

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  11/26/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>50430</p> <p>Based on observation, interview, and record review the facility failed to ensure resident rooms are clean and free of debris and the walls are in good repair. This failure affects five (R6, R7, R2, R8, R4) of eight residents reviewed for environment on the sample list of eight.</p> <p>Findings include:</p> <p>The facility's Resident Council Meeting minutes dated 9/9/24 document residents would like for housekeeping to clean their rooms better and take out their trash. The Resident Council Meeting minutes for 10/14/24 document residents would like housekeeping to clean their rooms and not complain when they are doing their jobs. The Resident Council Meeting minutes for 11/11/24 document residents would like housekeeping to clean their rooms better and not complain when they are doing their job.</p> <p>On 11/25/24 at 9:10 AM, R6's room contained piles of unfolded blankets and full black trash bags piled on top of each other in corner of the room. The room was cluttered with boxes of cereal, shoes, and other items along the wall. The bedside table was covered with books, soda cans, and other items.</p> <p>On 11/25/24 at 9:12 AM, beside R7's bed, blankets and clothes were piled up along the floor. Seven empty Styrofoam cups, two empty soda cans and a pile of empty candy wrappers mixed with candy were on the top of R7's bedside table.</p> <p>On 11/25/24 at 10:30 AM, cases of tea were under R2's bed. Food items, bags of chips, piles of full grocery bags, clothes, and laundry baskets were stacked between the bed and the wall. An Oxygen concentrator was sitting in the middle of these piles. The windowsill was packed with drinks, food, perfumes, lotions, and sprays. There was no clear pathway on the side of bed between the bed and the heater in the room. A large package of toilet paper was lying on the floor in the room. R2's care plan dated 9/21/24 documents R2 is at risk for falls and poor safety awareness.</p> <p>On 11/26/24 at 9:30 AM, the walls in R8's room were scuffed with black marks around the base of the walls and paint was chipping off the walls in the corners, the doorways, and the windowsills.</p> <p>On 11/25/24 at 10:00 AM, R4 stated the staff don't always do the best job at cleaning the way R4 feels his room needs cleaned. There was a plate covered with dried food on a bed on the other side of the room and there was a cup with curdled orange juice sitting on the windowsill.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/25/24 at 1:30 PM, V2 Director of Nursing stated she does not feel housekeeping is cleaning rooms like they are supposed to be cleaned and many rooms have clutter.</p> <p>On 11/26/24 at 10:00 AM, V10 Maintenance Director confirmed that the walls in the resident rooms need fixed and painted because they are not in good repair.</p> <p>On 11/25/24 at 12:30 PM, V8 Director of Housekeeping stated that housekeeping staff are supposed to sweep and mop the rooms, sweep and mop under the beds, wipe down all surfaces in the rooms, and ensure they are free of trash and clutter.</p> <p>The Facility's Room Change Cleaning and Disinfection policy dated 12/06/2022 documents consistent surface cleaning and disinfection will be conducted with a detailed focus on high touch areas, and windowsills and surface flooring in routine resident-care areas should be cleaned routinely and when spills occur.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>50430</p> <p>Based on observation, interview, and record review the facility failed to ensure services were provided by a Registered Nurse for eight consecutive hours per day. This failure has the potential to affect all 108 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Facility Assessment with a revision date of 9/30/24 documents the facility's average census is 92. This assessment documents the facility requires direct care by a Registered Nurse daily. This assessment documents that the facility will have three Registered Nurse's available to provide direct care.</p> <p>During this investigation on 11/25/24 and 11/26/24 from 9:00 AM to 3:00 PM, there was not a Registered Nurse providing resident cares.</p> <p>The facility's November 2024 staffing sheets did not document that a Registered Nurse was scheduled for the dates of 11/11/24, 11/12/24, 11/15/24, 11/16/24, 11/17/24, 11/20/24, 11/21/24, or 11/25/24. V13's (Assistant Director of Nursing) name is written on the top corner of the staffing sheets dated 11/21/24, 11/20/24, 11/17/24, 11/16/24, 11/12/24, and 11/11/24. V14's (Assistant Director of Nursing) name is written on the top corner of the staffing sheets dated 11/15/24 and 11/25/24.</p> <p>On 11/26/24 at 2:00 PM, V13 stated she does not provide direct cares to the residents eight hours a day. V13 stated she maybe out on the floor for an hour or so per day but then works in her office.</p> <p>On 11/25/24 at 1:30 PM, V2 Director of Nursing confirmed that V13 and V14 were the only Registered Nurse's in the building on 11/11/24, 11/12/24, 11/15/24, 11/16/24, 11/17/24, 11/20/24, 11/21/24, or 11/25/24 besides herself. V2 stated V13 and V14 are not nurses who work on the floor providing direct care to the residents. V2 confirmed that on 11/11/24, 11/12/24, 11/15/24, 11/16/24, 11/17/24, 11/20/24, 11/21/24, or 11/25/24 a Registered Nurse did not provide direct care to the residents for eight consecutive hours per day.</p> <p>The facility's resident roster dated 11/25/24 documents there are 108 residents residing in the facility.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>49492</p> <p>Based on observation, interview, and record review, the facility failed to provide the services of a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 108 residents residing in the facility.</p> <p>Findings include:</p> <p>On 11/25/24 at 10:45 AM V3 stated V3 is the dietary manager and is required to manage all aspects of the dietary department. This includes regulatory oversight in regard to local, state and federal requirements as they pertain to safe food handling. V3 stated V3 is not certified and must enroll to begin the Certified Dietary Manager Course. V3 stated V3 will be enrolling in the class today (11/25/24).</p> <p>On 11/25/24 at 11:00 AM V3, Dietary Manager, was actively managing kitchen personnel and directing the food sanitation and preparation activities in the facility's kitchen.</p> <p>On 11/25/24 at 2:30 PM V1 Administrator stated V3 is the Dietary Manager and is not certified.</p> <p>On 11/26/24 at 11:15 AM V1 provided the dietary personnel schedule for 11/13/24 thru 12/10/24 that states V3 is the Dietary Manager across the bottom of the schedule.</p> <p>On 11/26/24 at 11:45 AM V3 stated V3 is the dietary manager. V3 stated V3 is not a Certified Dietary manager but manages and trains the newly hired staff.</p> <p>The facility's resident roster dated 11/25/24 documents there are 108 residents residing in the facility.</p>

