

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments	S 000		
	Annual Licensure and Certification			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations 1of 3: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1 of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to transcribe and implement physician orders to promptly send a resident to the hospital with a change in condition and failed to recognize a change in condition for one of two residents' (R78) reviewed for skin conditions on the sample list of 47. This failure resulted in a delay of hospitalization/treatment for R78. Upon admission to the hospital for worsening Gangrene of the right foot/toe, R78 was diagnosed with Osteomyelitis and Sepsis due to Osteomyelitis requiring Intravenous Antibiotics, an above the knee popliteal bypass grafting and amputation of the third right toe.</p> <p>Findings Include:</p> <p>On 9/17/23 at 10:13 AM, R78 was lying in bed. R78's right third toe was black, to the base of the toe, with red skin coloring at the base of the toe, on the top of the foot extending approximately 2 cm (centimeters).</p> <p>On 9/17/23 at 12:21 PM, V5 (R78's Friend/Emergency Contact) stated R78 has already lost R78's left big toe due to an infection and now the facility staff are saying R78 needs a toe on the right foot removed.</p> <p>On 9/17/23 at 3:29 PM, V6 (R78's Family) stated V6 received a phone call on 9/7/23 at 8:00 pm from an unidentified nurse, saying R78's right third toe is looking like it needs amputated and that a podiatrist would be out either Monday or Tuesday (9/11 or 9/12/23) to look at it. V6</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>explained on 9/14/23, after not receiving any updates, V6 called the facility and spoke with an unidentified nurse who stated she was not aware of R78's condition and checked R78's chart and said that nothing was documented on it, so it must have been a mix up with another resident. V6 explained today (9/17/23) when V6 was at the facility, V6 looked at R78's foot and R78's "toe is completely black, and it was red on top of the foot near the toe". V6 stated V6 reported the toe condition to V13 RN (Registered Nurse) and V13 replied that the toe might completely fall off on its own and that if it looked red past the black, R78 would need hospitalized. V6 reported to V13 that the foot looked red to V6 and V13 responded "okay" but did not look at it or do anything.</p> <p>R78's Progress Notes dated 9/7/23 document R78 has a diabetic wound to the right third toe with the peri-wound skin being cyanotic. V20 Wound Physician recommends R78 be seen by vascular surgery and podiatrist. There is no other wound documentation/descriptions documented in the Progress Notes through 9/17/23.</p> <p>R78's Wound Physician Notes by V20 document the following: 8/31/23 - does not document any right third toe wounds 9/7/23 - R78 has a Full Thickness Diabetic Wound of the Right Dorsal Third Toe measuring 2 cm (centimeters) by 1.5 cm by not measurable that is covered in 100% thick adherent black necrotic tissue. Additional information: dorsal distal toe black with loss of nail and distal plantar aspect of toe is cyanotic. Suspect this is a result of ischemia. R78 is non-ambulatory and has been in a reclining wheeled chair so it is unlikely to have been injured otherwise. R78 had a BLE (Bilateral Lower Extremity) angiography on 4/28/23 that showed</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>an "occluded right SFA (Superficial Artery) but three vessel runoff; likely microvascular disease is causing the ischemia of third toe. Schedule appointment with podiatry.</p> <p>9/14/23 - R78 has a Full Thickness Diabetic Wound of the Right Dorsal Third Toe measuring 2.5 cm by 2 cm by not measurable that is 100% covered in a thick adherent black necrotic tissue (eschar). Special Instructions for dry gangrene of toe: Apply betadine to the right third toe. R78 will require amputation vs (versus) autoamputation. If R78 develops erythema around the wound, then R78 would need sent out to hospital but otherwise R78 can wait for outpatient podiatry consultation for possible surgical amputation of the toe.</p> <p>R78's September 2023 Physician Orders documents an order on 9/18/23 to apply betadine every shift to the third right toe. There is no order transcribed to send R78 to the hospital if erythema develops.