STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6011597 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2081 NORTH MAIN STREET LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2225353/IL148818 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1610a)1) 300.1620e) Section 300.610 Resident Care Policies 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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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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: IL6011597 B. WING 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET LOFT REHAB & NURSING OF CANTON **CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Section 300.1610 Medication Policies and **Procedures Development of Medication Policies** Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal. State and local laws. Section 300.1620 Compliance with Licensed Prescriber's Orders The resident's licensed prescriber shall be notified of medications about to be stopped so that the licensed prescriber may promptly renew such orders to avoid interruption of the resident's therapeutic regimen. These Regulations are not met as evidenced by: Based on observation, record review and interview, the facility failed to administer pain medication as ordered by the physician, for one of three residents (R1) reviewed for pain, in a sample of four. This failure resulted in R1's pain being uncontrolled for over 48 hours and experiencing discomfort related to recent spinal surgery, described as a "7-8" on a pain scale of 1-10 (with 1 being the least amount of pain and 10 being the worst pain) and affecting R1's sleep. Findings include:

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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 IL6011597 B. WING 07/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2081 NORTH MAIN STREET **LOFT REHAB & NURSING OF CANTON CANTON, IL 61520** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY S9999 Continued From page 4 S9999 weekend, because she knew R1 routinely takes her pain medication and would likely run out by that Saturday (07/02/22). V4 stated other nursing staff also attempted to contact V8 regarding the Norco refill, on 6/30/22 and 7/01/22, per the correspondence given from shift change; however, staff were unable to obtain the refill authorization from V8 via phone or fax. V4 stated, by 7/04/22, R1 was "pretty uncomfortable, very emotional and upset" over being in pain and the unavailability of her pain medication. V4 continued to attempt to reach V8 by phone, as her office was closed for the weekend, but was only able to leave messages. V4 stated she gave R1 Extra Strength Tylenol, but it did not touch R1's pain. V4 stated she tried to reposition R1 and attempted to calm her so her pain would not get worse, but "nothing worked." V4 stated R1 was extremely concerned about staying on top of her pain symptoms, since she routinely took Norco for chronic back pain prior to her back surgery, when she was at home. V4 stated V2 (Director of Nursing) came into the facility on the afternoon of 7/04/22, and she expressed concern over still being unable to reach V8 to refill R1's Norco. V4 stated V2 called V8 herself, and within 20 minutes, the refill was authorized, and she was able to access the Norco in Emergency Medication Box for R1. On 7/13/22 at 2:09 pm, V5 (Licensed Practical Nurse) stated it is difficult to obtain a signed prescription from the physician over the weekend,

whether it is V8 or the physician on call. V5 stated the physician has the ability to electronically sign for narcotic refills through the pharmacy system and staff have access to V8's cell phone number but getting V8 to make those authorizations is hard. V5 stated that due to the difficulties they have obtaining electronic signatures for

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