

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF PEORIA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
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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 First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610 a) 300.686 a)2) 300.686 a)8) 300.686 d)4) 300.686 e) 300.686 g) 300.686 h)1) 300.686 h)2) 300.686 h)3) 300.686 h)4)A) 300.686 h)4)B) 300.686 h)4)C) 300.686 h)4)D) 300.686 h)4)E) 300.686 h)4)F) 300.686 h)4)G) 300.686 h)4)H) 300.686 h)4)I) 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	S9999		

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

TITLE

(X6) DATE
07/15/24

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S9999	<p>Continued From page 1</p> <p>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 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p> <p>2) "Antipsychotic medication" - a medication that is used to treat symptoms of psychosis such as delusions, hearing voices, hallucinations, paranoia, or confused thoughts. Antipsychotic medications are used in the treatment of schizophrenia, severe depression, and severe anxiety. Older antipsychotic medications tend to be called typical antipsychotics. Those developed more recently are called atypical antipsychotics.</p> <p>8) "Informed consent" - documented, written permission for specific medications, given freely, without coercion or deceit, by a capable resident, or by a resident's surrogate decision maker, after the resident, or the resident's surrogate decision maker, has been fully informed of, and had an opportunity to consider, the nature of the medications, the likely benefits and most common risks to the resident of receiving the medications, any other likely and most common consequences of receiving or not receiving the medications, and possible alternatives to the proposed medications.</p> <p>d) A resident shall not be given unnecessary drugs. An unnecessary drug is any drug used:</p> <p>4) Without adequate indications for its use;</p> <p>e) Residents shall not be given antipsychotic medications unless antipsychotic medication therapy is ordered by a physician or an authorized prescribing professional, as documented in the resident's comprehensive assessment, to treat a specific symptom or suspected condition as</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>diagnosed and documented in the clinical record or to rule out the possibility of one of the conditions in accordance with Appendix F.</p> <p>g) Except in the case of an emergency, psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (Section 2-106.1(b-3) of the Act) Additional informed consent is not required for changes in the prescription so long as those changes are described in the original written informed consent form, as required by subsection (h)(12)(A). The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome, pursuant to subsection (h)(12)(A). The most common side effects of the medications shall be described.</p> <p>h) Protocol for Securing Informed Consent for Psychotropic Medication</p> <p>1) Except in the case of an emergency as described in subsection (g), a facility shall obtain voluntary informed consent, in writing, from a resident or the resident's surrogate decision maker before administering or dispensing a psychotropic medication to that resident. When informed consent is not required for a change in dosage as described in subsection (h)(12)(A), the facility shall note in the resident's file that the resident was informed of the dosage change prior to the administration of the medication or that verbal, written, or electronic notice has been communicated to the resident's surrogate decision maker that a change in dosage has occurred.</p> <p>2) No resident shall be administered psychotropic medication prior to a discussion between the resident or the resident's surrogate</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>decision maker, or both, and the resident's physician or a physician the resident was referred to, a registered pharmacist, or a licensed nurse about the most common possible risks and benefits of a recommended medication and the use of standardized consent forms designated by the Department.</p> <p>3) Prior to initiating any detailed discussion designed to secure informed consent, a licensed health care professional shall inform the resident or the resident's surrogate decision maker that the resident's physician has prescribed a psychotropic medication for the resident, and that informed consent is required from the resident or the resident's surrogate decision maker before the resident may be given the medication.