</p> <p>On 9/19/23 at 8:30 AM, V15 ADON (Assistant Director of Nursing)/Wound Nurse entered R78's room to complete the ordered toe treatment. R78's right third toe is black with the foot being red up to the ankle, compared to two cm on the top of the foot two days ago. The blackness of the toe now extends onto the plantar part of the foot approximately 0.2 cm and the top of the foot has dark/dusky discoloring approximately 1 cm. V15 explained R78 is being followed by V20, who recommended R78 be seen by vascular surgery and podiatry but that R78 hasn't been able to get in yet to be seen. V15 completed the ordered treatment and verified that the foot is red, and the blackness is spreading stating that the toe started with a small black area and has expanded to this point in a couple of weeks.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>On 9/19/23 at 10:12 am, V15 stated V15 was not aware of the order to send R78 out to the hospital if the toe/foot developed erythema and stated on 9/15/23, the last time V15 seen R78's right foot, it was not red and there is nothing documented in the Progress Notes about it being red. V15 explained, if that is an order, and it was red over the weekend, then R78 should have been sent to the hospital, so V15 will contact V20 for recommendations.</p> <p>R78's Progress Notes dated 9/19/23 document V20 consulted about redness to top of R78's right foot. V20 indicates the redness is from progressing ischemia and has ordered R78 to be sent to the ER (Emergency Room) for vascular evaluation as R78's appointment with the vascular surgeon is over a week away. V17 NP (Nurse Practitioner) also notified.</p> <p>On 9/19/23 at 11:20 AM, V20 Wound Physician stated the facility just called V20 this morning to report the changes to R78's toe/foot and V20 asked for the facility to send R78 out to the hospital. V20 explained V20 is concerned with the ischemic changes to the toe and that R78 was going to need the toe amputated but now that the blackness is spreading, R78 needs seen because it could be the difference between losing a toe vs the entire foot. V20 stated the facility should have called the primary care physician over the weekend with the changes to the toe when the redness was noticed two days prior on 9/17/23.</p> <p>R78's Hospital History and Physical dated 9/19/23 by V29 Hospital NP documents R78 is being admitted for worsening right foot/toe gangrene/Osteomyelitis. Assessment shows: Sepsis present on admission due to Osteomyelitis, Severe PVD (Peripheral Vascular Disease) with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>right third toe Gangrene and Osteomyelitis. R78 started on IV (Intravenous) Zosyn (Antibiotic) and Vancomycin (Antibiotic).</p> <p>R78's WBC (White Blood Cell Count) in the hospital on 9/20/23 documents a level of 17.25, normal range is 4-12.</p> <p>R78's Vascular Surgeon Notes 9/19/23 by V30 Vascular Surgeon documents R78 came to the ER (Emergency Room) with reports of Gangrenous, Cellulitis of the distal right foot, third toe. Assessment and Plan: PVD (Peripheral Vascular Disease) with Cellulitis, Gangrene of right third toe/foot. R78 has known superficial femoral artery occlusion. Will treat the Gangrene and Cellulitis and R78 may need an above the knee popliteal bypass grafting to restore blood flow to the right leg.</p> <p>R78's Podiatric History and Physical dated 9/19/23 by V40 documents R78 presents with a new finding of gangrene on the right lower extremity with Cellulitis. R78 was seen by V30 Vascular Surgeon who is considering a possible bypass. Basically, there is some odor to the toe. There is a little bit of moisture. The distal end is dry, though. At this point, will let the Cellulitis settle down for a day or two with antibiotics and then taking off the right third toe would be reasonable. Will make sure Vascular is okay with us proceeding with the amputation. Probably on Thursday, 9/21/23, we will plan for a toe amputation of the right third toe, it might even include the metatarsal head.</p> <p>R78's Palliative Care Progress Note dated 9/25/23 documents R78 had the right third toe amputated and a right femoral above knee bypass completed.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>The Facility Wound Treatment Management Policy dated 9/19/23 documents it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders. The effectiveness of treatments will be monitored by nursing staff, DON (Director of Nursing) and Wound Nurse through regular assessment of the wound, based on treatment and progress.</p> <p>The Facility Physician/Practitioner Orders Policy dated 1/1/20 documents a physician/practitioner may include, but is not limited to, a resident's attending physician, wound clinic physician, nurse practitioner, or specialist. Orders received in writing or via fax, the nurse in a timely manner will call the attending physician and verify the order and follow facility procedures for verbal or telephone orders including noting the order and transcribing to the medication or treatment record.