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	05/19/2026

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Based on interview and record review the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours a day seven days a week. This failure has the potential to affect all 100 residents residing in the facility. Findings Include:Facility Nursing Staff Schedules reviewed from 4/4/26 through 5/4/26 documented seven days (4/5, 4/18, 4/19, 4/22, 4/23, 4/24, and 5/2) the facility failed to use the services of a Registered Nurse (RN) for at least eight consecutive hours a day. On 5/4/26 at 2:00 PM, V2 Director of Nurses (DON) stated she was on vacation 4/22/26 through 4/27/26, her normal scheduled workdays/hours are Monday through Friday 9:30 AM - 5:30 PM, and she hasn't covered any weekend RN shift in the last month. V2 DON confirmed V2 DON did not have eight hours of RN coverage on any weekend days that were vacant of RN staff in the last month. V2 DON also confirmed there was no RN staff coverage on the days she was on vacation and the facility's current census is 100 residents.The facility's Long-Term Care Facility Application For Medicare and Medicaid dated 5/5/26 documents one hundred residents reside in the facility.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food and Nutrition Services. This failure has the potential to affect all 100 residents in the facility. Findings include:On 5/3/2026 at 9:07AM, V3 (Cook) was actively supervising dietary operations in the facility kitchen and reported being the designated person in charge for the shift. V3 denied being a dietary manager or certified dietary manager and reported the facility dietary service does not currently have a dietary manager and the position is vacant. V3 denied the facility dietician works full-time in the facility dietary service and reported only seeing the dietician inside of the facility twice in the previous year. V3 reported the food prepared in the dietary service is available for all residents in the facility to eat. The Facility Assessment (1/15/2026) documents the facility will employ a full-time Dietician or other clinically qualified nutrition professional to serve as the director of food and nutrition services in the facility. From 5/3/2026 through 5/6/2026, the facility failed to effectively sanitize dishes, failed to prevent direct biological cross-contamination of food service equipment, failed to maintain a sanitary can opener, and failed to maintain sanitary floor and food preparation surfaces. The facility Long-Term Care Facility Application for Medicare and Medicaid (5/5/2026) documents 100 residents reside in the facility.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to effectively sanitize dishes, failed to prevent direct biological cross-contamination of food service equipment, failed to maintain a sanitary can opener, and failed to maintain sanitary floor and food preparation surfaces. These failures have the potential to affect all 100 residents residing in the facility. Findings include:1. On 5/3/2026 at 9:20AM, the mechanical sanitizing dishwasher located in the facility food service was operating and washing food service dishes. A Survey Agency chemical test strip did not detect any sanitizer (a concentration of zero parts per million) was present during the sanitize portion of the dishwasher cycle. A manufacturer's nameplate was present at eye level on the front of the dishwasher and documented a minimum sanitizer concentration of 50 parts per million is required to effectively sanitize dishes in the dishwasher. A five gallon bucket of liquid sanitizer was located on the floor beneath the dishwasher and supplied sanitizer solution via tubing to the dishwasher. The bucket was entirely empty and did not contain any remaining sanitizer solution. 2. On 5/6/2026 at 11:31AM, two ice scoops were stored in a plastic wall-mounted caddy located adjacent to the ice maker in the kitchen pantry. No drain holes or riser platform were present in the bottom of the caddy to allow moisture from the ice scoops to drain and prevent the tips of the scoops remaining immersed in standing water. Dust, debris, and a dried green substance was located at the bottom of the caddy where the scoops were stored. The scoop tips were resting directly on top of three clear, oval insect wings with black venation resembling the wings of drain flies. 3. On 5/3/2026 at 9:07AM the facility kitchen table-mounted can opener and receiver were excessively soiled with heavy accumulations of food debris, grease, and metal shavings black in coloration. On 5/5/2026 at 3:21PM, the can opener remained soiled as above.On 5/6/2026 at 11:38AM, the can opener remained soiled as above.4. On 5/3/2026 at 9:15AM, flooring surfaces throughout the facility kitchen and dishwashing room were heavily soiled with accumulations of food debris, refuse, dishes, food utensils, and containers. Twelve disposable plastic cups, a plastic container lid, one container of an unknown brown substance, a cleaning brush, and multiple drink pitcher lids were located on the floor surface along the South kitchen wall. The flooring surface beneath the adjacent three-basin sink located in the main kitchen area was heavily soiled with accumulations of decomposing/rotting food debris. The accumulations completely obscured the surface of the floor tiles located beneath the three-basin sink at the floor/wall junction. On 5/3/2026 at 9:19AM, the floor and food grinder surfaces in dishwashing room attached to the main kitchen were heavily soiled with food debris. Chunks of decomposing food completely covered the entire surface of the food grinder and the legs and underside of the drainboards attached to the dishwasher. The wall surfaces beneath the drainboards were black in coloration from deposits. Heavy deposits of decomposed food and grease, black in coloration, completely obscured the tile surfaces of the tiles adjacent to the wall behind the dishwasher. Large amounts of debris including silverware, five cups, three buckets, a knife, scrub pad, and single-serve butter condiment containers were scattered on top of the tiles. Standing, gray-colored stagnant water was located beneath the dishwasher drainboards. A pile of black, rotting food debris approximately 3 in thickness was resting against the wall surface behind a drainboard table leg. On 5/5/2026 at 3:21PM, the dishwasher room floor and equipment surfaces remained soiled as above. On 5/6/2026 at 11:36AM, the dishwasher room floor and equipment surfaces remained soiled as above. On 5/3/2026 at 9:07AM, V3 (Cook) reported the food prepared in the dietary service is available for all residents in the facility to eat. On 5/6/2026 at 3:21PM, V21 (dietary aide) reported the food service flooring areas needed cleaned.The facility Long-Term Care Facility Application for Medicare and Medicaid (5/5/2026) documents 100 residents reside in the facility.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on interview and record review, the facility failed to develop a water management plan that clearly defined the ranges for control measures and testing protocols to reduce the risk of growth of Legionella and other pathogens in the facility's water system. This failure has the potential to affect all 100 residents in the facility.Findings include: On 5/5/26 at 9:48 a.m., V1 (Administrator) provided a copy of the facility's water management plan dated 1/21/26. The plan did not identify any specific testing protocols, acceptable ranges for control measures, or any corrective actions when control limits are not maintained to reduce the risk of waterborne pathogens in the facility water system. On 5/6/26 at 1:20 p.m., V1 confirmed the facility has not developed any specific testing protocols, acceptable ranges for control measures, or any corrective actions when control limits are not maintained to reduce the risk of waterborne pathogens in the facility water system.The facility Long-Term Care Facility Application for Medicare and Medicaid dated 5/5/26 documents 100 residents reside in the facility.

