

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/03/2024
NAME OF PROVIDER OR SUPPLIER  Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street 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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to provide nutritional supplements as ordered for wound healing and failed to apply wound treatments for two (R1, R3) of three residents reviewed for pressure ulcers on the sample list of three.</p> <p>Findings include:</p> <p>The facility's Pressure Injury Prevention and Management policy with a review date of 12/6/22 documents that evidence based interventions will be implemented for residents who have a pressure injury present. This policy documents interventions to maintain or improve nutrition and hydration status maybe utilized. This policy also documents that treatments will be provided for all residents who have a pressure injury (ulcers).</p> <p>1. On 6/3/24 at R1 was lying in bed. A 3 inch by 1.5 inch pressure ulcer was present on R1's sacral area.</p> <p>R1's Care Plan with a review date of 4/2/24 documents R1 has a stage four pressure ulcer on the sacrum. This care plan includes an intervention to administer treatments as ordered. This care plan also documents an intervention to provide supplements as ordered.</p> <p>R1's Nurse's note dated 4/3/2024 at 2:17 PM written by V3 Assistant Director of Nursing documents, (R1) has new dietary recommendations.</p> <p>R1's Nurse's note dated 4/4/24 at 7:16 AM documents an order for Arginaid (protein nutritional supplement) two times a day for wound healing, one serving twice a day. This note documents the Arginaid is on order.</p> <p>R1's nurse's notes written by V8 Licensed Practical Nurse (LPN) documents the Arginaid was not given on 4/2/23, 4/3/24, 4/4/24, 4/7/24, 4/8/24, 4/9/24, 4/12/24, 4/13/24, 4/14/24, 4/19/24, 4/22/24, 4/23/24, 4/27/24, 4/28/24, 5/1/24, 5/2/24, 5/6/24, 5/7/24, 5/10/24, 5/11/24, 5/12/24, 5/13/24, 5/14/24, 5/15/24, 5/16/24, 5/18/24, 5/19/24, 5/20/24, and 5/22/24 due to being on order.</p> <p>On 6/3/24 at 12:51 PM, V8 stated the Arginaid was ordered at the beginning of April, and it has never come in. V8 stated R1 has never received the Arginaid and continues not to have it.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/24 at 1:43 PM, V6 Dietitian stated V6 ordered the Arginaid to increase R1's protein intake to help with healing R1's pressure ulcer. V6 stated the facility never called her to tell her R1 wasn't getting it. V6 stated she thought R1 was getting the Arginaid.</p> <p>R1's Treatment Administration Record (TAR) dated 5/1/24 through 5/31/24 documents an order dated 4/22/24 for Gentamicin Sulfate External Cream 0.1 %, apply to Sacrum topically every day and evening shift for wound care and to cover entire wound bed. This record documents to see progress notes for 5/4/24 and 5/23/24.</p> <p>R1's Nurse's Notes dated 5/4/2024 at 5:26 PM written by V7 Licensed Practical Nurse (LPN) documents, Unable to get to dressing due to time constraints.</p> <p>R1's Nurse's Note dated 5/23/2024 at 5:20 PM written by V7 LPN documents, Unable to complete dressing.</p> <p>R1's TAR dated 4/1/24 through 4/30/24 documents an order dated Cleanse sacrum, apply collagen sheet and gauze soaked with betadine, apply ABD (abdominal) pad and secure with retention tape daily every day and night shift. This record documents see progress note for the dates of 4/6/24 and 4/20/22. This treatment is not signed out as completed on 4/11/24.</p> <p>R1's Nurse's Note dated 4/6/2024 at 1:03 PM written by V7 LPN documents, Unable to get to dressing.</p> <p>R1's Nurse's Note dated 4/20/2024 at 5:35 PM written by V7 LPN documents, unable to get to dressing due to time constraints.</p> <p>On 6/3/24 at 1:51 PM, V7 LPN stated when she charted that she didn't have time, she didn't do the treatments because she did not have enough time.</p> <p>On 6/3/24 at 12:39 PM, V2 Director of Nursing confirmed that R1 was not getting Arginaid as ordered. V2 confirmed that V7 did not complete R1's treatment as ordered.</p> <p>2. R3's treatment order dated 4/29/24 documents an order to, Cleanse sacrum and apply 0.1% Gentamicin pack wound and tunnel with single betadine soaked gauze and ABD (abdominal) pad every shift for open area.</p> <p>R3's Treatment Administration Record dated 5/1/24 through 5/31/24 documents that R3's sacrum treatment was not completed on 5/4/24, 5/20/24, 5/23/24, and 5/27/24.</p> <p>R3's treatment order dated 4/10/24 documents an order to, Cleanse area to right shoulder apply calcium alginate/double foam every day shift for wound healing.</p> <p>R3's Treatment Administration Record dated 5/1/24 through 5/31/24 documents that R3's shoulder treatment was not completed on 5/4/24, 5/6/24, 5/17/24, 5/20/24, 5/23/24, and 5/27/24.</p> <p>On 6/3/24 at 1:51 PM, V7 LPN stated she didn't do R3's treatments because she did not have enough time.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/3/24 at 12:39 PM, V2 Director of Nursing confirmed that V7 did not complete R3's treatment as ordered.</p>		