STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146003	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab of Rock Springs, The	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on interview and record review, the facility failed to ensure a resident received the correct medication in accordance with their physician orders, one (R3) of four residents reviewed for medication administration, in a sample of 14 residents.Findings include:On 4/14/2026 at 2:12 PM, V6 Licensed Practical Nurse (LPN), stated R3 got R3's scheduled medication and one of R3's roommate's pills. V6 LPN stated V6 left R3's and R3's roommates' medication at the bedside and walked out to get R3 a glass of water and when V6 came back, R3 took all R3's roommates' medication. V6 stated everyone was notified, and R3's doctor wanted R3 to stay one more day at the facility before going to the new facility.On 4/15/2026 at 10:45 AM, V6 LPN stated medications are not left at the resident's bedside.On 4/15/2026 at 10:35 AM, V16 LPN stated medications are not to be left at the resident's bedside.On 4/15/2026 at 10:40 AM, V13 LPN stated medications are not left at the resident's bedside.On 4/15/2026 at 2:45 PM, V2 Director of Nurses, stated V2 would expect nurses not to leave medications at a resident's bedside.R3's Physician's order sheet, dated 2/2026, documented diagnoses of Atherosclerotic Heart Disease, Acute Diastolic Congestive Heart Failure and Type 2 Diabetes Mellitus without complications.R3's Medication error report, dated 2/9/2026, documented, Nursing Description: Resident found to have ingested roommate's medications while writer briefly stepped out to grab water off med cart. Resident reports taking one Lyrica 225mg (milligrams) prescribed to her (R3) and one Oxycodone 5mg with metoprolol 25mg, Citalopram 20mg, and Hydrochlorothiazide 25mg off of roommates bedside table prescribed to roommate at approximately 0749. Resident Description: When asked why she (R3) took medication from bedside table resident replied with Uh oh, I'm sorry.R3's Physician's order sheet, dated 2/2026, documented orders for Lyrica Oral Capsule 225 Milligrams (MG) (Pregabalin). Give one (1) capsule by mouth two times a day for pain and an order for Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen). Give one (1) tablet by mouth every eight (8) hours as needed for Pain - Severe only three (3) doses. It did not document physician orders for metoprolol 25mg, Citalopram 20mg, and Hydrochlorothiazide 25mg to be given to R3.R3's Progress note dated 2/9/2026. V6 LPN documented, 2/9/2026 08:44 Health Status Note. Resident (R3) found to have ingested roommate's medications while writer briefly stepped out to grab water off of med cart. Resident (R3) reports taking one Lyrica 225mg prescribed to her and one Oxycodone 10mg off of roommates bedside table prescribed to roommate at approximately 0749.R3's care plan, dated 11/5/2026 documented Administer my medications as ordered & notify my MD of side effects.The facility's policy, Medication Administration, dated 2/2/2026, documented, 16. Observe resident consumption of medication.

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