

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/27/2026
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to answer call lights in a timely manner for five (R1, R4, R5, R7, R8) of five residents reviewed for call lights in a sample list of eight residents. Findings Include: On 6/26/26 at 8:11 AM, R8's call light was on, at 8:15 AM, V11 Certified Nursing Assistant (CNA) went into the room and shut off call light. This writer heard V11 tell R8 that R8's CNA is feeding other residents in the dining room and R8 would have to wait. On 6/26/2026 at 9:05 AM, R5 was in R5's room sitting in recliner watching TV. R5's call light was on floor on the right side of recliner out of R5's reach. On 6/25/26 at 08:17 AM, V3 (R1) family member, stated R1 called V3 at 03:44 AM on 6/11/26 stating that R1's call light had been on since midnight, and no one had answered it. On 6/26/26 at 8:30 AM, R8 stated R8 had to use the bathroom, but the Certified Nursing Assistant (CNA) didn't ask R8 what R8 needed or anything. R8 stated, R8 gets put off like that routinely. R8 stated if the staff come and put R8 in the bathroom, they leave, and R8 has to wait for them to come back a lot of times too. R8 doesn't know how long it is but seems like a lifetime to R8. R8 stated waiting on staff has never caused R8 to have an accident. On 6/26/2026 at 9:00 AM, R4 stated call lights are not answered in a timely manner and causes R4 to have accidents (urinary incontinence) due to this. On 6/26/2026 at 9:21 AM, R7 stated, call lights do not get answered in a timely response. R7 stated some staff take longer than others. On 6/26/2026 at 11:23 AM, V12 License Practical Nurse (LPN) stated V12 received a call from R1's family who stated that the call light was activated and R1 needed assistance. V12 confirmed the call light was activated for an unknown amount of time. On 6/26/26 at 11:54 AM, V2 Director of Nursing (DON) stated V2 would expect the CNA to help the resident. On 6/26/26 at 11:49 AM, V15 LPN stated V15 would expect CNAs to help the resident. V15 stated everybody is to help everybody here. Depending on the CNA and workload they have. On 6/27/2026 at 12:34 PM, R7 stated that R7's call light is usually answered in 15-20 minutes. R7 stated, I (R7) can put my light on after supper at 7:00 PM and staff will not answer until 8:00 PM. R7 stated this happens all the time. On 6/27/2026 at 12:38 PM, V2 stated that call lights should be answered as soon as possible. V2 stated within 15 minutes. R1 was admitted to the facility on [DATE] and was discharged on 6/11/2026. R1's Care plan dated 6/27/26 documented diagnosis of Acute on Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Pancytopenia, Acute and Chronic Respiratory Failure with Hypoxia, Unilateral Primary Osteoarthritis Right Knee, Chronic Kidney Disease, Essential (Primary) Hypertension, Acute Right Heart Failure, Anemia in Other Chronic Diseases Classified Elsewhere, and Non-St Elevation (Nstemi) Myocardial Infarction. R1's Minimum Data Set completed on Jun 10, 2026, documents a Brief Interview for Mental Status (BIMS) score of 14. A score of 14 indicates R1 is cognitively intact. R4 was admitted on [DATE] with Diagnosis of Exudative Age-Related Macular Degeneration, Bilateral, Stage, Contracture Right Hand, Osteoarthritis, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side, Lack of Coordination, Contracture Right Shoulder, Contracture Right Elbow, Contracture Right Wrist, and Difficulty in Walking. R4's Minimum Data Set in section GG dated 05/26/2026 states R4 is dependent on assistance for toileting hygiene, substantial/maximal (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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	assistance with lower body dressing and toilet transfers. R4's Minimum Data Set completed on 5/20/2026 documents a Brief Interview for Mental Status (BIMS) score of 13. A score of 13 indicates R4 is cognitively intact.R5 was admitted on [DATE] with a diagnosis of History of Falling, Muscle Weakness, Age-Related Osteoporosis Without Current Pathological Fracture, Primary Generalized (Osteo)Arthritis, Polyosteoarthritis, Thyrotoxicosis, Hypotension. R5 Minimum Data Set in section GG dated 05/15/2026 states R5 is partial/moderate assistance for toileting hygiene. substantial/maximal assistance with lower body dressing and Partial/moderate assistance for toilet transfers. R5's Minimum Data Set completed on 05/15/2026 documents a Brief Interview for Mental Status (BIMS) score of 08. A score of 08 indicates R5 is Moderately Impaired.R7 was admitted on [DATE] with diagnosis of Muscle Weakness, Glaucoma, Unilateral Primary Osteoarthritis Left Hip, Radiculopathy Lumbar Region, Spondylosis Without Myelopathy or Radiculopathy Lumbar Region, Pain in Right Knee, Unilateral Primary Osteoarthritis Left Knee, Pain in Left Knee, Unilateral Primary Osteoarthritis Right Knee, Localized Edema Cervical Region, Osteoarthritis, Carpal Tunnel Syndrome, Mass Index [BMI] 40.0 44.9, Adult (Z68.41). R7's Minimum Data Set in section GG dated 03/25/2026 states R7 is substantial/maximal assistance for toileting hygiene, substantial/maximal assistance with lower body dressing and partial/moderate assistance for toilet transfers. R7's Minimum Data Set completed on 3/24/2026 documents a Brief Interview for Mental Status (BIMS) score of 15. A score of 15 indicates R7 is cognitively intact.R8 was admitted on [DATE] with diagnosis of Age-Related Osteoporosis, Nontraumatic Intracerebral Hemorrhage in Hemisphere, Acute Embolism and Thrombosis of Iliac Vein Bilateral, Epilepsy, Iron Deficiency Anemia, Muscle Wasting and Atrophy. R8's Minimum Data Set in section GG dated 05/11/2026 states R8 has an impairment on one side of body to upper extremity and lower extremity. R8 is dependent for toileting hygiene, lower body dressing and toilet transfers. R8's Minimum Data Set completed on 5/11/2026 documents a Brief Interview for Mental Status (BIMS) score of 15. A score of 15 indicates R10 is cognitively intact.On April 23, 2026, the Resident Council minutes show concerns from residents with CNAs entering rooms to turn off call lights without providing necessary assistance.Facility's Call Lights: Accessibility and Timely Response Policy last revised on 02/06/2025 states, 8. All staff members who see or hear an activated call light are responsible for responding. If the staff member cannot provide what the resident desires, the appropriate personnel should be notified. 9-A response times should be a Priority. 9-D Listen to the resident's request and respond accordingly.		

