STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055384	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET , CANTON, Illinois, 61520

(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation 2526390/2561261	S0000		08/22/2025
S9999	Final Observations Statement of Licensure Violations: 300.1620a) 300.1810d) 300.1820c)4)C) Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. Section 300.1810 Resident Record Requirements d) All physician's orders, plans of treatment, Medicare or Medicaid certification, recertification statements, and similar documents shall have the authentication of the physician. The use of a physician's rubber stamp signature, with or without initials, is not acceptable. Section 300.1820 Content of Medical Records c) In addition to the information that is specified above, each resident's medical record shall contain the following: 4) An ongoing record of notations describing significant observations or developments regarding each resident's condition and response to treatments and	S9999		08/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055384	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET , CANTON, Illinois, 61520

(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) COMPLETION DATE
S9999	Continued from page 1 programs. C) Significant observations or developments regarding resident responses to nursing and personal care shall be recorded as they are noted. If no significant observations or developments are noted for a month, an entry shall be made in the record of that fact. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure a resident's anticoagulant therapy was maintained related to a diagnosis of Atrial Fibrillation, obtain a valid physician order prior to discontinuing the medication, and document clinical justification to discontinue a residents anticoagulant therapy for one of three residents (R1) reviewed for quality of care in a sample of three. These failures resulted in (R1) who was at high risk for thromboembolic (blood clots that form in one location and travel to another location, potentially blocking blood flow) events, experienced complications from a suspected complication of Acute Cerebrovascular Accident due to Cerebrovascular Disease and passed away after Xarelto was discontinued for 75 days without physician authorization or documented clinical justification. Findings include: R1's Admission Record, dated 8/4/25, documents R1 was admitted to the facility on 2/10/25 with the following, but not limited to, diagnoses: Chronic Obstructive Pulmonary Disease, Alzheimer's Disease, and Chronic Atrial Fibrillation. R1's Order Summary Report, dated 8/4/25, documents an order for Xarelto (blood thinning medication) 15mg (milligrams) on 2/10/25 to be taken once daily. R1's Order Summary Report, dated 8/4/25, documents V1 (Administrator) received a verbal order on 3/31/25 from V13 (Hospice Physician) to discontinue R1's Xarelto. R1's Clinical Census documents R1 started receiving Hospice Services on 2/18/25.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055384	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET , CANTON, Illinois, 61520

(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) COMPLETION DATE
S9999	Continued from page 2 R1's Plan of Care with a review date of 6/11/25 documents, "(R1) is on anticoagulant therapy related to Chronic Atrial Fibrillation. Administer anticoagulant medications as ordered by physician. Monitor for side effects and effectiveness every shift." This same plan of care documents "(R1) has a personal history of cerebral infarction. Give Medications as ordered by physician. Monitor/document side effects and effectiveness." R1's Progress Note, dated 6/13/24 and signed by V12 (Licensed Practical Nurse) documents R1 passed away on 6/13/25 at 8:01 PM. R1's Certificate of Death, dated 6/13/2025, documents "Date of Death: 6/13/25. Cause of Death: Complications from Suspected Acute Cerebrovascular Accident due to Cerebrovascular Disease." Xarelto's Warning Label, dated 3/2020, documents "Warning: (A) Premature discontinuation of Xarelto increases the risk of thrombotic events. To reduce this risk, consider coverage with another anticoagulant if Xarelto is discontinued for a reason other than pathological bleeding or completion of a course of therapy. Indications and Usage: XARELTO is indicated to reduce the risk of stroke and systemic embolism in patients with nonvalvular atrial fibrillation. R1's entire Clinical Medical Record (including Hospice Medical Record) does not include evidence of a documented clinical justification of why R1's Xarelto was discontinued. There is also no evidence in R1's Clinical Medical Record of a Physician giving the order to discontinue R1's Xarelto medication or signing an order to discontinue R1's Xarelto medication. On 8/4/25 at 9:28 AM V5 (R1's Power of Attorney) stated "at some point (R1) was taken off her blood thinner (Xarelto). I was not aware of this until I requested (R1's) medical records (after R1 expired) and did not see Xarelto on her medication list. I could not see where a physician discontinued her Xarelto but noticed (R1) had quit receiving at some point during her stay. I am very upset (R1) wasn't receiving her Xarelto throughout (R1's) entire stay because (R1) had Atrial Fibrillation and was at high risk for strokes. I would not have wanted (R1's) Xarelto to be discontinued and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055384	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET , CANTON, Illinois, 61520

