

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057000		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 10/09/2025	
NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF DECATUR				STREET ADDRESS, CITY, STATE, ZIP CODE 500 WEST MCKINLEY AVENUE , DECATUR, Illinois, 62526			
(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		S0000			10/27/2025	
	Investigation of Facility Reported Incident 9/16/25 2619783 - F689						
S9999	Final Observations		S9999			10/27/2025	
	Statement of Licensure Violations						
	300.610a)						
	300.1210b)						
	300.1210d)6)						
	300.1620a)						
	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 the facility						
	Section 300.1210b) General Requirements for Nursing and Personal Care						
	b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.						
	d) Pursuant to subsection (a), general nursing care						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1620a) Compliance with Licensed Prescriber's Orders 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. This requirement is NOT met as evidenced by: Based on observation, interview, and record review the facility failed to ensure two residents were properly secured in wheelchairs before transporting them in a van for two of three residents (R2, R5) reviewed for accidents in the sample list of five. This failure resulted in R2 falling from the wheelchair when the van suddenly stopped and suffering fractures to the humerus, fibula, and tibia with resulting pain and immobility. Findings Include: R2's Current diagnoses list includes the following diagnoses: Chronic Kidney Disease Stage 5, Chronic Obstructive Pulmonary Disease, Parkinson's Disease, Atrial Fibrillation with Anticoagulant, Type II Diabetes with Neuropathy, Heart Disease, Anxiety, and Depression. R2's Care Plan updated 8/17/25 documents (R2) uses a wheelchair for locomotion and requires a full body lift for transfer. This care plan also documents R2 is at risk for falls. R2's final report of incident documents "On 9/16/25 (R2) was being transported to an appointment. During the transport the driver abruptly applied the brakes.			S9999			

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S9999	Continued from page 2 (R2) fell forward on to the wheelchair foot rests. (R2) suffered fractures of the left humerus, left tibia and left fibula. Investigation determined the seatbelt did not properly lock in place." On 10/9/25 at 10:00AM V7, Human Resources Director stated "(V9) Transportation Aide was terminated because (V9) was driving the facility van and hit the car in front of her. When (V9) hit the car (R2 and R5) were in the van going to a doctor's appointment. (R5) was shook up but not hurt. I think (R2) broke her leg and her shoulder. (V9) got a ticket." A copy of the citation (V9) was given for "Failure to use due care" was provided by V7. On 10/9/25 at 10:06AM V9 stated "I was driving the facility van to (the hospital) for doctor's appointments with (R2, and R5). (R2) was seated behind me and (R5) was behind (R2). A car in front of me slammed on the brakes and I slammed on my brakes and slid into the other car. (R2) was not secured in the seat because the shoulder belt was broken and would not tighten. I told the last two Administrators, but nothing was done. I couldn't even use the other front wheelchair seat because the lap belt was missing. (R2) slid out of her wheelchair and on to the floor and hit the foot pedals. She was crying in pain. (R5) slid forward but not out of the wheelchair and she was anxious but ok. I immediately called 911 and the police and ambulance were there after a few minutes. They helped me get (R5) back in her chair and they ambulance crew took (R2) to the hospital." R2's Xray report of Left Tibia and Fibula dated 9/16/25 at 2:21PM states "Oblique fractures involve the proximal meta diaphysis of the tibia with slight posterior and lateral angulation of the distal fragment. Oblique fracture involves the proximal diaphysis of the fibula. Fractures also involve the distal tibial metaphysis with the margins ill-defined. Fracture undermines the medial malleolus." R2's Xray report of Left shoulder dated 9/16/25 at 2:21 PM states "Mildly displaced angulated fracture of the proximal humerus, centered at the surgical neck." On 10/9/25 at 9:30AM V12, Maintenance Director accompanied the surveyor to the transport van. V12 stated the van is "currently not in service because several pieces have been ordered from the mobility company that services the harnesses because they were broken." The wheelchair securement system in the van was observed to be disassembled in several areas. V12 stated he does not know why the mobility company was called as he has just been in his position the past few		S9999				

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S9999	Continued from page 3 days. On 10/9/25 at 9:45AM V13, former Maintenance Director stated " After the van driver got fired, I went to pick up a resident from dialysis. I noticed the right front seatbelt was completely gone and the left front belts were broke and couldn't be tightened. I called (the mobility company) and they sent someone out. I think now we are waiting on parts. I did walk throughs in the van with the transporter, but I really didn't know how those harnesses worked." On 10/9/25 at 9:50AM V11, a technician from the company that builds and services wheelchair securement systems, stated "On 10/7/25 according to my notes I went to (the facility) to inspect and repair a wheelchair securement system. What I found in the front row of seating was that both shoulder belts were malfunctioning. One would not pull out and the other would not retract. One of the two seat belts was completely missing. Employees securing residents should have known it wasn't in safe working order. The occupant securement system was not fully functioning and that van should not have been in service. We recommend the securement system be inspected every six months. The last inspection we did was dated May of 2024." R5's Minimum Data Set MDS dated 7/22/25 documents R5 is cognitively in tact. On 10/9/25 at 2:00PM R5 was seated in her room in a wheelchair. R5 was agreeable to be interviewed. R5 stated "Boy do I ever remember that wreck. The first I knew (V9) screamed out and I went flying forward. I didn't get tossed out of my chair because I got trapped between my wheelchair and the back of (R2's) wheelchair. (R2) went flying right out of her wheelchair and she hollered 'OUCH Help me Help me.' Then the cops (police) and ambulance guys came. I wasn't hurt, but I was lucky and I was sure shook up. (R2) was hurt and I haven't seen her back. That kind of worries me. (R2's) seat belts were real loose and I didn't have the lap belt or the shoulder belt on. I guess it could have been worse, but I was scared." On 10/9/25 at 2:30 V14, Nurse Practitioner verified the 9/16/25 accident caused the fractures of (R2's) humerus, fibula, and tibia. (A)		S9999				