

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145031	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/08/2020
NAME OF PROVIDER OF SUPPLIER LOFT REHAB & NURSING OF NORMAL		STREET ADDRESS, CITY, STATE, ZIP 510 BROADWAY NORMAL, IL 61761	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0607 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on interview and record review, the facility failed to operationalize their Abuse, Neglect and Exploitation Policy by failing to report allegations of physical abuse to the administrator for one of three residents (R3) reviewed for abuse on the sample list of eight. Findings Include: The facility Abuse, Neglect and Exploitation Policy, dated 6/8/20, documents abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Report allegations or suspected abuse, neglect or exploitation immediately to Administrator or designee. The facility will consider factors indicating possible abuse, neglect and/or exploitation of residents, including but not limited to resident, staff or family report of abuse. When abuse, neglect or exploitation is suspected, the employee should respond to the needs of the resident and protect them from further incident and notify the Administrator or Abuse Coordinator Designee immediately. On 9/4/20 at 8:45 am, V17, LPN (Licensed Practical Nurse), stated in the past, R3 has complained to V17 about V16, CNA (Certified Nursing Assistant), and an unidentified female agency CNA being rough with R3 during cares. V17 stated about three or four weeks ago, V17 walked into R3's room after hearing R3 telling the agency CNA to stop being so rough. V17 stated V17 did not report the incident with the agency CNA to V1, Administrator, because I (V17) didn't personally see anything, V17 just heard R3's comment about being rough with R3. V17 also stated V17 doesn't know if R3's concerns about rough care from V16 have ever been reported to V1. On 9/4/20 at 11:15 am, R3 stated sometimes V16 is really rough when providing cares. V16 will yank and jerk R3's arms, it's not right. R3 stated R3 has told other staff about V16's treatment and they just say they know because other residents have also complained about V16. R3 also stated several weeks ago, an unidentified female agency CNA was rough with taking R3's clothes off and shoved R3 real hard when rolling R3 in bed. On 9/4/20 at 11:30 am, V1 stated V1 has had complaints about V16, CNA, in the past but none that involved R3. V1 stated facility staff are educated to report anything that catches their attention and seems to be inappropriate. V1 stated that both allegations should have been reported to V1 so V1 could start an investigation (per facility policy).		
F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to complete laboratory testing as ordered by the physician for one of three residents (R1) reviewed for laboratory tests on the sample list of eight. Findings Include: R1's Physician Orders, dated September 2020, document orders for an HgbA1C (Glycated Hemoglobin) to be completed every three months, and on 2/13/20 an order for [REDACTED]. This record also contained CMP results from 2/14/20, but not the ordered CBC, Mg and BNP. R1's Progress Notes, dated 2/21/20, by V12, LPN (Licensed Practical Nurse), documents, R1 was seen by unnamed NP (Nurse Practitioner) today and has new orders for a CMP to be drawn tomorrow {2/22/20}. There is no CMP in R1's medical record for 2/22/20, instead there is a CMP dated 2/24/20. On 9/5/20 at 2:40 pm, V2, DON (Director of Nursing), stated the ordered CMP for 2/22/20 would be drawn on 2/24/20 unless it was ordered STAT (as soon as possible) due to laboratory technicians coming to the facility on Mondays, not on a Saturday. On 9/8/20 at 8:32 am, V10, NP, stated, V10 has had problems in the past with ordered laboratory testing not being completed as ordered. V10 also stated, laboratory tests are to be completed as ordered.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.