</p> <p>(A)</p> <p>Statement of Licensure Violations 2 of 3: 300.610a) 300.1010h 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL			STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 9 the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection,	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10 and prevent new pressure sores from developing.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to implement residents' pressure relieving interventions to prevent the development of pressure ulcers, and report pressure ulcers to the nurse so a treatment order could be obtained. This failure affects one of two residents (R139) reviewed for pressure ulcers on the sample list of 47. This failure resulted in R139 developing four, stage two pressure ulcers.</p> <p>Findings Include:</p> <p>R139's MDS (Minimum Data Set) dated 9/1/23 documents R139 is alert and oriented and requires extensive assistance of one staff for transfers.</p> <p>R139's Skin Risk Assessment dated 8/26/23 documents R139 is at risk for breakdown.</p> <p>R139's Care Plan dated 9/1/23 documents R139 is at risk for skin breakdown due to decreased mobility with interventions to administer all preventative measures as ordered by the physician and monitor for effectiveness, educate and encourage resident to reposition/allow staff to reposition frequently to decrease risk of impaired skin integrity, observe skin condition with ADL (Activities of Daily Living) care daily and report abnormalities, chambered air type cushion to wheelchair, and turn and re-position frequently.</p> <p>On 9/17/23 at 10:18 AM, R139 was sitting up in a wheelchair on a thin gel cushion. R139 stated R139's "butt is red and sore". R139 explains staff get R139 up around 7:00 am for breakfast then</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>leave R139 sitting until after lunch {more than six hours}. R139 stated staff "won't lay me down between times, they tell me it's good for me to stay up."</p> <p>On 9/17/23 at 1:30 PM, R139 remained sitting up in the wheelchair and stated staff still have not laid R139 down after requesting to be laid down several times and R139's "buttocks is hurting worse".</p> <p>On 9/18/23 at 9:54 AM, R139 was sitting up in a wheelchair on a thin gel cushion stated R139 did not get laid down yesterday until 1:50 pm {6 hours and 50 minutes after being gotten up into the wheelchair}. R139 also stated R139 was gotten up around 7:00 am again today and has requested to be laid down due to R139's buttocks hurting "really bad".</p> <p>On 9/18/23 at 11:10 AM, R139 was lying in bed on a regular mattress, on R139's back. R139 stated R139 was placed in bed around 10:30 am, {3.5 hours after being gotten up into the wheelchair}, and that R139's buttocks is still hurting, even after being able to lay down.</p> <p>R139's Skin Observation Tool dated 9/16/23 by V4 LPN (Licensed Practical Nurse) does not document any pressure ulcers or "redness".</p> <p>On 9/18/23 at 12:17 PM, V13 RN (Registered Nurse) stated R139 does not have any open areas on the buttocks that V13 is aware of. V13 also stated, V13 knows that staff try to keep residents up for meals, but don't know if R139 is one that they tell can't lay down or not. At this time, V14 CNA (Certified Nursing Assistant) stated facility staff encourage residents to be up for meals. V14 also stated V14 is not sure if V14</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>told R139 yesterday (9/17/23) that R139 needed to stay up for lunch or not. V14 stated R139's buttocks is red and open and that V14 did not report that to anyone because it has been like that for a while and V14 assumed the nurses already knew. V13 denied knowing R139's buttocks is red and open. V13 left R139's room to get V15 ADON (Assistant Director of Nursing)/Wound Nurse. V13 and V15 then entered R139's room and pulled down R139's pants to check R139's buttocks, which revealed an unblanchable dark red/purple in color area which V15 measured as 12.1 cm (centimeters) by 19.0 cm, extending across bilateral buttocks. Within the dark red/purple area, R139 has three superficial open areas to the right-side measuring: 5.4 cm by 1.3, 0.2 by 0.4, and 1.2 cm by 1.2 cm and one superficial open area to the left side measuring 4.1 by 2.0 cm. V15 described the open areas all as stage 2 and the red area as stage 1 pressure areas. V13 and V15 both confirmed that resident sitting in chair for more than 6 hours at a time, could cause the pressure ulcers and explained R139 needs to be turned and repositioned every 2 hours. V15 also stated V15 will also have to look at the type of wheelchair cushion R139 is using, because it is not was is care planned to be used.