 11/27: Persistent receptive aphasia. Patient reportedly inappropriate towards female staff. Assigned all male nurses moving forward. Video sitter in place for consistent failure to abide by safety measures. Minimal ability to follow commands due to receptive aphasia. 11/28/2025: No change in neuro status. Still has inability to answer questions but has been seeing some inappropriate words to bedside nursing. Patient refused labs this a.m. 12/1/2025: No change in neuro status. Spoke with daughter and she reported that the patient has been sexually inappropriate for 3 to 4 days prior to his stroke. The patient most likely started having his stroke when he started being sexually inappropriate because his stroke is located in the left posterior frontal temporal parietal lobes 12/2/2025: No change in neuro status. Still aphasic. Per bedside staff the patient is no longer verbally sexually inappropriate but still has inappropriate behavior; DOS [date of service] 12/2/25 Subjective: Patient alert and sitting upright in bed. Patient participatory with ST [skilled therapy] services. Patient made lewd comments to clinician and attempted to touch his genitals x2 but redirectable with verbal cues to stop; DOS 12/3/25 Started carbamazepine 200 mg [milligrams] twice daily for hypersexuality after a stroke.The facility's Final Report to the State Agency documents: Allegation Date: 12/13/2025; Brief Description of Allegation: Allegation of resident to resident incident (R1) with his flaccid penis exposed and placing on (R2's) face/lip area; SUMMARY OF THE INVESTIGATION: Staff was walking down the hallway when she observed (R1) with his penis exposed and trying to place it on the face of (R2). (R2) was seated in a wheelchair and (R1) was attempting to stand. Staff immediately separated.R1's psychiatric note, dated 12/15/25, documents: Prior to admission, the patient was started on carbamazepine specifically to address hypersexual behaviors; however, staff report that it is ineffective. The patient currently requires one-on-one supervision due to his history of inappropriate sexual behaviors.R2's EMR documents: Diagnoses- Metabolic Encephalopathy, Obstructive Reflux Uropathy, Adult Failure to Thrive, Anxiety Disorder, Unspecified Dementia, GOUT, Dysphagia, Atrial Fibrillation, Peripheral Vascular Disease, Hypertension, Hyperlipidemia. Atherosclerotic Heart Disease, and Osteoporosis. R2's Minimum Data Set/MDS documents R2's cognitive status as not able to be interviewed- resident is rarely/never understood. On 12/23/25, at 11:00 a.m., R2 was observed sitting in her wheelchair. R2 was not able to communicate and sat with her mouth open.On 12/23/25, at 12:40 p.m., R1 was observed in his room with a sitter. R1 does not have to cognitive ability to understand or to be interviewed.On 12/24/25, at 9:40 a. m., V3/Certified Nursing Assistant, confirmed: On 12/13/25, she went to the 200 Hall and when she turned the corner, she saw R1's penis out of his pants and touching in between [R2's] lips; [R2's] mouth is always open; the situation occurred at the entrance of the 100/200 dining room; [R1] sat right down and buttoned his pants when he saw me.On 12/24/25, at 12:12 p.m., V8/Vice President of Business Development confirmed [regarding R1's admission screening]: I was not on the front end [of the screening process]; looped in after the fact; there were gaps in the front end and screening was worked through the case manager and not at bedside; We talked at the corporate level, education with the team; and starting 1/5/26, we will have a dedicated [criti] person [for admission screening] On 12/30/25, at 11:05 a.m. V1/Administrator confirmed:</p>		