Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6000244 12/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **510 BROADWAY** LOFT REHAB & NURSING OF NORMAL **NORMAL, IL, 61761** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2169056/IL141025 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b) 300.1210d)1) 300.1220b)2) 300.1610a)1) 300.1630d) 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 Comprehensive Resident Care Plan. A Attachment A facility, with the participation of the resident and Statement of Licensure Violations the resident's guardian or representative, as applicable, must develop and implement a

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

TITLE

(X6) DATE

PRINTED: 01/20/2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	0/0/ 0 44	
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(X4)ID	SUMMARY STA	ARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION (X5)		
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	comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental		S9999	4		
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	and psychosocial ne	eds that are identified in the				1
	resident's comprehe	ensive assessment which				
	allow the resident to	attain or maintain the highest		*		
	practicable level of I	ndependent functioning, and e planning to the least				i i
	restrictive setting ba	sed on the resident's care				1
	needs. The assessi	ment shall be developed with				1
	the active participati	on of the resident and the				
	resident's guardian of applicable.	or representative, as				1 1
	applicable.					
	b) The facility s	hall provide the necessary				1
	care and services to	attain or maintain the highest				1 1
	practicable physical,	mental, and psychological				! I
i i	well-being of the resi	ident, in accordance with			18	1
ŀ	plan. Adequate and i	prehensive resident care properly supervised nursing				[
}	care and personal ca	are shall be provided to each				
i	resident to meet the	total nursing and personal				
	care needs of the res	sident. Restorative				
1.	measures shall included	de, at a minimum, the				1
	following procedures	: [_		
- 1.	d) Pursuant to s	ubsection (a), general		NĀ		
1	nursing care shall inc	clude, at a minimum, the			ľ	- 1
1	following and shall be	practiced on a 24-hour.			1	
[5	seven-day-a-week ba	asis:				
].	1) Medications.	including oral, rectal,				
		ous and intramuscular, shall				
1	oe properly administe	ered.			3	
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8	Section 300.1220 Su	pervision of Nursing				
	Services	at I				
l b) The DON sha	Il supervise and oversee the				

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6000244 B. WING 12/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY LOFTREHAB & NURSING OF NORMAL **NORMAL, IL 61761** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.1610 Medication Policies and **Procedures** a) **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 300.1630 Administration of Medication If, for any reason, a licensed prescriber's d) medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to treat a resident's pain by failing to obtain and administer ordered narcotics for one or three residents (R1) reviewed

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