

Illinois State Department of Health

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 03/17/2026	
NAME OF PROVIDER OR SUPPLIER LOFT REHAB & NURSING OF CANTON				STREET ADDRESS, CITY, STATE, ZIP CODE 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		S0000			03/26/2026	
	Complaint Investigation: 2620721/2719070						
S9999	Final Observations		S9999			03/26/2026	
	Statement of Licensure Violations:						
	300.1210b)						
	300.1210d)2)3)6)						
	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:						
	2) All treatments and procedures shall be administered as ordered by the physician.						
	3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.						
	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.						

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 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent a burn injury caused by a homemade hot pack application for one (R1) of 14 residents reviewed for incidents and accidents. This failure resulted in R1 sustaining a blister thermal burn to R1's left outer knee requiring medical treatment. Findings include: R1's medical record documents in part that R1 was admitted to the facility on 08/17/2023 with diagnoses including COPD (Chronic Obstructive Pulmonary Disease); Mild Protein-Calorie Malnutrition; Type 2 Diabetes Mellitus; Hereditary and Idiopathic Neuropathy, and on 2/16/26 additional diagnoses of Multiple Fracture of Ribs, Bilateral Sequela and Acute Respiratory Failure. R1's medical record documents R1 has mild cognitive issues with a BIMS/Brief Interview for Mental Status score of 11 of 15. R1's medical record documents R1 had bilateral knee discomfort and complained of pain to his left knee area following a fall on 12/08/25. A Nursing Progress Note by V3 (Wound Nurse/ADON/Assistant Director of Nursing) dated 12/09/25 at 10:38 am documents: "Resident (R1) has a water blister to left outer knee new tx (treatment) orders obtained and V16 (Medical Director/R1's physician) notified." V3's Nursing Progress Note dated 12/17/25 documents the following: "New tx (treatment) orders – will have wound md (doctor) evaluate and treat left outer knee wound with next rounding, resident aware and son aware." The facility's Wound Log entry dated 12/09/25 documents R1 developed a "blister/burn" to R1's left outer knee measuring 3.5cm/centimeters long by 3 cm wide. R1's medical record includes Wound Physicians Notes (V14) dated 12/23/25 through 1/6/26. V14's "Initial Wound Evaluation and Management Summary" dated 12/23/25 documents V14 identified a "Burn Wound of Left, Lateral Knee Full Thickness" with duration of the wound documented as greater than 7 days and measuring 3.5	S9999					

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S9999	Continued from page 2 cm/centimeters in length by 3.0 cm wide with depth of the wound "not measurable". This note also documents: "(R1) was using a heating pad due to the knee pain and suffered thermal burn." On 3/13/26 at 12:30pm R1 stated he had a burn on his left leg caused by a hot pack a couple months ago. R1 stated after the hot pack was in place to his outer knee, "It was burning, but I thought it was helping the pain in my knee." On 3/13/26 at 1:45pm V1 (Administrator) verified homemade hot packs should never be used and CNAs are not allowed to use any type of heat application for residents. V1 stated a physician's order is required and heat packs should be applied by Licensed Nursing staff or Physical Therapy and monitored. V1 stated, on 1/20/26, R1 identified V12 (Certified Nursing Assistant/CNA) as the staff member who applied the hot pack causing the burn. On 3/17/26 at 6:50am V14 (the facility's contracted Wound Care Physician) stated he was not aware R1's left lateral knee burn was caused by a homemade hot pack applied by a staff member to the area. V14 stated homemade hot packs should never be used. "There are specific products available for safe heat application to the skin." V14 added "these heating packs are applied only with a physician's order and by licensed Nursing staff only." On 3/17/26 at 9:07am V3 (Wound Nurse/ADON) stated, a CNA reported to V3, on 12/09/25, she found a blister on R1's left knee. V3 stated she immediately assessed the wound and notified the physician for orders. V3 stated she assumed the blister formed due to the severe edema inflicting R1's lower extremities. V3 stated there was no report of a hot pack application to the area and R1 stated he did not know how the injury came about. V3 stated she treated the blister wound a "naturally formed fluid-filled blister" due to collection of excess fluid in R1's lower leg. V3 stated she became aware of the cause of the blister when R1 told V14 of the hot pack application by an unknown Certified Nursing Assistant. On 3/17/26 at 10:45am R1 was lying in bed, R1 denied any discomfort and denied having any issues with the residual scarring present from the burn. R1 showed this			S9999			

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S9999	Continued from page 3 surveyor the healed burn area on his left lateral lower thigh/knee area. The area was approximately 3 cm Long by 3 cm wide, with intact light purple scarring surrounded by dry skin. On 3/17/26 at 1:48pm V12 (CNA) stated she had been making and applying homemade hot packs for R1 when he asked for one. V12 stated she made the hot packs by pouring hot water from the coffee maker onto 2 washcloths and adding some cold water, sealing the hot pack inside a plastic biohazard bag, wrapping it in one or two pillowcases and placing on R1's skin where he indicated discomfort. V12 stated she was unaware CNAs were not allowed to apply hot packs to residents before being educated by facility administration when R1's burn was identified. The facility was unable to provide a policy or procedure addressing resident heat application. The facility's Certified Nursing Assistant job description dated 6/2021 documents CNA job functions include "Report all complaints and grievances made by the resident" and "Use only the equipment you have been trained to use." "B"		S9999				