</p> <p>R139's September 2023 Physician Order Sheet does not document a treatment for R139's pressure ulcers until 9/18/23.</p> <p>On 9/18/23 at 3:07 PM, V15 stated a head-to-toe assessment should be completed weekly and with any new skin issues, and that CNA's should report any new skin issues to the nurse immediately upon finding it, so the nurse can notify the physician for treatment orders. V15 also stated, if a resident is wanting to be laid down,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>staff should lay them down and not tell them that they need to stay up for the meal.</p> <p>The Facility Pressure Injury Prevention and Management Policy dated 12/6/22 documents the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries. "Pressure Ulcer/Injury refers to localized damage of the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device." "Avoidable means that the resident developed a pressure ulcer/injury and that the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors; define and implement interventions that are consistent with resident needs, resident goals, and professional standards of practice; monitor and evaluate the impact of the interventions; or revise the interventions as appropriate." The facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment; intervening to stabilize, reduce or remove underlying risk factors; monitoring the impact of the interventions; and modifying the interventions as appropriate. Licensed nurses will conduct a full body skin assessment on all residents upon admission, readmission, weekly and after any newly identified pressure injury. Findings will be documented in the medical record. Nursing assistants will inspect skin during bath and will report any concerns to the resident's nurse immediately after the task. Evidence-based interventions for prevention will be implemented for all residents who have assessed at risk or who have a pressure injury present. Interventions will</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>be documented in the care plan and communicated to all relevant staff.</p> <p>(B)</p> <p>Statement of Licensure Violations 3 of 3: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Regulations are not met as evidenced by:</p> <p>Failures at this level required more than one deficient practice statement.</p> <p>A. Based on interview and record review the facility failed to accurately transcribe hospital discharge medication orders for a resident (R37) with a seizure disorder, ensure medications were available for administration, and ensure contracted nurses have access to the backup</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL			STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 16</p> <p>medication supply. These failures resulted in R37 missing 13 doses of medications to control seizures: 9 doses of Divalproex Sodium, 2 doses of Levetiracetam and 2 doses of Carbamazepine; being hospitalized experiencing continued seizures and requiring intravenous seizure medication. R37 is one of three residents reviewed for hospitalizations in the sample list of 47.</p> <p>Findings include:</p> <p>a.) On 09/17/23 at 9:52 AM R37 stated R37 was hospitalized in June 2023 for seizures and R37's seizure medications were adjusted. R37 stated R37 had a history of seizures and was unsure why R37 started having seizures again. R37 stated R37's physician told R37 that it is important to take R37's seizure medications within an hour of the scheduled time. On 9/19/23 at 9:31 AM R37 stated R37 has had a seizure disorder since 17/18 years old, and prior to May 2023 R37's seizures were controlled with medications. R37 stated R37 admitted to the hospital in May 2023 from R37's home and R37's Divalproex dosage was adjusted due to R37's Divalproex level being low. R37 was supposed to discharge to the facility on 5/27/23 and had another seizure during transport.</p> <p>R37's Hospital Progress Note dated 6/4/23 documents R37 had a seizure on 5/17/23 and R37's Depakote (Divalproex) was increased. R37 was discharged on 5/27/23 and enroute had an unresponsive episode and returned to the hospital. This note documents Neurology was consulted, R37's Depakote level was 46.8, and R37's Depakote was increased to 1000 mg (milligrams) three times daily. R37's Hospital Discharge Orders dated 6/7/23 documents</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 17</p> <p>Divalproex Sodium Extended Release take 1000 mg by mouth every 8 hours.