

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 11/17/2025
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observation, interview, and record review the facility failed to provide an environment that was clean and free from environmental hazards for thirteen (R1, R7, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19) of nineteen residents reviewed for Physical Plant Problems on a sample list of nineteen. Findings include: On 9/29/25 at 9:45 AM, R1's room where R1 resided during her stay at the facility was observed to have a ceiling in disrepair with evidence of a raised black substance with the appearance of mold present near a dirty sprinkler head. The toilet in the bathroom had a dark ring in the bowl and a dirty vent on the ceiling. On 9/30/2025 between 3:05 PM and 3:40 PM a tour of the resident rooms on the fourth floor was completed with V9 (Maintenance Director). V9 confirmed the ceiling tiles in rooms where R7, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, and R19 currently reside contained a raised black substance growing on them and it had the appearance of mold. On 9/29/25 at 9:10 AM, R1 stated there were ceiling tiles missing, paint chipping, and a black substance on the ceiling and in the toilet of the room R1 resided in during R1's stay at the facility. On 9/30/25 at 9:30 AM, V11 (Housekeeper) stated she has tried everything to clean the gold/black sediment in the toilet bowl in the room where R1 formerly resided and nothing will remove it. V11 stated she thought the toilet needed to be replaced and that she reported it to the former maintenance director and to her supervisor, but it has not been taken care of. On 9/30/2025 at 11:14 AM, V2 (Director of Nursing (DON)) stated the maintenance department has been spotty for a while and that the cleanliness of the building could be better. On 9/30/2025 at 11:31 AM, V1 (Administrator) stated he was not aware of the raised black substance on the ceiling tiles in resident rooms on the fourth floor and agreed this is an environmental hazard.</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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