</p> <p>4) The discussion shall include information about:</p> <p>A) The name of the medication;</p> <p>B) The condition or symptoms that the medication is intended to treat, and how the medication is expected to treat those symptoms;</p> <p>C) How the medication is intended to affect those symptoms;</p> <p>D) Other common effects or side effects of the medication, and any reasons (e.g., age, health status, other medications) that the resident is more or less likely to experience side effects;</p> <p>E) Dosage information, including how much medication would be administered, how often, and the method of administration (e.g., orally or by injection; with, before, or after food);</p> <p>F) Any tests and related procedures that are required for the safe and effective administration of the medication;</p> <p>G) Any food or activities the resident should avoid while taking the medication;</p> <p>H) Any possible alternatives to taking</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>the medication that could accomplish the same purpose; and</p> <p>l) Any possible consequences to the resident of not taking the medication.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to obtain an informed consent prior to administering an antipsychotic and identify target behaviors to warrant the use of an antipsychotic for one of two residents (R104) reviewed for antipsychotics in the sample of seven.</p> <p>Findings include:</p> <p>The facility's Use of Psychotropic Medication policy, dated 9/27/23, documents, "Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. The indications for use of psychotropic drug will be documented in the medical record. Pre-admission screening and other pre-admission data shall be utilized for determining indications for use of medication ordered upon admission to the facility. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions. This should be documented in the form of consent."</p> <p>On 3/13/24 at 10:55 a.m., R104 was alert sitting</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>on the side of his bed. R104 had a flat affect and was mumbling trying to answer questions. R104 was not able to answer questions appropriately. No outward behaviors exhibited.</p> <p>On 3/13/24 at 1:55 p.m., R104 was alert, standing at the front desk speaking with the front desk attendant. R104 was pleasant and not displaying any behaviors.</p> <p>R104's MDS (Minimum Data Set) electronic schedule, dated 3/14/24, documents R104 was readmitted to the facility from the hospital on 11/15/23.</p> <p>R104's Order Audit Report, dated 3/14/24, documents R104 was ordered Olanzapine (antipsychotic) 5 mg (milligrams) by mouth once daily on 11/15/23.</p> <p>R104's Order Summary Report, dated 3/13/24, documents R104 continues to receive Olanzapine 5 mg by mouth once daily for the diagnosis of other psychotic disorder.</p> <p>R104's Care plan, dated 10/11/23, documents, "(R104) uses psychotropic medications. Diagnoses: Vascular Dementia, Depressive Disorder as evidenced by episodes of agitation, restlessness, disrobing in open areas, exit seeking."</p> <p>R104's Psychiatry note, dated 1/3/24 at 1:13 p.m., documents, "Type of Visit: Initial Psychiatric Evaluation. Chief Complaint: Staff report a history of behaviors such as exit seeking, repetitively asking questions, and some verbal and occasionally, physical agitation. History Of Present Illness: R104 is an elderly male with a history of psychotic disorder, depression,</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Redirection is difficult due to significant cognitive impairment."</p> <p>R104's MAR (Medication Administration Record), dated 3/24, documents behaviors are being monitored every shift, and as of 3/13/24, R104 has not displayed any behaviors.</p> <p>R104's Psychoactive Medication Informed Consent, dated 3/11/24, documents the facility obtained verbal consent for R104's Olanzapine 5 mg on this date. The Consent has no documentation of target symptoms/behaviors for R104's use of the Olanzapine, beneficial effects expected, or possible side effects/risks. R104's current electronic record has no documentation of any informed consents being obtained prior to 3/11/24.</p> <p>On 3/13/24 at 1:30 p.m., V7 (Minimum Data Set Coordinator) stated R104's target behaviors for the use of the olanzapine were combative and physically aggressive with staff during cares, yelling profanities, wandering, and disrobing in public. V7 also stated R104 is not a harm to himself or others. V7 stated she is not qualified to determine if R104's behavior were psychotic in nature or appropriate for the use of R104's olanzapine.</p> <p>On 3/13/24 at 2:00 p.m., V1 (Administrator in Training) stated R104 did not have any other consents for the use of his Olanzapine until 3/11/24.</p> <p>On 3/13/24 at 3:45 p.m., V1 stated the facility had identified issues with psychotropics in the building, and they needed to put a plan in place to correct it.</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>(C)</p> <p>2 of 2</p> <p>300.1230 c) 300.1230 d) 300.1230 k)1) 300.1230 k)2)A) 300.1230 k)2)B) 300.1230 k)3) 300.1230 k)4) 300.1230 k)5) 300.1230 k)6) 300.1230 k)7)</p> <p>Section 300.1230 Direct Care Staffing</p> <p>c) A minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act)</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>k) To determine the direct care staffing required to meet daily minimum staffing ratios for skilled care and intermediate care, the following staffing formula shall be used:</p>	S9999		