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on interview and record review, the facility failed to employ a full-time Infection Preventionist as specified in the Facility Assessment. This failure has the potential to affect all 100 residents residing at the facility. Findings include: On 5/3/26 at 1:10 p.m., V1 (Administrator) stated the facility has not had an Infection Preventionist since 4/9/26. The Facility Assessment, dated 1/15/26, documents that the facility will employ a full-time Infection Preventionist. The facility's Long-Term Care Facility Application for Medicare and Medicaid dated 5/5/26 documents 100 residents reside in the facility.

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. Based on observation, interview, and record review, the facility failed to maintain an effective pest control program by failing to exclude and prevent flying insects in the facility food service areas resulting in direct cross-contamination of food preparation surfaces. This failure has the potential to affect all 100 residents in the facility.Findings include:On 5/3/2026 at 9:15AM, flooring surfaces throughout the facility kitchen and dishwashing room were were heavily soiled with accumulations of food debris, refuse, dishes, food utensils, and containers. Twelve disposable plastic cups, a plastic container lid, one container of an unknown brown substance, a cleaning brush, and multiple drink pitcher lids were located on the floor surface along the South kitchen wall. The flooring surface beneath the adjacent three-basin sink located in the main kitchen area was heavily soiled with accumulations of decomposing/rotting food debris. The accumulations completely obscured the surface of the floor tiles located beneath the three-basin sink at the floor/wall junction. On 5/3/2026 at 9:19AM, the floor and food grinder surfaces in dishwashing room attached to the main kitchen were heavily soiled with food debris. Chunks of decomposing food completely covered the entire surface of the food grinder and the legs and underside of the drainboards attached to the dishwasher. The wall surfaces beneath the drainboards were black in coloration from deposits. Heavy deposits of decomposed food and grease, also black in coloration, completely obscured the tile surfaces of the tiles adjacent to the wall behind the dishwasher. Large amounts of debris including silverware, five cups, three buckets, a knife, scrub pad, and single-serve butter condiment containers were scattered on top of the tiles. Gray-colored stagnant water was located beneath the dishwasher drainboards. A pile of black, rotting food debris approximately 3 in thickness was resting against the wall surface behind a drainboard table leg. Four or more drain flies were present beneath the drainboards and were flying back and forth between a sewer pipe in a floor drain and the dishwasher drainboard surfaces. Ten or more dead drain flies were floating in puddles of decomposed/rotting food saturated with water continuously leaking from the food grinder onto the floor surface. On 5/5/2026 at 3:21PM, the dishwashing room remained as above. Five or more flies were resting on and flying around the drainboard attached to the dishwasher and flying between the puddles containing decomposing food followed by landing on the drainboard surfaces. On 5/6/26 at 11:40AM, four or more flies were flying between floor drain sewer pipe openings to food preparation table surfaces adjacent to the three-basin sink located in the main kitchen area. On 5/6/2026 at 12:20PM, V23 (facility licensed pest control contractor) reported the flies in facility kitchen areas are due to unresolved sanitation concerns and those concerns have persisted for years at the facility. He reported that the kitchen needs to be better kept. On 5/3/2026 at 9:07AM, V3 (Cook) reported the food prepared in the dietary service is available for all residents in the facility to eat. The facility Long-Term Care Facility Application for Medicare and Medicaid (5/5/2026) documents 100 residents reside in the facility.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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.