

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005722	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/30/2024
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NAME OF PROVIDER OR SUPPLIER LOFT REHABILITATION & NURSING	STREET ADDRESS, CITY, STATE, ZIP CODE 700 NORTH MAIN STREET EUREKA, IL 61530
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(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		
S9999	<p>Complaint Investigation #2422136/IL172177</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1230d)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>d) The minimum staffing ratios shall be 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (i).</p> <p>This requirement is not met evidenced by:</p> <p>Based on interview and record review, the facility failed to provide the minimum direct care hours required to meet the needs of all residents. This failure has the potential to affect all 67 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/30/24 at 1:00 p.m., V1 (Administrator) stated the number of staff scheduled per day is determined by the facility's daily staffing form. V1 stated the total census and number of skilled residents are entered into the form and it automatically calculates the number of direct care staff required for that 24-hour period. V1 stated the "actual hours worked" is then filled in by Administration to evaluate staffing issues or</p>	S9999		

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

TITLE

(X6) DATE
05/18/24

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S9999	<p>Continued From page 1</p> <p>needs. V1 stated according to the staffing calculator being utilized, the facility is not consistently scheduling enough Certified Nurse Aides each shift.</p> <p>The Daily Census form dated 4/14/24, documents there were 64 residents residing in the facility with twelve of those residents requiring skilled care. This same form documents the "Required Aide (Certified Nurse Aide)" hours is 133.64 and the "Actual" hours worked on 4/14/24 was 97.5.</p> <p>The nursing schedule dated 4/14/24 and verified with individual Timecard Reports, document there were four Certified Nurse Aides on the 2 p.m. to 10 p.m. shift to care for 64 residents.</p> <p>On 4/30/24 at 12:39 p.m., V4 (R1's representative) stated she went to visit R1 on 4/14/24 in the evening hours during supper time. V4 stated when she went to R1's room, V8 (Certified Nurse Aide) was feeding R1 in her bed. V4 stated "When I asked (V8) why (R1) was left in bed for supper she told me that there were only two aides, and they didn't have enough time to get (R1) up out of bed. (R1) is supposed to be up in a chair for all meals. I feel terrible for these aides because they don't have enough help to get the residents taken care of. It's not their fault. Administration needs to get them more help. I'm moving (R1) to another facility this week."</p> <p>On 4/30/24 at 2:15 p.m., V8 (Certified Nurse Aide) stated she was the staff member feeding R1 when V4 came to visit R1 on 4/14/24. V8 stated she did tell V4 that R1 did not get out of bed for supper because they only had two aides on R1's unit assignment. V8 stated R1 is a mechanical lift that requires two assist and V9 (Certified Nurse Aide) was busy helping other</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>residents. V8 stated "When the supper trays were brought up, I went ahead and fed (R1) in bed so her meal was served hot. I didn't want to make her wait and have cold food. This did not cause (R1) any distress. She didn't seem to mind. (R1) is supposed to be up for meals but I did feed her and did not leave her alone at any time with food in front of her, so she was safe."</p> <p>On 4/30/24 at 1:20 p.m., V1 (Administrator) verified that there were not enough Certified Nurse Aides on 4/14/24. V1 stated the calculator utilized by the facility documented there should have been 133.64 hours of Certified Nurse Aides and there were only 97.5 actual hours worked by Certified Nurse Aides. V1 stated she understands there needs to be more Certified Nurse Aides scheduled each day to meet the resident's needs. V1 stated R1 is supposed to be up for all meals.</p> <p>The Centers for Medicare and Medicaid Services (CMS) 802 form dated 4/29/24, provided by V1 (Administrator), documents there are 67 residents residing in the facility.</p> <p>(C)</p>	S9999		