

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145965	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/30/2024
NAME OF PROVIDER OR SUPPLIER Loft Rehab of Decatur		STREET ADDRESS, CITY, STATE, ZIP CODE 500 West McKinley Avenue Decatur, IL 62526	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>50993</p> <p>Based on observation and interview the facility failed to ensure a sink was properly secured to the wall for one (R4) of three residents reviewed for a safe, clean, and homelike environment on the sample list of nine.</p> <p>Findings Include:</p> <p>On 8/28/2024 at 10:30 AM, R4 was sitting in a recliner with a cabinet type sink directly to R4's left side. The sink top was not secured to the cabinet base, with the left side of the sink hanging off of the cabinet approximately 1 inch and the entire sink top not secured to the wall with an approximate one inch gap from the back of sink to wall. The sink was unstable and wobbled when touched. At this time, R4 stated R4 never grabs onto the sink from R4's recliner because it is too unsteady. R4 stated a maintenance man was here 2-3 weeks ago and said it needs resealed and then never resealed it.</p> <p>On 8/28/2024 at 10:39 AM, V13 CNA (Certified Nurses Assistant) confirmed that the sink in R4's room was unsteady and stated it had been reported.</p> <p>On 8/29/2024 at 9:30 AM, V11 Corporate Maintenance, confirmed that R3's sink was unsteady due to not being attached to the base or wall and that V11 had not worked on the sink prior to 8/28/2024.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31642</p> <p>Based on observation, interview and record review the facility failed to implement a call light intervention for a resident with a recent fall. This failure affected one of three residents (R6) reviewed for falls on the sample list of nine.</p> <p>Findings include:</p> <p>R6's current diagnoses sheet documents the following diagnosis: Muscle Weakness (generalized) and Alzheimers' Disease Unspecified.</p> <p>R6's Fall Risk Assessments dated 7/25/24 documents R6 is at moderate risk (25 to 44 points) of falls score 30.</p> <p>R6's Fall Risk Evaluation dated 8/21/2024 at 11:22 pm documents:</p> <p>Fall Risk: History of falls (past 3 months): 3 or more falls in past 3 months.</p> <p>R6's Minimum Data Set, dated dated [DATE] documents the following:BIMS 4/15. No impairment upper or lower extremities. Uses a wheelchair for assistive mobility device.</p> <p>R6's Care Plan updated 8/21/24 documents the following:</p> <p>(R6) is at risk for falls r/t (related to) Incontinence and Weakness [Falls] Fall interventions include: (On) 7/25/24 floor mat placed next to bed in low position while (R6) is resting and '(bolster cover placed on bed to help identify parameters of mattress-resolved 8/21/24)' (On)8/21/24 air mattress with bolster over lay replaced with scoop mattress.</p> <p>Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance.</p> <p>R6's Interdisciplinary Team Note dated 7/29/2024 at 12:36 pm, documents R6 had an unwitnessed fall on 7/25/24 at 6:10 am, out of R6's bed. Root Cause: Resident was resting in bed when she attempted to reposition and rolled out of bed.</p> <p>R6's Interdisciplinary Team Note date 8/23/2024 at 10:21am, documents R6 had an unwitnessed fall 8/21/24 at 10:50 pm, out of R6' bed. Resident was observed in her room on her left side next to her bed Resident stated, 'I fell out of bed' hematoma to middle of forehead noted. Resident was attempting to reposition in bed when she rolled off the side of the mattress. Resident has poor safety awareness and impaired cognition. She requires 1 (one) assist for transfers. BIMS (Brief Interview of Mental Status) 2 (out of 15, indicating severe cognitive impairment.). The same note documents a question: Bedside call light on when Resident was found: No.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/30/24 at 11:15 am, on an environmental assessment for fall interventions in R6's room, R6 did not have a call light wall mount to plug in, a call light cord/or a button, to activate for staff assistance. R6's roommate R9 had a wall mount plug- in with an attached call light cord with a button at the end of the cord to activate call light for staff assistance. R9's call light cord did not have a splitter attachment to support a second call light for R6's side of the bedroom.</p> <p>On 8/30 /24 at 11:20 am, V18, Housekeeper entered R6 and R9 shared room. V18, Housekeeper confirmed R6 did not have a call light on R6's side of the bedroom. V18, Housekeeper stated (R6) has never had a call light, not since she has been (census dated R6 moved to this shared room [ROOM NUMBER]/14/2024) in the room with (R9).</p> <p>On 8/30/24 at 11:24 am, R6 was seated in a wheelchair, in the dining room. R6 had a quarter size faded purple bruise at the outer corner of her left eye. R6 stated Well I don't have any idea what happened to my eye. I did not know I had a bruise there. R6 also stated she had not had a fall that she could remember.</p> <p>On 8/30/24 at 11:27 am, V13 Certified Nursing Assistant (CNA) entered R6 and R9's room. V13, CNA confirmed R6 does not have a call light on her side of the shared bedroom and there was no splitter to accommodate a call light extension from R9's side of the room outlet.</p> <p>On 8/30/24 at 11:32 am, V2 Director of Nursing entered R6 and R9's room. V2, Director of Nursing (DON) confirmed there is only one call light in R6 and R9's room. There was only one plug- in to support a single call light activation cord. There was no extender to split the call light activation to two cords. V2, then stated All residents should have a call light within reach. I was not aware (R6) did not, until now. I will take care of this immediately.</p> <p>The facility Policy dated 1/24/24 documents the following:</p> <p>Policy: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</p> <p>Definitions:</p> <p>A fall is an event in which an individual unintentionally comes to rest on the ground, floor, or other level, but not as a result of an overwhelming external force (e.g., resident pushes another resident). The event may be witnessed, reported, or presumed when a resident is found on the floor or ground, and can occur anywhere.</p> <p>A near miss which is also considered a fall, is when a resident would have fallen if someone else had not caught the resident from doing so.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>1. The facility utilizes a standardized risk assessment for determining a resident's fall risk.</p> <p>a. The risk assessment categorizes residents according to low, moderate, or high risk.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b. For program identification purposes, the facility utilizes high risk and low/moderate risk, using the scoring method designated on the risk assessment.</p> <p>2. Upon admission, the nurse will complete a fall risk assessment along with the admission assessment to determine the resident's level of fall risk.</p> <p>3. The nurse will indicate on the Fall Risk Assessment/Morse Fall Assessment the resident's fall risk and initiate interventions on the resident's baseline care plan, in accordance with the resident's level of risk.</p> <p>4. The nurse will refer to the facility's High Risk or Low/Moderate Risk protocols when determining primary interventions.</p> <p>5. Low/Moderate Risk Protocols:</p> <p>a. Implement universal environmental interventions that decrease the risk of resident falling, including, but not limited to:</p> <p>i. A clear pathway to the bathroom and bedroom doors.</p> <p>ii. Bed is locked and lowered to a level that allows the resident's feet to be flat on the floor when the resident is sitting on the edge of the bed. Bed should always be in low position when the resident is sleeping.</p> <p>iii. Call light and frequently used items are within reach.</p> <p>iv. Adequate lighting.</p> <p>v. Wheelchairs and assistive devices are in good repair.</p> <p>b. Implement routine rounding schedule.</p> <p>c. Monitor for changes in resident's cognition, gait, ability to rise/sit, and balance.</p>		