PRINTED: 09/03/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING IL6005722 06/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **700 NORTH MAIN STREET LOFT REHABILITATION & NURSING EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: #1924696/IL113468 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating Attachment A the facility and shall be reviewed at least annually by this committee, documented by written, signed **Statement of Licensure Violations** and dated minutes of the meeting.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Section 300.1210 General Requirements for

Nursing and Personal Care

Electronically Signed

TITLE

(X6) DATE 07/11/19

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6005722 06/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET **LOFT REHABILITATION & NURSING EUREKA, IL 61530** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d)Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6)All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met evidenceed by: Based on interview, and record review, the facility failed to ensure physical abuse did not occur for three of three residents reviewed for abuse (R1. R3 and R9) in the sample of 12. This failure resulted in a hematoma on R1's left temple and bruising on top of R1's hand, as well as R1's left

Illinois Department of Public Health

wrist being swollen, discolored and tender to

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6005722 06/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET LOFT REHABILITATION & NURSING **EUREKA, IL 61530** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 touch. Findings include: The facility policy for "Abuse, Neglect, Exploitation" last revised 1/2017 documents. "This facility affirms the right of our resident to be free from exploitation, abuse or neglect and misappropriation of resident property." "Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means in the facility. Abuse is a willful infliction of injury, unreasonable confinement, intimidation, or punishment with results physical harm, pain, or mental anguish." "Willful: means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm." "Physical abuse: refers to the infliction of injury on a resident that occurs other than by accidental means this includes but is not limited to, hitting, slapping, pinching and kicking." 1. On 6/12/2019 R1's Nursing progress notes document, "Pushed down by another resident (R3) (and) landed on the floor hitting left temple area and left hip. Large hematoma to left temple. Ice applied. Crying 'ow'." The Progress notes document R1 was sent into the emergency room for evaluation, returning later the same day. The 6/12/19 Facility Abuse investigation summary documents, "On 6/12/19 (R3) became agitated with staff and other residents while sitting in the main living room of the facility. Staff intervened and attempted to redirect (R3) out of the area. (R3) was upset that the other residents were 'in her house'. As the nurse was trying to calm down (R3), (R3) went around the nurse and pushed (R1) causing (R1) to lose her balance and fall to

Illinois Department of Public Health

the floor causing a hematoma on (R1's) left

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chest) and it hurt!"

(B) violation

On 6/21/19 at 3:15PM R9 stated, "I did get hit by someone right here (pointing to her upper left