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S9999	<p>Continued From page 9</p> <ol style="list-style-type: none"> 1) Determine the number of residents requiring skilled care and the number of residents requiring intermediate care. 2) Calculate the total daily required nursing and personal care hours for each level of care: <ol style="list-style-type: none"> A) The number of residents requiring skilled care shall be multiplied by the required number of hours (3.8) per resident. B) The number of residents requiring intermediate care shall be multiplied by the required number of hours (2.5) per resident. 3) Add the total number of hours of direct care required for each level of care to determine the total number of hours required to provide direct care for all residents in the facility. 4) Multiplying the total minimum hours of direct care hours required for all residents, determined under subsection (k)(3), by 25% results in the minimum amount of licensed nurse hours that shall be provided during a 24-hour period. 5) Multiplying the total minimum hours of direct care time required for all residents, determined under subsection (k)(3), by 10% results in the minimum amount of registered nurse hours that shall be provided during a 24-hour period. 6) The remaining 75% of the minimum required direct care hours may also be fulfilled by other staff identified in subsection (i) as long as it can be documented that those staff provide direct care, and that nursing care and nursing delegation is in accordance with the Nurse Practice Act. 7) The amount of time determined in subsections (k)(4), (5) and (6) is expressed in hours. <p>These requirements were not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>by:</p> <p>Based on observation, interview, and record review, the facility failed to meet the minimum required Direct Care Staff hours and care provided by Registered Nurses (RN) for 4 of 4 days sampled. This has the potential to affect all 97 residents in the facility.</p> <p>Findings include:</p> <p>On 3/11/24 at 11:15 a.m., R103 stated she is the resident council president and they have monthly meetings. She stated one of the repeated concerns is staffing. "Sometimes there is as few as one staff member on each hallway. Cares like your everyday hair brushing, tooth brushing, and showers aren't getting done when there is only one staff member to take care of the whole hall."</p> <p>On 03/13/24 at 09:07 AM, R107 stated the facility could use a few additional staff. "It can take a while for someone to come after I hit my light, usually during the busy times after meals."</p> <p>On 3/13/24 at 11:03 a.m., R101 stated, "The facility works short staffed a lot. We've had as low as one CNA (Certified Nursing Assistant) on our hall taking care of all of us. If they only have one they leave me in bed because it takes two staff to get me up with the mechanical lift. I also have to wait forever for my call light to be answered sometimes as long as 30 minutes."</p> <p>On 3/13/24 at 11:10 a.m., V8 (R101's Guardian) stated, "It's bad when they work short. (R101) doesn't get out of bed and he doesn't get turned and positioned every two hours. I've been here when it's taken them 30 minutes to answer his call light. It's not good."</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>A facility Daily Staffing Meeting form, dated 2/23/24, documents the facility's census is 78, with 16 of those being skilled level of care.</p> <p>A staffing calculator for a census of 62 intermediate level of care residents and 16 skilled level of care documents the facility should have a minimum of 21.58 of their 215.80 direct care hours completed by a Registered Nurse (RN).</p> <p>The facility Daily Assignment sheet, dated 2/24/24, has no documentation of a RN working.</p> <p>A facility Daily Staffing Meeting form, dated 3/1/24, documents the facility's census is 79 with 14 of those being skilled level of care.</p> <p>A staffing calculator for a census of 65 intermediate level of care residents and 14 skilled level of care documents the facility should have a minimum of 21.57 of their 215.70 direct care hours completed by a RN.</p> <p>The facility Daily Assignment sheet, dated 3/1/24, has no documentation of a RN working.</p> <p>A facility Daily Staffing Meeting form, dated 3/3/24, documents the facility's census is 80 with 14 of those being skilled level of care.</p> <p>A staffing calculator for a census of 66 intermediate level of care residents and 14 skilled level of care documents the facility should have a minimum of 218.20 direct care staff hours. The calculator also documents of those 218.20 hours, 21.82 should be completed by a RN.</p> <p>The facility Daily Assignment sheet, dated 3/3/24, documents no documentation of a RN working.</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>The assignment sheet also documents the facility had a total of 10 LPNs (Licensed Practical Nurses) and 17 CNAs working on 3/3/24 for a total of 207.5 direct care staff hours.</p> <p>A facility Daily Staffing Meeting form, dated 3/7/24, documents the facility's census is 79 with 14 of those being skilled level of care.</p> <p>A staffing calculator for a census of 65 intermediate level of care residents and 14 skilled level of care documents the facility should have a minimum of 21.57 of their 215.70 direct care hours completed by a RN.</p> <p>The facility Daily Assignment sheet, dated 3/7/24, has no documentation of a RN working.</p> <p>On 3/14/24 at 9:15 a.m., V9 (CNA) stated, "The CNAs do work short and it's an issue. The CNAs work with as few as one on a hallway. It's stressful and it delays cares for the residents making call light wait times longer and it affects what showers we can get done."</p> <p>On 3/14/24 at 9:20 a.m., V10 (anonymous CNA) stated, "It's bad. It's really bad! I've worked with as few as one person to cover two hallways. When we work short the residents don't get the cares that they deserve."</p> <p>On 3/14/24 at 9:26 a.m., V11 (LPN) stated, "The CNAs work short. They have worked with as few as one CNA per hall. When there is only one they can't get the residents' cares all done. Us nurses have to step up to help with they are short, but then that takes away from the nurse duties and we don't get done."</p> <p>On 3/14/24 at 12:15 p.m., V1 (Administrator in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/14/2024
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NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF PEORIA, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD PEORIA, IL 61614
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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
S9999	Continued From page 13 training) confirmed there was no RN direct care hours for 2/23, 3/1, 3/3, or 3/7/24. V1 also confirmed the facility was not meeting the direct care staff hours on 3/3/24. The facility's room roster, dated 3/10/24, documents 97 residents reside in the facility. (C)	S9999		