

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 01/14/2026
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 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect a resident's right for dignity and respect. This failure affected one of three residents (R3) reviewed for Abuse on the sample of five. Findings Include: The Resident's Rights for People in Long Term Care Facilities pamphlet dated November 2018 documents the facility must treat residents with dignity and respect and must care for residents in a manner that promotes their quality of life. The State Report dated 12/8/25 documents R3 alleged a staff member (later identified as V11 Certified Nurse Assistant CNA) was rude to her and threw the container of sanitary wipes at her and told her she needed to clean someone else's feces off of the toilet seat before she used the bathroom. R1's Minimum Data Set, dated [DATE] documents R3 is cognitively intact and requires partial/moderate assistance for toileting hygiene and toilet transfers. On 1/14/26 at 3:00 PM R3 stated she was being helped to the bathroom by V11 CNA when V11 noticed another resident's feces was on the toilet seat. V11 told R3 to use the wipes and clean off the toilet seat before sitting down to use the toilet. R3 stated it was not her own feces on the toilet seat and V11 told R3 she couldn't help her to the bathroom until R3 cleaned it up. V11 threw the container of wipes towards R3 and waited until R3 did as she asked. R3 stated it made her feel upset, embarrassed and disrespected and no one had ever treated her that way before. On 1/14/26 at 3:20 PM V1 Administrator confirmed V11 CNA did not treat R3 with dignity and was terminated due to her behavior in regards to the incident.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to protect the resident's right to be free from misappropriation of property. This failure affected one of three residents (R4) reviewed for Abuse on the sample of five. Findings Include: The facility's Abuse, Neglect, and Exploitation policy dated 2/11/25 documents the facility develops and implements policies and procedures that prohibit and prevent abuse and misappropriation of resident property. The State Report Investigation dated 1/12/26 documents a staff member (later identified as V15 Certified Nurse Assistant) had taken a check from R4's check book without permission and had used the check to pay her rent. V15 had written the check and signed R4's name. The total amount was for \$975.00. R4's Minimum Data Set, dated [DATE] documents R4 is cognitively intact. On 1/14/26 at 3:07 PM, R4 confirmed a staff member had stolen a check from her check book which she had kept in her room and had used it to pay their rent unbeknownst to her. R4 stated her son (V18) noticed and alerted the facility. The Employee Disciplinary Form dated 1/9/26 documented V15 CNA was terminated due to theft. On 1/14/26 at 3:20 PM V1 Administrator confirmed V15 CNA had taken a check from R4's checkbook and used the check to pay her rent. V15 was terminated due to theft.</p>		