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 11/22/2025

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 Annual Licensure Survey	S0000		12/10/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)3)4) 300.3210a)2) 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. 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.	S9999		12/10/2025

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

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S9999	Continued from page 1 All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Section 300.3210 General a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of the resident's status as a resident of a facility. 2) Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure residents' call lights were answered promptly and residents received timely incontinence cares for two of two residents (R1 and R14) reviewed for dignity in the sample of 35. These failures resulted in R14 lying in urine and feces for an extended period of time, experiencing feelings of disgust, feeling uncomfortable and cold, and complaining of pain and burning to his buttocks and R1experiencing disgust and a loss of appetite. Findings include: The facility's Resident Rights policy dated 2/12/25 documents, "Respect and dignity: The resident has the	S9999		

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S9999	Continued from page 2 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 other residents." The facility's Incontinence policy dated 11/17 documents, "Incontinence: Based on the resident's comprehensive assessment, all residents that are incontinent will receive appropriate treatment and services to ensure resident is maintained at highest functioning level related to continence or bowel and bladder and to assist in maintaining that level. The facility must ensure that residents who are continent of bladder and bowel upon admission receive appropriate treatment, services, and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain." The facility's Promoting/Maintaining Resident Dignity policy dated 2/12/225 documents, "It is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner in an environment that maintains or enhances resident's quality of life by recognizing each resident's individuality. Compliance Guidelines: All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights. Respond to requests for assistance in a timely manner." 1. R14's current Physician's Order Sheets document R14 has diagnoses of Functional Urinary Incontinence and Urgency of Urination. R14's MDS (Minimum Data Set) Assessment dated 10/20/25 documents R14 is cognitively intact, is totally dependent on staff for personal hygiene and is always incontinent of bowel and bladder. R14's current Care Plan documents R14 had bowel and bladder incontinence related to immobility with a goal of R14 remaining continent during waking hours. R14's current Care Plan documents the following interventions regarding R14's bowel and bladder incontinence: "Assist me to maintain my dignity, privacy, and independence. Provide me with prompt incontinence care if incontinence occurs. (R14) is assisted by staff for personal hygiene." R14's Call Light Logs dated 9/1/25 through 11/21/25 document R14's call light was on and activated for over	S9999		

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S9999	Continued from page 3 15 minutes on 236 different occasions within this timeframe and was on for over one hour on eight different occasions during this timeframe. On 9/29/25 at 9:35 AM R14 was lying in bed with a foot cradle on the bed. R14 stated, “Most all days between 1:00 PM to 3:00 PM my light is on over one hour. I have sat in my dirty depends for three hours within this last week. Most of the time on evenings/nights. The facility is short-staffed. They (staff) answer my call light but then turn it off and don’t change me. Sometimes I have to wait over an hour for my call light to get answered. It makes me feel terrible. It is uncomfortable sitting in your own poop and pee. It feels cold and wet. It disturbs me and I do not like thinking other people can smell me when I am laying in poop. It is a dignity concern for me.” On 11/21/25 at 9:20 AM R14 was lying in bed. R14’s adult brief had a color changing blue line indicating the adult brief was soiled with urine. R14 stated, “I am still having to wait over an hour sometimes to get changed. Look at my (adult brief). I am wet now. The staff here are good there are just not enough. When I am wet it burns my sores on my butt and is painful.” On 11/21/25 from 9:55 AM through 10:12 AM R14’s call light was on. At 10:44 AM R14 turned his call light on again. At 10:50 AM V10 (Certified Nursing Assistant/CNA) answered R14’s call light. R14 stated to V10, “I have been laying here wet for over two hours needing to be changed.” V10 stated to R14, “I asked you to bear with me as I had to change someone else first.” R14’s adult brief was saturated in urine at this time. V10 proceeded to provide R14 incontinence cares at this time. On 11/21/25 at 10:53 AM V10 (CNA) stated, “We do not have enough staff for this hallway. I cannot get all these residents changed timely or answer call lights timely. The last time I checked (R14) for incontinence was when I had him brush his teeth which was around 8:00 to 8:30 AM." On 11/21/25 at 2:15 PM V2 (Director of Nursing) stated, “A resident should not have to wait over 15 minutes to get a call light answered or assisted with incontinence care. Our acuity is high. Mealtimes are a really busy time and that is when the residents would have to wait the longest amount of time.” 2. R1’s current Care Plan, dated 8/11/25, documents R1 has diagnoses including but not limited to Peripheral Vascular Disease, Congestive Heart Failure, Type Two	S9999		

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S9999	Continued from page 4 Diabetes Mellitus with Diabetic Polyneuropathy, Chronic Respiratory Failure with Hypoxia, Acquired Absences of Right Leg Above the Knee, Acquired Absences of Left Leg Above the Knee, Depression and Limitation of Activities due to Disability. This plan of care documents “(R1) is verbally aggressive and threatening staff related to ineffective coping skills, declines in health. Assess and anticipate resident’s needs: food, thirst, toileting needs, comfort level, body positioning, pain, etcetera. (R1) has potential for nutritional problem related to history of VRE (vancomycin resistant enterococci infection) of the right AKA (above the knee amputation). (R1) has a risk for pressure ulcer or potential for pressure ulcer development related to immobility.” On 9/29/2025 at 11:48 AM, R1 was sitting in his room in bed with trapeze (mobility) bar above his bed. R1’s breakfast tray was sitting at the bedside, untouched. At this time R1 stated he is a double amputee and requires staff assistance for most of his daily needs. R1 stated he had a bowel movement this morning and didn't want to eat his egg sandwich while he was dirty, so he told the certified nursing assistants (CNAs, unknown), when they brought his breakfast tray in that he needed changed. R1 stated “I think that the CNAs take their break right at that time because I usually have to wait longer, at breakfast. I waited for what seemed like at least an hour sitting in a dirty brief and by the time I got changed, my food was cold. I didn’t feel like eating it after I was cleaned up.” R1 then stated he has had some weight loss, but he had lost his appetite for breakfast today, after sitting in bowel movement contents for an hour. On 11/21/25 at 2:10 PM, V2 (Director of Nursing) confirmed residents should be assisted with getting cleaned up after bowel incontinence and that should be completed timely and waiting over 15 minutes is too long. V2 stated “The call light wait times are longer during mealtimes unfortunately. I can understand why (R1) wouldn't want to eat until he was cleaned up.” "B"	S9999		