

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/30/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>146003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                       | (X3) DATE SURVEY<br>COMPLETED<br><br>05/19/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Loft Rehab of Rock Springs, The                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2530 North Monroe Street<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                            |                                                 |
| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure resident rooms, hallways, and dining area were clean and in good repair for three of three residents (R18, R79, and R82) reviewed for homelike environment in the sample list of 42. Findings include: On 05/03/2026 at 9:59 AM, third floor hallways had paper debris on the floor, a white substance on several places of the walls appearing to be patched holes, and the dining area floor had food debris with splatters of sticky substance. On 5/4/26 at 8:55 AM, V6 CNA (Certified Nurses Aide) stated housekeeping doesn't clean every day in the dining room on third floor. V6 CNA stated V6 CNA cleans and mops sometimes, but housekeeping is supposed to. On 05/04/2026 at 11:19 AM, V7 CNA stated the housekeeping staff do not clean daily. V7 CNA stated we CNA's will clean if we can, but third floor is the 'nastiest' floor. On 5/4/26 at 2:05 PM, the third floor dining area remained dirty with food debris and a sticky substance on the floor. On 5/5/26 at 8:23 AM, while touring the third floor, hallways and resident rooms were noted to have food and debris on the floor. The dining area had a sticky substance stuck to the floor with food and debris noted as well. On 05/05/2026 at 8:38 AM, V12 Environmental Director (ED) stated the housekeeping department is fully staffed with four housekeepers a day during the week and two on weekends. V12 ED stated housekeepers clean the entire third floor, seven days a week. V12 ED stated V12 ED conducts in-services to educate the staff. V12 ED stated the company provides a cleaning solution that isn't strong enough to clean. V12 ED stated he has not put a work order in for different cleaning solution, but he discussed it with administration and was told that is the solution previously used. V12 ED stated all housekeepers work day shift, V12 ED took night shift housekeeping away, and V12 ED rounds on all floors to inspect cleanliness. On 5/5/26 at 9:53, V1 Administrator stated he has not been approached about the floor cleaning solution not being strong enough to clean. On 5/5/26 at 10:00 AM, R79's room had debris on the floor, walls had buckled drywall areas, several black scrape marks were present on three out of four unpainted walls, underneath the heater was a rust colored area, and the bottom trim was off the wall by the bathroom with flaking paint noted. Dark brown and black spotty substances were noted in the toilet bowl of the bathroom. R79 stated it grows in there, they clean it, and it grows back. Dark dirt debris was noted along the floor edge. Dark dust debris was noted under the soap dispenser in the bathroom. R79's Minimum Data Set, dated [DATE] documents R79 is cognitively intact. On 5/5/26 at 10:10 AM, R18's room was noted to have black scrapes throughout three of the unpainted walls, the corner wall by bathroom was missing trim and had peeling of paint. Debris and dust particles were noted under both beds right after housekeeper had cleaned. On 5/5/26 at 10:20 AM, V13 Housekeeper stated he has worked there for a couple years and had just cleaned room R18's room. On 5/5/26 at 10:30 am, R82's room was noted to have debris throughout on the floor, the floor in the bathroom had debris and a dark sticky substance. A large buckle was noted in the drywall of the lower wall by the bathroom. R82 stated R98 fell into the wall a long time ago. Three out of four unpainted walls had black scrapes and chips throughout. R82's minimum data set (MDS) dated [DATE] documents R82 is cognitively intact. On 5/5/26 at 10:32 AM, there was a chipped area with dark scrapes on the trim all around the elevator with a rust color substance present, and dark dirt (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.

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|--------------------------------------------------------------------------|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|--------------------------------------------------------------------------|-------|-----------|

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| <p>F 0584</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>debris, and a dark splattered substance was noted on the elevator floor. On 5/05/2026 at 2:35 PM, R82 stated the tables in the dining room on third floor are not moved when they sweep and mop. On 5/06/2026 at 8:05 AM, V1 stated there aren't any plans to renovate third floor. On 5/06/2026 at 8:30 AM, R79 stated the condition of the room doesn't look good, if the bathroom gets bad R79 goes to the shower room to use it because R79 worries about bacteria. On 5/06/2026 at 8:40 AM, R18 stated it would look better if the crack in the lower wall was fixed and painted. On 5/06/2026 at 8:45 AM, R82 stated it would look nicer if the crack in the wall was fixed. R82 stated it has been like that for a long time. On 5/06/2026 at 8:58 AM, V6 CNA stated the third-floor shower room has leaked for approximately six weeks now. The shower room was noted to have peeling paint on the ceiling and a floor tile missing in the shower area floor. On 5/06/2026 at 9:00 AM, V17 CNA stated housekeeping is rarely around, there are a lot of leaks throughout the building, and they have painted over black mold before. V17 CNA stated residents have complained about the filthiness. On 5/06/2026 at 11:30 AM, V7 CNA stated the environment affects the residents and staff. V7 CNA stated V7 CNA gets a runny nose when V7 CNA is at work. V7 CNA stated the condition of the building doesn't provide a comfortable environment for residents and their families. On 5/06/2026 at 11:34 AM, V19 LPN stated the condition of the building can potentially affect the residents because as their home, it should be nice. V19 LPN stated third floor could be cleaned a little more. On 5/06/2026 at 11:15 AM, V1 Administrator stated V10 Maintenance Director is on vacation and is unable to make contact. On 5/06/2026 at 11:39 AM, V12 Environmental Director (ED) stated V12 ED would expect a housekeeper to clean under resident beds and move anything lightweight to clean under. V12 ED stated V12 ED would expect housekeeping to move dining tables in the dining area to clean underneath. V12 ED stated there is a program staff are to use to report issues to maintenance. V12 ED stated V12 ED doesn't know if the buckled area in the wall of the resident room has been reported but V12 ED is having to do housekeeping and laundry because a housekeeper called off work. On 5/06/2026 at 1:00 PM, V1 provided work order review sheet dated 2/1/26 to 4/30/26 assigned to the maintenance manager along with copies of text messages but no orders or resolutions were noted for third floor walls to be fixed or painted. The Healthcare Policy dated 5/21/21 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 and to prevent the development and transmission of infections to the extent possible. The Policy Explanation and Compliance Guidelines include 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. Horizontal surfaces with infrequent hand contact (windowsills and hard surface flooring) in routine resident-care areas should be cleaned on a regular basis, when soiling and spills occur, and when a resident is discharged from the facility. The Healthcare Routine Bathroom Cleaning Policy dated 3/15/20 documents it the policy of this facility to establish policies, procedures, and guidelines to provide a clean and sanitary environment for residents, staff and visitors in order to prevent cross contamination and transmission of healthcare-associated infection (HAI). Report areas of mold, cracked, leaking, or damaged items in need of repair.</p> |                                                                                            |                                                 |