

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058446		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/30/2025	
NAME OF PROVIDER OR SUPPLIER LOFT REHAB OF PEORIA, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST NORTHMOOR ROAD , PEORIA, Illinois, 61614			
(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 Facility Reported Incident of December 13, 2025 2698725 Complaint Investigation 25212612 / 2699231		S0000			12/31/2025	
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.3210t) 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. c) Each direct care-giving staff shall review and be		S9999			12/31/2025	

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 knowledgeable about his or her residents' respective resident care plan. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on observation, record review, and interview, the facility failed to protect one resident(R2) from abuse of 5 residents reviewed for abuse, in a total sample of five residents. This failure resulted in R1 pulling out his penis and placing his penis on R2's lips. A reasonable person would feel intimidated, stressed, and humiliated. FINDINGS INCLUDE: The facility policy, entitled "Abuse, Neglect, and Exploitation", date reviewed/revised 2/11/2025, documents, " "Sexual Abuse" is non-consensual sexual contact of any type with a resident"; and "B. Prospective residents will be screened to determine whether the facility has the capability and capacity to provide the necessary care and services for each resident admitted to the facility. 1. An assessment of the individual's functional and mood/behavioral status, medical acuity, and special needs will be reviewed prior to admission. 2. The facility will make individual determinations in consideration of current staffing patterns, staff qualifications, competency and knowledge, clinical resources, physical environment, and equipment." R1's Electronic Medical Record/EMR documents R1 was admitted to the facility from a local hospital on 12/5/2025, with the diagnoses of Cerebral Infarction, Vascular Dementia, Centrilobular Emphysema, Other Sexual Dysfunction, Aphasia, Tobacco Use, Hyperlipidemia, Nicotine Dependence, Diabetes Mellitus Type II, Dehydration, and Hypertension. R1's Brief Interview for Mental Status (BIMS) is zero-indicating R1 is not cognitively intact. R1's local hospital documentation prior to admission documents: "Interval HPI [History/Physical Information]: 11/27: Persistent receptive aphasia. Patient reportedly inappropriate towards female staff.		S9999				

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S9999	Continued from page 2 Assigned all male nurses moving forward. Video sitter in place for consistent failure to abide by safety measures. Minimal ability to follow commands due to receptive aphasia. 11/28/2025: No change in neuro status. Still has inability to answer questions but has been seeing some inappropriate words to bedside nursing. Patient refused labs this a.m. 12/1/2025: No change in neuro status. Spoke with daughter and she reported that the patient has been sexually inappropriate for 3 to 4 days prior to his stroke. The patient most likely started having his stroke when he started being sexually inappropriate because his stroke is located in the left posterior frontal temporal parietal lobes 12/2/2025: No change in neuro status. Still aphasic. Per bedside staff the patient is no longer verbally sexually inappropriate but still has inappropriate behavior; DOS [date of service] 12/2/25 Subjective: Patient alert and sitting upright in bed. Patient participatory with ST [skilled therapy] services. Patient made lewd comments to clinician and attempted to touch his genitals x2 but redirectable with verbal cues to stop; DOS 12/3/25 Started carbamazepine 200 mg [milligrams] twice daily for hypersexuality after a stroke." The facility's "Final Report" to the State Agency documents: "Allegation Date: 12/13/2025; Brief Description of Allegation: Allegation of resident to resident incident (R1) with his flaccid penis exposed and placing on (R2's) face/lip area; SUMMARY OF THE INVESTIGATION: Staff was walking down the hallway when she observed (R1) with his penis exposed and trying to place it on the face of (R2). (R2) was seated in a wheelchair and (R1) was attempting to stand. Staff immediately separated." R1's psychiatric note, dated 12/15/25, documents: "Prior to admission, the patient was started on carbamazepine specifically to address hypersexual behaviors; however, staff report that it is ineffective. The patient currently requires one-on-one supervision due to his history of inappropriate sexual behaviors." R2's EMR documents: Diagnoses- Metabolic Encephalopathy, Obstructive Reflux Uropathy, Adult Failure to Thrive, Anxiety Disorder, Unspecified Dementia, GOUT, Dysphagia, Atrial Fibrillation, Peripheral Vascular Disease, Hypertension, Hyperlipidemia. Atherosclerotic Heart Disease, and Osteoporosis. R2's Minimum Data Set/MDS documents R2's cognitive status as not able to be interviewed-"resident is rarely/never understood".		S9999				

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S9999	Continued from page 3 On 12/23/25, at 11:00 a.m., R2 was observed sitting in her wheelchair. R2 was not able to communicate and sat with her mouth open. On 12/23/25, at 12:40 p.m., R1 was observed in his room with a sitter. R1 does not have to cognitive ability to understand or to be interviewed. On 12/24/25, at 9:40 a.m., V3/Certified Nursing Assistant, confirmed: On 12/13/25, she went to the 200 Hall and when she turned the corner, she saw R1's "penis out of his pants and touching in between [R2's] lips"; [R2's] "mouth is always open"; the situation occurred at the entrance of the 100/200 dining room; "[R1] sat right down and buttoned his pants when he saw me". On 12/24/25, at 12:12 p.m., V8/Vice President of Business Development confirmed [regarding R1's admission screening]: "I was not on the front end [of the screening process]"; "looped in after the fact"; "there were gaps in the front end and screening was worked through the case manager and not at bedside"; "We talked at the corporate level, education with the team"; and "starting 1/5/26, we will have a dedicated [city] person [for admission screening]. On 12/30/25, at 11:05 a.m., V1/Administrator confirmed: Had the facility known about R1's behaviors/hypersexual in the hospital, V1 would have "requested a deeper dive"; and "would probably not accepted him [R1] for admission, but if the needed to, they would have admitted him to a private room and assigned a 1:1 staff member to see what his behaviors are". On 12/30/25, at 2:00 p.m., V10/Facility Doctor confirmed due to R2's dementia, she is vulnerable and cannot defend herself. (B)		S9999				