</p> <p>R37's June 2023 Order Summary Report documents orders dated 6/7/23 to administer Carbamazepine 200 mg by mouth twice daily for seizures, Divalproex Sodium Delayed Release 500 mg two tablets (1000 mg) by mouth twice daily for seizures (not Extended Release 1000 mg three times daily as noted on the hospital discharge orders), and Levetiracetam (Keppra) 1000 MG by mouth twice daily for seizures. There is no documentation that the facility identified the Divalproex transcription error.</p> <p>R37's Nursing Notes document the following: R37 admitted to the facility on 6/7/23 at 2:30 PM. On 6/12/2023 at 1:45 PM pharmacy reported that only a 3-day supply of R37's medications had been provided due to insurance, and the pharmacy was unsure if anyone at the facility was made aware of this. This note documents pharmacy will rerun the insurance and send a 30-day supply of R37's medications. On 6/12/2023 at 2:48 PM (over 6 hours after the scheduled time of 8:00 AM) the pharmacy was contacted regarding R37's Divalproex, Ranolazine, Carbamazepine, and Levetiracetam being out of stock, the last dose of the Levetiracetam was taken out of the (electronic emergency medication dispensing system), and the medications were requested to be delivered STAT (immediately). On 6/12/2023 at 3:21 PM scheduled Keppra and Carbamazepine was removed from (electronic emergency medication dispensing system), and the facility was awaiting the delivery of R37's other scheduled medications to arrive from the pharmacy. On 6/12/2023 at 7:30 PM R37's medications were delivered from the pharmacy. On 6/14/2023 at 2:40 AM R37</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 18</p> <p>complained of nausea and general malaise (tiredness) and was transferred to the hospital.</p> <p>The electronic mail dated 9/18/23 3:50 PM from V37 Pharmacy Registered Nurse to V16 Chief Nursing Officer documents there were no removals of Divalproex from the facility's (emergency medication supply system) and includes a form which documents that Levetiracetam 250 mg eight tablets and Carbamazepine 200 mg two tablets were removed from the facility's (emergency medication supply system) on 6/12/23 at 10:32 AM.</p> <p>The Pharmacy Packing Slip dated 6/7/23 documents six tablets of Carbamazepine 200 mg, twelve tablets of Divalproex 500 mg, and six tablets of Levetiracetam 1000 mg (a three-day supply of these medications) were delivered to the facility for R37 on 6/8/23. The Pharmacy Packing Slip dated 6/12/23 documents sixty tablets of Carbamazepine 200 mg, 180 tablets of Divalproex Sodium Delayed Release 500 mg, and sixty tablets of Levetiracetam 1000 mg were delivered to the facility for R37 on 6/12/23. There is no documentation that any other doses of these medications were dispensed from pharmacy or obtained from the facility's emergency supply between 6/7/23 and 6/12/23.</p> <p>R37's June 2023 Medication Administration Record (MAR) documents Divalproex Sodium Delayed Release 1000 mg, Carbamazepine and Levetiracetam were scheduled to be administered twice daily at 8:00 AM and 4:00 PM from 6/8/23-6/13/23. This MAR documents these medications were administered on 6/11/23 by V38 Agency Registered Nurse (RN), but there is no documentation as to where these medications</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 19</p> <p>were obtained from. This MAR documents Divalproex was administered on 6/12/23 at 8:00 AM, but there is no documentation as to where this medication was obtained from.</p> <p>R37's Progress Note dated 6/12/23 recorded by V21 Physician documents R37 reported having seizures since age 17, which have been worse lately and R37 was hospitalized recently for seizures. This note documents R37 reported this morning that R37 had two brief seizures. This note documents "Really need to watch the frequent seizures. (R37) is on multiple seizure medications." R37's Progress Note dated 6/13/23 at 9:20 AM recorded by V17 Nurse Practitioner documents R37 had repeated seizures yesterday, there was an issue with R37 not getting R37's seizure medications yesterday, and R37 has received all doses of seizure medications now without further seizures. This note documents "Seizure Disorder- last seizure 1 day ago likely due to lapse in doses. Continue antiepileptic meds (medications). (R37) is on several. Seizure precautions. Monitor closely."