

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 12/29/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident for two of three residents (R6 and R7) reviewed for abuse in the sample of three. On 12/23/2025 at 1:15 PM V1, Administrator, provided an investigation file documenting a physical altercation between R6 and R7. The Abuse Investigation file dated 8/8/25 documents a physical altercation between R6 and R7. The file documents R6's statement of the incident involving R7 stating that R6 was grabbed and punched by R7 in the left arm. It documents R6 returned a punch hitting R7. On 12/23/2025 R6's care plan review documents R6's admission to the facility on [DATE] with the following diagnoses: End Stage Renal Disease, Chronic Diastolic (Congestive) Heart Failure, Type Two Diabetes Mellitus, Hypertensive Heart and Chronic Kidney Disease with Heart Failure, and Stage Five Chronic Kidney Disease. On 12/23/2025 at 11:02 AM R6 stated she had a physical altercation a few months ago involving her old roommate (R7). R6 stated she was approached by R7 and R7 was accusing R6 of having on a shirt that belonged to R7 when R7 began to hit R6 in the arm. R6 pointed to her right upper arm and stated she had a bruise on her arm after the altercation. R6 stated she hit R7 back as well and threw a glass of water on R7 in attempt to get R7 away from her. R6 stated the facility moved R7 to another room on another floor immediately after the physical altercation. R7's Minimum Data Set, dated [DATE] documents R7 with a brief interview for mental status score of 12 indicating moderate cognitive impairment. R7's care plan dated 11/17/2025 addresses physical aggression towards other residents. On 12/23/2025 R7's Care Plan documents an admission date of 8/21/2024 with admitting diagnoses of Hemiplegia and Hemiparesis following Cerebral Infarction affecting the left non-dominant side, Hyperlipidemia, and Chronic Obstructive Pulmonary Disease. On 12/23/2025 at 10:43 AM R7 stated she had a physical altercation with her old roommate, R6, regarding a shirt R6 was wearing claiming the article of clothing belonged to R7. R7 denied the ability to recall a specific date but added it was the day she moved to another floor. R7 stated R6 started to hit me so I hit her back. R7 denied being harmed during the altercation. R7 stated she left the area where the altercation took place to report it to staff. On 12/23/2025 at 1:15 PM V1, Administrator confirmed physical contact occurred between R6 and R7. V1 stated R6 and R7 were immediately separated by staff and a room change was executed to ensure further separation of R6 and R7. The Abuse, Neglect and exploitation policy dated 6/8/2020 documents the facility is to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property and the facility will make efforts to ensure all residents are protected from physical and psychological harm, as well as additional abuse, during and after the investigation regarding abuse. The abuse policy defines abuse as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, which can include staff to resident abuse and certain resident to resident altercations.</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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