

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 03/10/2026
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 - Few</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>Based on observation, interview and record review the facility failed to maintain a clean environment for one (R4) of five residents reviewed for housekeeping on the sample list of seven. Findings include: R4's undated census report documents an admission date of 4/9/2016. The same report documents R4's diagnoses as Personal History of Covid-19, Age-Related Nuclear Cataract, Homonymous Bilateral Field Defects, Right Side, Cerebral Infarction, Hyperlipidemia, Essential (Primary) Hypertension, Major Depressive Disorder, Single Episode, Bipolar Disorder, Current Episode Manic Without Psychotic Features, Moderate, Anxiety Disorder, Vitamin Deficiency, Intermittent Explosive Disorder, Nicotine Dependence, Alcohol Abuse, and Obsessive-Compulsive Disorder. On 03/09/26 at 10:45AM R4's room contained a black bookcase shelving unit which contained model cars that were covered in dust. The shelves were also covered with dust. The windowsill had cobwebs/dust from the plant containers to the windowsill as well as cobwebs surrounding a decorative light in the windowsill. On 03/09/26 at 10:45AM R4 stated housekeeping comes to clean the room every two or three days and they do not clean very well. R4 lifted up a half full trash can stating that the trash has not been emptied for three days. R4 pointed to the windowsill and stated it has been dirty for a long time. On 3/10/2026 at 09:44 AM V12 Housekeeping Supervisor stated the housekeeping department is understaffed and resident rooms are not cleaned appropriately. The Room Change Cleaning and Disinfection policy dated 5/21/2021 documents It is the policy of this facility to ensure the provision of routine cleaning and disinfection in order to provide a safe, sanitary environment. The policy further documents: Cleaning refers to the removal of visible soil from objects and surfaces and is normally accomplished manually or mechanically using water and detergents. Policy Explanation and Compliance Guidelines: 1. Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms, and at the time of discharge.</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
---	-------	-----------