</p> <p>R37's Emergency Room Note dated 6/14/23 at 2:46 AM documents R37 presented with concern for seizure with seizure disorder and R37 requested laboratory tests for seizure medications. This note documents R37 reported having nausea and vomiting once this evening and was unable to take R37's seizure medications, and R37 had chest pain that improved after nitroglycerine administration. R37 reported having problems with not receiving R37's seizure medications at the facility due to insurance. This note documents R37 reported that two days ago R37 had seven seizures and tonight R37 had multiple seizure like episodes including tremors to R37's hands. R37's Hospital Progress Note dated 6/15/23 documents "(R37)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 20</p> <p>here with frequent seizures after not getting her AED (Antiepileptic Drugs) Grand mal seizures: consulted neurology on IV (Intravenous) antiepileptics per Neurology recommendations, continue the seizure precautions. -Valproic acid level below therapeutic level, Tegretol WNL (Within Normal Limits)". R37's Valproic Acid-Depakote level collected on 6/14/23 at 3:52 AM was 37.8 micrograms per milliliter (normal range 50-100). R37's Hospital Discharge Summary with admission date 6/14/23, documents R37 received intravenous Divalproex beginning on 6/14/23.</p> <p>On 9/18/23 at 12:46 PM V18 RN stated there were issues with pharmacy only sending a limited supply of R37's medications when R37 first admitted to the facility. V18 stated on the morning of 6/12/23 V18 obtained R37's scheduled seizure medications from the facility's (electronic emergency medication system). V18 stated there were concerns that R37 had missed doses of R37's seizure medications and R37 voiced concern that R37 would have seizures. V18 stated V18 ordered R37's medications from the pharmacy that day. V18 stated V18 questioned whether R37 missed doses of these medications since agency nurses were working during that time, and those nurses do not have access to the facility's (electronic emergency medication system).</p> <p>On 9/18/23 at 1:04 PM V11 Care Plan/Minimum Data Set Coordinator stated the facility has a backup system to obtain medications when unavailable, and if the medication is not available then the nurses are to contact the pharmacy to request a STAT delivery. V11 stated the nurses are to follow/implement hospital discharge medication orders. V11 reviewed R37's June</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 21</p> <p>2023 MAR and 6/7/23 hospital discharge orders and confirmed R37's Divalproex Sodium order was incorrectly transcribed to be given twice daily instead of three times daily as ordered.</p> <p>On 9/19/23 at 1:06 PM V38 Agency RN stated V38 thought V38 borrowed R37's medications from another unidentified resident. V38 was unable to state what medications/doses were borrowed and the resident that these medications were borrowed from. V38 stated R37 was out of R37's medications on 6/11/23 and V38 knew that R37 needed the medications. V38 stated V38 thought V38 reported this to an unidentified staff member. V38 stated V38 was unsure of the procedure for when medications are unavailable, and V38 did not notify the pharmacy or access the facility's emergency medication system to obtain R37's medications. V38 stated V38 was not trained on this process.</p> <p>On 9/18/23 at 2:30 PM V16 Chief Nursing Officer stated R37's order sent from the hospital on 5/18/23 documents to administer Depakote 1000 mg twice daily. V16 confirmed the discharge orders from 6/7/23 were not transcribed correctly. V2 Director of Nursing stated agency nurses can ask the facility nurses to access the facility's emergency medication dispensing system to obtain medications. On 9/19/23 at 12:32 PM V16 stated the nurse (V38) may have borrowed seizure medications from another resident to give to R37 on 6/11/23. V16 stated it is acceptable to borrow noncontrolled medications from other residents and V16 would expect the doses to be returned to the resident once delivered. V16 stated sometimes there are issues with insurance and pharmacy delivering medications causing residents to go a couple days without medications. On 9/19/23 at 1:38 PM V16</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 22</p> <p>confirmed there is no documentation as to what medications and dosages were borrowed for R37 or from which resident the medications were borrowed from. V16 stated the facility does not have a policy on borrowing medications. On 9/21/23 at 1:08 PM V16 stated the floor nurses review and transcribe the hospital discharge orders and the facility is now implementing that a second check of the orders will be done.</p> <p>On 9/18/23 at 1:19 PM V17 Nurse Practitioner stated the facility notified V17 that R37 missed doses of R37's seizure medications in June 2023. V17 stated V17 was unsure how many doses of medications were missed, and that it was believed to be a pharmacy delivery issue. V17 confirmed R37 had seizures noted in V17's note on 6/13/23. V17 stated R37's seizures could have been due to missed doses of seizure medications, electrolyte abnormality, or infection. V17 stated Grand Mal seizures put a resident at risk for deconditioning/overall decline, aspiration, and death.