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 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 (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure residents were educated on and offered pneumococcal immunizations in accordance with current Centers for Disease Control (CDC) recommendations. This failure affects three (R7, R8, and R9) of five residents reviewed for immunizations on the sample list of 42.Findings include:1. R7's Face Sheet dated 5/6/26 documents R7 was admitted to the facility on [DATE], is [AGE] years old, and has diagnoses including Type 2 Diabetes Mellitus, Obstructive Sleep Apnea, and Chronic Obstructive Pulmonary Disease (COPD).R7's Immunization Record documents R17 has received Pneumovax 23 (PPSV23) on 2/17/14 and Prevnar 13 (PCV 13) on 8/13/19.Based on the CDC's Pneumococcal Vaccine Recommendations, R7 should have received one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose.There is no documentation in R7's medical record or immunization record that the facility provided education regarding the Pneumococcal vaccine, offered the vaccine, or that the vaccine was given or declined.2. R8's Face Sheet dated 5/6/26 documents R8 was admitted to the facility on [DATE], is [AGE] years old, and has diagnoses including Type 2 Diabetes Mellitus, COPD, Asthma, and Congestive Heart Failure.R8's Immunization Record documents R8 received PPSV23 on 1/25/17 and PCV13 on 4/23/18.Based on the CDC's Pneumococcal Vaccine Recommendations, R8 should have received one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. There is no documentation in R8's medical record or immunization record that the facility provided education regarding the Pneumococcal vaccine, offered the vaccine, or that the vaccine was given or declined.3. R9's Face Sheet dated 5/6/26 documents R9 was admitted to the facility on [DATE], is [AGE] years old, and has diagnoses including Type 2 Diabetes Mellitus, Congestive Heart Failure, and Morbid Obesity.R9's Immunization Record documents R9 received PPSV23 on 8/25/22.Based on the CDC's Pneumococcal Vaccine Recommendations, R9 should have received one dose of PCV15, PCV20, or PCV21 at least 1 year after the last dose of PPSV23.R9's Authorization and Release for Pneumococcal Vaccine (PCV13 and PPSV23) dated 3/14/22, documents R9 consented to receive the Pneumococcal vaccine.There is no documentation in R9's medical record or immunization record that the facility provided the Pneumococcal vaccine to R9 as requested.On 5/6/26 at 11:18 a.m., V2 (Director of Nursing) stated resident immunizations, consents, and/or refusals should be in the medical record. V2 further confirmed R7, R8, and R9 are not up to date with their Pneumococcal vaccinations and was unable to provide any documentation that R7 and R8 were educated or offered the vaccine or that R9 received the vaccine.The facility's Pneumococcal Vaccine policy, dated 1/1/25, specifies that vaccines will be offered to prevent infection in accordance with current CDC recommendations, specifically for residents with chronic heart and lung disease.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to accurately complete R5's comprehensive assessment. This failure affects one (R5) of two residents reviewed for accuracy of assessments on the sample list of 42.Findings include:R5's comprehensive assessment dated [DATE], documents R5 has an indwelling catheter. R5's Medical Record documents R5's indwelling catheter was discontinued on 12/25/25.On 5/5/26 at 10:51 a.m., V8 (Minimum Data Set Coordinator) confirmed R5 did not have an indwelling catheter.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on interview and record review, the facility failed to provide timely incontinence care for one resident (R18) of 32 reviewed for Activities of Daily Living (ADLs) on the sample list of 42 residents. Findings include:R18's Medical Diagnosis sheet (5/5/2026) documents R18's diagnoses include Lack of Coordination, Weakness, Abnormal Gait and Mobility, Anxiety Disorder, and Depression. R18's Resident Assessment (1/21/2026) documents R18 is cognitively intact. The same assessment documents R18, is always incontinent of bladder and frequently incontinent of bowel and requires substantial/maximal staff assistance to transfer to the toilet and for toileting hygiene. R18's Care Plan (5/5/2026) documents staff are to provide incontinence care to R18 after each incontinence episode. On 5/3/2026 at 1:27PM, R18 reported wearing an incontinence brief and facility staff are so slow getting me clean. R18 reported call lights sometimes take 2-3 hours to be answered by staff on third shift when R18 is waiting to receive assistance to change a wet brief. On 5/6/2026 at 1:24PM, R18 reported staff on third shift take over an hour to answer R18's activated call light and R18 sits in a wet brief for an extended period of time on third shift. R18 stated, I don't have a choice (to not sit in a wet brief). R18 reported that a CNA (not identified) working on third shift recently told R18 they were in their car and that is why they took so long to respond to R18's call light. R18 stated, I think they are just lazy and also don't care. On 5/6/2026 at 1:30PM, V7 (CNA) reported providing care to R18 for about the last six months and reported R18 does make reliable statements and is cognitively intact. V7 denied R18 makes false allegations or has behaviors. The facility Call Lights policy (2/6/2025) documents staff response times to activated call lights should be a priority.