(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) COMPLETION DATE
S9999	Continued from page 3 the facility and hospice were aware of that." On 8/4/25 at 10:48 AM V14 (Registered Nurse/Owner of Hospice) stated, "We (hospice) send all current orders to the facility for each resident on our hospice. (V5 R1's Power of Attorney) called me after (R1) had passed away asking why (R1's) Xarelto had been discontinued. Our orders for (R1) did not show (R1's) Xarelto had been discontinued, nor do I have any signed order by a hospice physician or hospice nurse practitioner discontinuing (R1's) Xarelto." V14 verified there is no clinical justification to discontinue R1's Xarelto in R1's hospice medical records because they (hospice) still had the order as active. On 8/4/25 at 2:35 PM V9 (R1's Primary Physician) stated she did not authorize for R1's Xarelto to be discontinued. On 8/4/25 at 5:51 PM V8 (Hospice Nurse Practitioner) "I do not recall giving (V1 Administrator) an order to discontinue (R1's) Xarelto. I would not have discontinued (R1's) Xarelto without discussing it with (V5 R1's Power of Attorney or V6 R1's spouse) and (V13 Hospice Physician)." On 8/5/15 at 11:40 AM V2 (Director of Nursing) stated she responsible for medication oversight and hospice coordination. V2 stated, "if a high-risk medication is being discontinued it would be my expectation for the nurse receiving the order or discontinuing the order to document the clinical justification to discontinue the medication." V2 verified at this time that she did not see clinical justification in R1's medical record after the discontinuation of R1's Xarelto on 3/31/25. On 8/5/25 at 1:09 PM V13 (Hospice Physician) stated, "I know Xarelto was on (R1's) medication list when admitting to hospice. I was not notified (R1's) Xarelto was discontinued. I am not aware of anyone from my hospice team giving the order to discontinue (R1's) Xarelto. I never gave the order…" V13 stated R1's falls were discussed but she does not remember discontinuing the Xarelto in relation to the falls. V13 stated, "I do believe there is a communication gap with the facility, I know that medication reconciliation is an issue and has been an issue. (R1) was at high risk for thromboembolic events due to (R1) having Atrial Fibrillation, a history of lung cancer, being sedentary	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055384	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF CANTON	2081 NORTH MAIN STREET , CANTON, Illinois, 61520

(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) COMPLETION DATE
S9999	Continued from page 4 in her lifestyle, and being over the age of 75. It was possible a stroke contributed to (R1's) death and Xarelto could have prevented the stroke form occurring…." On 8/5/25 at 1:32 PM V1 (Administrator) stated, "I am the one who entered the verbal order to discontinue (R1's) Xarelto on 3/31/25. I received a verbal order from (V8 Hospice Nurse Practitioner) on 3/31/25 but wrote the order from (V13 Hospice Physician). I did not document why the Xarelto was discontinued anywhere in (R1's) medical record." V1 verified a clinical justification of discontinuing R1's medications should have been documented in R1's medical record and wasn't. On 8/5/25 at 1:49 PM V14 (Medical Records) stated she oversees physician telephone orders and verbal get signed by the ordering Physician. V14 verified R1's verbal order to discontinue R1's Xarelto on 3/31/25 has not been signed by a physician. "AA"	S9999		