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure incontinence care was provided per current standards of practice for three (R1, R5, and R6) of five residents reviewed for incontinence care in the sample list of eight residents. Findings Include: On 06/25/26 at 08:17 AM, V3 (R1's) family member, stated when family visited R1 on 6/7/26 in the morning hours, R1 told family R1 had not been checked for incontinence in 15 or more hours. R1 further stated to family that R1 was wearing two (2) incontinence briefs. V3 stated R1 was observed wearing two (2) incontinence briefs that were saturated with urine and staff was asked to change R1. On 6/26/2026 at 9:05 AM, R5 stated R5 has been recently had double depends (incontinence briefs) at night every so often. R5 does not recall who does it. R5 does not like wearing double depends (incontinence briefs) at night. On 6/26/2026 at 9:16 AM, R6 stated R6 has been recently had double depends (incontinence briefs) at night not per request. On 6/26/2026 at 9:35 AM, V9 Certified Nursing Assistant (CNA) stated residents are not to have two (2) incontinence briefs in place. V9 further stated if we see this, we are supposed to report to the Director of Nursing. On 6/26/2026 at 10:08 AM, V2 Director of Nursing (DON) stated residents are not to be wearing two (2) incontinence briefs at the same time, and staff are to report it to the lead CNA if they observe it. R1 was admitted to the facility on [DATE] and discharged on 6/11/2026. R1's Care plan dated 6/27/26 documents diagnosis of Acute on Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure, Pancytopenia, Acute and Chronic Respiratory Failure With Hypoxia, Unilateral Primary Osteoarthritis Right Knee, Chronic Kidney Disease, Essential (Primary) Hypertension, Acute Right Heart Failure, Anemia in Other Chronic Diseases Classified Elsewhere, and Non-St Elevation (NSTEMI) Myocardial Infarction. The same care plan documents R1 is at risk for skin breakdown related to immobility. Interventions documented state to keep R1 clean and dry as possible, minimize R1's skin exposure to moisture. R1's Minimum Data Set completed on Jun 10, 2026, documents a Brief Interview for Mental Status (BIMS) score of 14. A score of 14 indicates R1 is cognitively intact. R5 was admitted on [DATE] with diagnosis of History of Falling, Muscle Weakness, Age-Related Osteoporosis Without Current Pathological Fracture, Primary Generalized (Osteo)Arthritis, Polyosteoarthritis, Thyrotoxicosis, Hypotension. R5 Minimum Data Set in section GG dated 05/15/2026 states R5 is partial/moderate assistance for toileting hygiene. substantial/maximal assistance with lower body dressing and Partial/moderate assistance for toilet transfers. R5's Minimum Data Set completed on 05/15/2026 documents a Brief Interview for Mental Status (BIMS) score of 08. A score of 08 indicates R5 is Moderately Impaired. R5's Care Plan last revised on 5/19/2026 has interventions in place that states, Keep (R5) clean and dry as possible. Minimize (R5's) skin exposure to moisture. R6 was admitted on [DATE] with diagnosis of Muscle Weakness, Contracture of Muscle, Left Upper Arm, Other Disorders of Sclera, Shortness of Breath, Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, and Cerebral Edema. R6's Minimum Data Set in section GG dated 04/14/2026 states R6 has impairment on one side of lower extremity. R6 is dependent for toileting hygiene, and lower body dressing. R6's Minimum Data Set completed on 04/14/2026 documents a Brief Interview for Mental Status (BIMS) score of 08. A score of 08 indicates R6 is Moderately Impaired. R6's Care Plan last revised 4/10/2026 states R6 is a full mechanical lift with assistance of two staff for all transfers. Care plan states I (R6) am at risk for skin breakdown related to limited mobility. Interventions states that Keep (R6) clean and dry as possible. Minimize (R6's) skin exposure to moisture. Facility's Incontinence Policy last revised 2/2/2026 states in 1. The facility must ensure that residents who are continent of bladder and bowel upon admission received appropriate treatment, services, and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain.		