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	05/19/2026

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. Based on observation, interview, and record review, facility staff failed to verify proper gastrostomy tube placement by checking for gastric residual before administering medications for one of two residents (R6) reviewed for gastrostomy tubes in a sample of 42. On 5/4/2026 at 3:18 PM V15, LPN (Licensed Practical Nurse) administered medications to R6 via gastrostomy tube (g-tube). Medications administered were Gabapentin capsule 100 mg (milligram) one capsule and Docusate Sodium 100 mg 1 tablet. R6 was to receive 30 cc (cubic centimeter) of water flush before and after administering medication. V15 inserted the syringe with 30cc of water into R6's gastrostomy tube, pushed the water into the g-tube removed the syringe placed the prepared medications into the syringe and re-inserted into the gastrostomy tube and administered the medications. V15 then drew up 30cc of water and flushed the gastrostomy tube per physician's order. V15 failed to check for placement of the gastrostomy tube before administering the first 30cc of water into the gastrostomy tube by checking to see if R6 had residual content.The facility's policy titled Medication Administration via Enteral Tube with revision date 2/2/2026 states under the section titled (#9. Procedure: letter H) states: Enteral tube placement must be verified prior to administering any fluids or medication.)V2, Director of Nurses stated on 5/5/2026 at 10:48 AM Nurses needs to check for placement of the g-tube by checking residual before administrating any fluids or medications.

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	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Loft Rehab of Rock Springs, The	2530 North Monroe Street Decatur, IL 62526

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. Based on observation, interview, and record review, the facility failed to ensure a resident's call light was maintained in good working order. This failure affects one (R14) of 32 residents reviewed for call lights on a sample list of 42 residents. Findings include:On 5/3/26 at 9:45 a.m., R14 stated R14's call light is not functioning properly. R14 stated they have to hold down the button (on the call light) to get it to turn on. R14 stated although maintenance came to look at it and the light would turn on outside the door, it did not alert at the nurses' station.On 5/5/26 at 9:29 a.m., R14 was lying in bed and this surveyor asked R14 to press the call light. The light above R14's door failed to illuminate when the call light was activated. At this same time, V9 (Certified Nursing Assistant) was in the room and stated they would report the issue to the Maintenance Director. V9 stated not all call lights alert at the nurses' station. R14 stated, It hasn't worked for a while now. They [maintenance] came and looked at it before and nothing changed. I end up having to yell out, or it takes too long for someone to assist me [because they can't see that the call light is activated]. R14's Quarterly Assessment, dated 2/12/26, documents R14 is cognitively intact.The current Care Plan documents R14 is dependent on staff for activities of daily living.A review of facility work orders for the past three months (February, March, and April 2026) revealed no documented repairs or requests regarding R14's call light.The facility Call Light Policy, dated 2/6/25, specifies that the call system must alert staff members directly or go to a centralized staff work area to ensure an appropriate response.