</p> <p>On 9/19/23 at 9:55 AM V22 Pharmacist stated six tablets of Carbamazepine, twelve tablets of Divalproex, and six tablets of Levetiracetam were dispensed from the pharmacy for R37 and delivered to the facility on 6/8/23 at 4:39 AM. V22 confirmed this amount was a three-day supply that would be depleted after 6/10/23. V22 stated the only medications pulled from the facility's electronic medication supply system between 6/7/23 and 6/12/23 was two tablets (two doses) of Carbamazepine 200 mg and eight tablets (two doses) of Levetiracetam 250 mg on 6/12/23 at 10:32 AM. V22 stated no doses of Divalproex Sodium, and no additional doses of Carbamazepine were dispensed from the facility's emergency supply or delivered from the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 23</p> <p>pharmacy after 6/8/23 until 6/12/23. V22 stated the pharmacy delivered R37's 180 tablets of Divalproex, 60 tablets of Levetiracetam, and 60 tablets of Carbamazepine on 6/12/23 at 7:32 PM. V22 stated the pharmacy did not receive any contact from the facility regarding these medications and reordering after 6/7/23 until 6/12/23. V22 stated V22 does not understand why the facility did not pull these medications from the facility's emergency medication system on 6/11/23. V22 stated if medications are not available to administer, the facility is supposed to notify the pharmacy so that a backup pharmacy can be contacted to deliver the medications STAT. V22 stated the facility's emergency medication system contains Depakote Extended Release, which is not the same as Delayed Release that is ordered for R37, and the facility would need to obtain an order to interchange these medications. V22 stated if these medications are being used for seizures, we instruct patients to take the medications as ordered and avoid missing any doses. V22 stated if used for seizures, missing multiple doses of these medications could put the resident at increased risk for having a seizure.</p> <p>The facility's Medication Reordering policy dated as reviewed 12/21/22 documents the facility will provide or obtain pharmaceutical services for routine and emergency medications to be obtained timely. This policy documents the nurses should observe when there are less than six doses of medications remaining and reorder the medications and medication carts should be cross matched weekly on Thursdays. This policy documents medications should be acquired/administered timely, and medications needed for emergency/STAT situations will be maintained in a limited quantity by the pharmacy</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 24</p> <p>and sealed in an emergency container.</p> <p>The facility's Medication Errors policy dated as reviewed 1/4/23 documents a medication error includes a medication not being administered as ordered or per manufacturer's specifications. This policy documents medications will be administered as ordered, medication errors will be evaluated based on the resident's condition, if the medication requires therapeutic blood levels, and the frequency of the error such as repeated omissions of medication.</p> <p>B.) Based on observation, interview, and record review the facility failed to administer insulin as ordered resulting in a significant medication error for one (R1) of three residents reviewed for hospitalizations in the sample list of 47.</p> <p>Findings include:</p> <p>b.) R1's Hospital Discharge Orders dated 9/7/23 document to check R1's blood glucose level twice daily and to administer Lantus (insulin) 8 units each night.</p> <p>R1's Nursing Notes document R1's Lantus as "on order" on 9/7/23 and 9/8/23, and "to be ordered" on 9/11/23. R1's September 2023 Medication Administration Record (MAR) does not document R1's Lantus was administered as ordered on 9/7, 9/8, and 9/11/23 referring to R1's nursing notes, and does not document that R1's blood glucose was checked twice daily until 8:00 PM on 9/12/23 when R1's blood glucose was 475.</p> <p>On 9/21/23 at 1:08 PM V16 Chief Nursing Officer confirmed a checkmark on the resident's MAR indicates the medication was administered. On 9/21/23 at 1:20 PM V16 Chief Nursing Officer</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF NORMAL			STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	Continued From page 25 provided a vial of R1's Lantus that included a label with a dispensed date of 9/7/23. V16 confirmed the medication was available and the nurses should have administered the medication as ordered. (A)	S9999			