

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 08/14/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>35347</p> <p>Based on interview and record review, the facility failed to protect a resident's right to be free from physical abuse by another resident. This failure affects two residents (R1, R2) of four reviewed for abuse in the sample of four.</p> <p>Findings include:</p> <p>The facility Abuse, Neglect and Exploitation policy (12/5/2023) documents:</p> <p>Each resident has the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. Residents must not be subject to abuse by anyone, including, but not limited to: facility staff, other residents, consultants, contractors, volunteers, or staff of other agencies serving the resident, family members, legal guardians, friends or other individuals. The same record documents Physical Abuse includes, but not limited to hitting, slapping, punching and kicking.</p> <p>R2's diagnosis list (8/13/2024) documents diagnoses including: Mild Intellectual Disability, Schizophrenia, and Weakness.</p> <p>R2's Resident Assessment (7/26/2024) documents additional diagnoses including Seizure Disorder and Traumatic Brain Injury. The same record documents R2 has moderately impaired cognition, is completely dependent on or requires substantial staff assistance to perform activities of daily living and uses a wheelchair.</p> <p>R1's Resident Assessment (5/11/2024) documents R1 has intact cognition.</p> <p>The facility State Report (8/7/2024) documents R1 and R2 were seated nearby each other in the facility dining room on 8/2/2024 when R2 began mumbling. R1 proceeded to strike R2 in the face/temple. The same report documents R2 complained of face pain immediately after being struck by R2.</p> <p>R2's Progress Notes (8/5/2024) document, Resident was in Dining room eating dinner when another resident came up to (R1) and punched (R1) on the left side of (R1's) face/temple area.</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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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/2024 at 3:05PM, V7 (Certified Nurse Aide) reported being present in the facility dining room on 8/2/2024 when R1 punched R2 in the head. V7 reported R2 had been mumbling, which was usual for R2, when R1 wheeled R1's self over to R2 and punched R2 in the upper head area. V7 reported R2 then stated, (R1) hit me, (R1) hit me.		