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<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>49492</p> <p>Based on observation, interview, and record review, the facility failed to provide sufficient support personnel to effectively carry out the functions of the food and nutrition service. This failure has the potential to affect all 108 residents residing in the facility.</p> <p>Findings include:</p> <p>On 11/25/24 at 10:45 AM V3 stated V3 is the dietary manager and is required to manage all aspects of the dietary department. This includes regulatory oversight in regard to local, state and federal requirements as they pertain to safe food handling as well as daily staffing/scheduling of the dietary department.</p> <p>On 11/25/24 at 11:00 AM V3, Dietary Manager, was actively managing kitchen personnel and directing the food sanitation and preparation activities in the facility's kitchen including the dietary staff that is on duty. V3 was acting as cook due to lack of support personal.</p> <p>On 11/26/24 at 11:15 AM V1 Administrator provided the dietary personnel schedule for 11/13/24 thru 12/10/24 that showed a schedule of two staff members to perform essential dietary services 11/13/24, 11/16/24, 11/17/24, 11/18/24, 11/20/24, 11/25/24 for daytime dietary personnel. On the following days 11/16/24, 11/17/24, 11/18/24, 11/19/24, 11/20/24, 11/21/24, 11/25/24, 11/26/24 there are only two afternoon dietary staff scheduled.</p> <p>On 11/26/24 at 11:45 AM V3 stated V3 is the dietary manager. V3 stated V3 hired new staff to start soon and that two (2) staff members are not enough staff to complete the essential dietary functions in a timely manner.</p> <p>The facility's resident roster dated 11/25/24 documents there are 108 residents residing in the facility.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49492</p> <p>Based on observation, interview, and record review, the facility failed to follow posted/printed menus. This failure has the potential to affect all 108 residents residing in the facility.</p> <p>Findings include:</p> <p>On [DATE] at 10:15 AM the posted menu outside of the kitchen on the bulletin board for residents/visitors to read documented the lunch menu as Herb Roasted Pork Loin, Candied Sweet Potatoes, Buttered Cabbage, Apple Cobbler, Dinner Roll/margarine and beverage for lunch.</p> <p>On [DATE] at 12:15 PM V3, dietary manager, was serving a pork chop onto the plates from the steam table not a piece of pork loin as documented on the posted menu. V12, dietary aide/cook, placed a sliced bread onto the trays in a plastic bag, not a dinner roll as documented on the posted menu.</p> <p>On [DATE] at 12:40 PM V12, Dietary aide/cook, stated to V3 they are out of apple cobbler. V3, dietary manager, stated they shouldn't be out of apple cobbler, V3 then instructed V12, dietary aide/cook, to get two cans of apple slices and add cinnamon to the apples and serve that for dessert. V12 gathered two five pound cans of apple slices from the pantry and put the apple slices in a large mixing bowl and added cinnamon to the apple slices and mixed by hand until mixed then served into a bowl and put the apple slices on resident trays.</p> <p>On [DATE] at 10:45 AM V3, Dietary Manager, stated V3 is the dietary manager and is required to manage all aspects of the dietary department. This includes regulatory oversight in regard to local, state and federal requirements as they pertain to safe food handling and preparation of food according to the menu.</p> <p>On [DATE] at 10:45 AM V3, dietary manager, stated the menu for lunch is roasted pork loin, sweet potatoes, buttered cabbage, dinner roll and for dessert apple cobbler. V3 stated the vendor was out of pork loin when V3 attempted to order the pork loin, pork chops will be substituted for lunch.</p> <p>On [DATE] at 10:04 AM R4 stated the kitchen hardly follows the posted menu and provides a lot of substitutions for meals.</p> <p>On [DATE] at 10:50 AM V3, Dietary manager, provided the four week menu for review. V3 stated they are on day 16 of the menu. Day 16 documents Herb Roasted Pork Loin, Candied Sweet Potatoes, Buttered Cabbage, Apple Cobbler, Dinner Roll/margarine and beverage for lunch.</p> <p>On [DATE] at 10:00 AM V1 Administrator provided a resident/family complaint form dated [DATE] that documents the food served does not match menus that are handed out each month.</p> <p>On [DATE] at 10:00 AM V1 provided Resident council minutes dated [DATE] documenting that residents voiced they would like the dietary staff to follow the meal menu better.</p> <p>(continued on next page)</p>		

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