STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	**510 BROADWAY , NORMAL, Illinois, 61761**

(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: 25611411/2675608	S0000		12/16/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 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 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 shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:	S9999		12/16/2025

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: 0055376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	510 BROADWAY , NORMAL, Illinois, 61761

(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 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. Based on interview and record review the facility failed to assess a resident after an unwitnessed fall and failed to assist a resident off the floor following an unwitnessed fall for one (R3) of three residents reviewed for Quality of Care and Dignity on a sample list of five residents. Based on interviews with the family, this resident suffered psychosocial harm as a result of the resident being left on the floor. Findings include R3's Electronic Medical Record (EMR) documents that R3 had Alzheimer's Disease with early onset and Adult Failure to Thrive. R3's Minimum Data Set (MDS) dated 10/23/25, documents R3 had cognitive impairment with disorganized thinking, and inattention with altered levels of consciousness that fluctuated. This MDS also documents that R3 was not capable of making her own decisions and that R3 was dependent on staff to get from a sitting to standing position. R3's admission fall risk assessment dated 10/22/25 documents that R3 was at risk for falls. R3's Care Plan dated 10/23/25, documents that R3 was at risk for falling related to dementia, side effects of medication, and a terminal condition. R3's Care Plan dated 10/30/25, documents that R3 had impaired cognitive function/dementia or impaired thought process related to Alzheimer's disease with interventions to supervise resident as needed. On 11/25/25 at 12:40 PM, V18 Certified Nurse Assistant (CNA) stated V18 sat right outside of R3's room the night of R3's unwitnessed fall. V18 stated V18 went on her lunch break sometime during the middle of the night and when she returned V19 CNA told her that R3 was found on the floor in R3's room. V18 CNA stated she reported this to V7 Registered Nurse (RN) and V7 RN told V18 CNA that R3 likes to be on the floor and that the family said it's ok. V18 CNA stated V7 RN never went to R3's room and assessed R3. On 11/25/25 at 1:11 PM, V19 CNA stated that she found	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	**510 BROADWAY , NORMAL, Illinois, 61761**

(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 R3 on the floor and reported it to V7 RN and V7 RN told V19 CNA to leave R3 and the floor. V19 CNA stated V7 RN did not go to R3's room to assess R3 after being found on the floor. On 11/25/25 at 2:51 PM, V7 RN stated she was the nurse on duty at the time of R3's fall. On 11/20/25 V7 RN went on lunch break around 12:50 AM and when V7 returned V19 CNA told her that R3 was found on the floor. V7 RN stated that V8 Licensed Practical Nurse (LPN) told V7 RN in shift report that R3 would sometimes put herself on the floor and that it would not be considered a fall. V7 RN stated V7 made a mistake in not documenting the unwitnessed fall. V7 RN stated she did not assess the resident as V7 RN did not consider this a fall. On 11/25/25 at 10:23 AM, V22 Laundry Aide stated she found R3 on the floor around 6:15 AM on 11/20/25 and that there was a pillow behind R3's back and R3's head was propped against the wall. On 11/25/25 at 11:03 AM, V23 Housekeeper stated she saw R3 lying on the floor with her head leaning against the wall and dresser on the morning of 11/20/25. On 11/25/25 at 11:13 AM, V20 Activities Aide stated she recalls that on the morning of 11/20/25 her coworkers told her to go find help because R3 was found on the floor. V20 Activities Aide stated she told a nurse and CNA (unsure of their names) and they did not do anything. On 11/25/25 at 11:20 AM, V21 Activity Director stated V23 Housekeeper came to V21 Activity Directors office on the morning of 11/20/25 and stated R3 was lying on the floor and needed help. V21 Activity Director stated she went to R3's room found her lying on the floor partially on a fall mat, not covered up, with a pillow behind her back, and R3's head was leaning against the wall. On 11/25/25 at 10:35 AM, V11 Licensed Practical Nurse (LPN) stated she was the nurse coming on duty the morning R3 was found on the floor. V11 LPN stated V1 Administrator came to V11 LPN and asked V11 LPN why R3 was on the floor. V11 LPN stated V7 RN did not tell V11 LPN that R3 was found on the floor during the night. On 11/24/25 at 2:36 PM, V17 CNA stated she overheard V1 Administrator on the morning of 11/20/25 loudly addressing staff after finding R3 lying on the floor saying, "what if this was your family member that was left lying on the cold floor?"	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0055376	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LOFT REHAB & NURSING OF NORMAL	**510 BROADWAY , NORMAL, Illinois, 61761**

(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 On 11/25/25 at 9:49 AM, V1 Administrator stated she found R3 floor in R3's room around 6:55 AM. V1 Administrator stated R3 was partially lying on a fall mat, not covered, and was not arousable. V1 stated this was unacceptable that the nurse should have assessed R3 immediately when the unwitnessed fall was reported and gotten R3 up off the floor and into her bed. On 11/25/25 at 2:43 PM, V24 (R3's) Husband tearfully stated if R3 had the ability to communicate on 11/20/25 when R3 was found on the floor, R3 would have been anxious, "pissed off" and questioning how she got on the floor and why she was left there. The facility's Resident Right's Policy dated 2/12/25 documents that the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. This policy documents the following: 2. Exercise of rights. The resident representative has the right to exercise the resident's rights to the extent those rights are delegated to the resident representative. 5. Respect and dignity. The resident has a right to be treated with respect and dignity, including: the right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences, except when to do so would endanger the health or safety of the resident or other residents. 9. Safe environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (B)	S9999		