

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/07/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LOFT REHAB OF ROCK SPRINGS, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2530 NORTH MONROE STREET DECATUR, IL 62526</b>
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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  Complaint Investigation:  2266986/IL150768	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.690a) 300.690b) 300.690c)  Section 300.690 Incidents and Accidents  a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.  b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident  c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These requirements are not met.</p> <p>Based on based on observation, interview and record review the facility failed to notify the State Survey Agency following a fall resulting in physical harm/injury for one resident (R4) of three residents reviewed for falls in a sample list of five residents.</p> <p>Findings Include:</p> <p>R4's Order Summary dated 9/7/22 includes the following diagnoses: Dementia with Behavioral Disturbance, Macular Degeneration, Osteoporosis, Muscle Weakness, Depression, Anxiety, Lack of Coordination, and Chronic Obstructive Pulmonary Disease.</p> <p>R4's Minimum Data Set (MDS) dated 7/22/22 documents R4 is severely cognitively impaired and requires extensive assistance of two or more staff for transfer.</p> <p>R4's Care Plan updated 9/6/22 documents "At risk for falls related to diagnoses Osteoarthritis, Muscle weakness, Dementia, Lack of Coordination, Hypertension, Heart Failure, Hypothyroidism, Chronic Obstructive Pulmonary Disease, Macular Degeneration."</p> <p>R4's Progress note dated 9/3/22 at 12:06PM</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>documents " CNA (Certified Nurse's Aide) informed (Nurse) (R4) was on the floor, (R4) had fallen out of bed, found lying on her back next to her bed, bed low to floor, laceration to right eyebrow, pain all over and general when assessed, alert to name, will answer questions when asked, eyes Pupils Equal Round Reactive to Light and Accommodation, Range of Motion x 4 without limitations, resident care given, on call notified, MD (medical doctor) notified orders given to send out for evaluation and treatment if needed, family notified, POA (Power of Attorney) informed of fall, currently out of town will keep updated and informed as requested, sent out by ambulance to (hospital), will continue to follow up."</p> <p>On 9/7/22 at 10:30 AM R4 was in her room. R4 had a purple to yellow bruise surrounding her right eye and a small healing laceration above her right eye.</p> <p>On 9/7/22 at 11:00AM V3, Licensed Practical Nurse (LPN) Assistant Director of Nursing (ADON) stated "We did not think this was a reportable incident, since the injury was so minor. (R4) didn't need stitches. We did not report (R4's) fall to the SA (State agency)."</p> <p>On 9/7/22 at 11:00AM V1, Acting Administrator confirmed the 9/3/22 fall with injuries was not reported to the SA. (C)</p>	S9999		