

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2022
NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	
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)		
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>41970</p> <p>Based on observation, record review and interview the facility failed to obtain consents for Psychotropic medications for nine (R6, R35, R38, R39, R47, R94, R98, R402, R85) residents out of nine residents reviewed for Psychotropic medications in a sample list of 59 residents.</p> <p>Findings include:</p> <p>The facility policy titled 'Use of Psychotropic Drugs' revised 9/24/20 documents the following: Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti-anxiety and hypnotics. Residents and/or representatives shall be educated on the risks and benefits of psychotropic drug use, as well as alternative treatments/non-pharmacological interventions.</p> <p>1.) R98's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 6/24/22 for the antidepressant Duloxetine Hydrochloride (Hcl) Delayed Release Sprinkle 30 milligrams (mg) daily for diagnosis of Dementia Without Behavioral Disturbances. This same POS documents a physician order starting 6/24/22 for the antipsychotic Aripiprazole two mg daily for diagnosis of Dementia Without Behavioral Disturbances.</p> <p>R98's Electronic Medical Record (EMR) does not document consent to administer Duloxetine Hcl nor Aripiprazole Psychotropic medications.</p> <p>2.) R6's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 12/16/21 for the antipsychotic Quetiapine 50 milligrams (mg) twice per day for diagnosis of Psychosis related to Schizophrenia.</p> <p>R6's Electronic Medical Record (EMR) does not document a consent for Quetiapine.</p> <p>3.) R94's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 7/8/22 for the antipsychotic Risperidone 0.25 milligrams (mg) daily for a diagnosis of Anxiety.</p> <p>R94's Electronic Medical Record (EMR) does not document a consent for Risperidone.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4.) R35's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 7/20/22 for the anti-anxiety medication Lorazepam 1 milligram (mg) twice per day for a diagnosis of Anxiety. This same POS documents a physician order starting 7/20/22 for antidepressant Depakote Sprinkles Delayed Release 125 mg twice per day for diagnosis of Anxiety.</p> <p>R35's Electronic Medical Record (EMR) does not document consents for Lorazepam nor Depakote Sprinkles.</p> <p>5.) R38's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 9/10/21 for the anti-anxiety medication Lorazepam 0.5 milligrams (mg) daily for a diagnosis of Anxiety.</p> <p>R38's Electronic Medical Record (EMR) does not document a consent for Lorazepam.</p> <p>6.) 08/02/22 03:55 PM R402's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 7/27/22 for the antidepressant Sertraline 100 milligrams (mg) daily for diagnosis of Depression.</p> <p>R402's Electronic Medical Record (EMR) does not document a consent for Sertraline.</p> <p>On 08/02/22 at 11:40 AM V10 Assistant Director of Nurses (ADON) stated I have looked all over for the Psychotropic consents and Gradual Dose Reductions (GDR) for the residents. There used to be a binder that the previous Director of Nurses (DON) made, but we (staff) cannot find that binder anywhere. We (facility) do not have any consents for Psychotropic medications for any of the residents.</p> <p>35046</p> <p>7. R39's Physician Orders includes an order dated 5/22/22 for Lamictal (Bipolar Therapy Agent) 25 milligrams (mg) twice a day for Bipolar. R39's Medication Administration Record (MAR) documents R39 received Lamictal 25 mg twice a day until 6/7/22.</p> <p>On 8/01/22 at 11:32 AM, V8 (R39's family member) stated the facility put R39 on Lamictal without her permission. V8 stated V8 had no idea that the medication was for Bipolar disorder until 6/7/22 when the facility called her about a care plan meeting. V8 stated R39 doesn't even have a diagnosis of Bipolar disorder.</p> <p>R39's medical record did not contain a consent for the use of R39's Lamictal.</p> <p>On 8/2/22 at 11:30 AM, V10 Assistant Director of Nursing stated there are no psychotropic consents for the residents on psychotropic medications. V10 stated there is no documentation that V8 was educated about the risk versus benefits of the Lamictal.</p> <p>8. R47's Electronic Physician Order Sheet documents an order dated 7/25/22 for Ativan (antianxiety medication) 0.5 mg by mouth two times a day and an order dated 7/19/22 for Amitriptyline (antidepressant medication) 10 mg at bedtime.</p> <p>R47's medical record did not contain a consent for the use of Ativan or Amitriptyline.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/2/22 at 11:30 AM, V10 Assistant Director of Nursing stated there are no psychotropic consents for the residents on psychotropic medications.</p> <p>42702</p> <p>9. R85's undated diagnosis sheet documents the following diagnoses including: Drug induced subacute dyskinesia, contracture of right elbow, anorexia, anxiety, cerebral vascular incident, anxiety, schizoaffective disorder, traumatic brain injury and dementia with behavioral disturbance.</p> <p>R85's August 2022 physician order sheet documents, Risperdal: give 2 milligrams every day for schizoaffective disorder, Lorazepam: give 1 milligram twice a day for dementia with behaviors, and Ingrezza: increase to 60 milligrams every day for subacute dyskinesia.</p> <p>On 8/1/22 at 11:45AM, R85 was sitting in the dining room tongue thrusting, moving left arm and leg rapidly and making facial movements that appeared to be involuntary.</p> <p>On 8/3/22 at 8:40AM, V25 Certified Nursing Assistant stated that R85 moves her body around a lot.</p> <p>R85's medical record did not contain a consent for Risperdal or Lorazepam indicating the potential risks and side effects including, but not limited to, tardive dyskinesia.</p> <p>On 8/2/22 at 11:30 AM, V3 Infection Preventionist stated there are no psychotropic medication consents.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35046</p> <p>Based on observation, interview, and record review the facility failed to prevent falls by failing to ensure for a room environment free from accident hazards and failed to complete a thorough post fall investigation for residents. This failure affects two of three residents (R47, R63) reviewed for falls on the sample list of 59. These failures resulted in R47 sustaining a left hip fracture and R63 sustaining bruising to left forehead/scalp area and entire posterior left shoulder area</p> <p>Findings include:</p> <p>1. R47's fall investigation report dated 6/29/2022 at 3:15 AM documents R47 had a fall with no injury.</p> <p>R47's fall prevention care plan includes an intervention dated 6/29/22 to ensure pathways are well lit and clutter free.</p> <p>R47's nurses notes dated 7/16/22 at 7:23 AM documents R47 was sent to the emergency room due to a fall.</p> <p>R47's undated fall report documents on 7/16/22, R47 tripped over a mattress laying on the floor in her room. This report documents the mattress is a safety device for the other resident in the room. This report documents R47 will be placed in a room by herself without a fall hazard.</p> <p>R47's radiology report dated 7/16/22 documents R47's complained of pain after tripping over a mattress on the floor. This report documents R47 has an impacted left femoral neck fracture (hip fracture) with a large subcutaneous hematoma lateral to the left hip.</p> <p>On 8/01/22 at 12:12 PM, when asked how R47 broke her hip, R47 stated, It was storming, and I got frightened and tripped over the corner of a mattress lying on the floor. I fell backwards and hit the floor.</p> <p>On 8/3/22 at 10:02 AM, V10 Assistant Director of Nursing stated R47 fell on [DATE] at 3:15 AM looking for the restroom. V10 stated R47 was ambulatory. V10 stated R47 is on oxygen and will take it off to go to the restroom. V10 stated when R47 takes it off she will get confused looking for the bathroom. V10 stated R47 fell on [DATE] and an intervention to ensure pathways are well lit and clutter free was put into place. V10 stated after her fall on 6/29/22 and prior to her fall on 7/16/22 she was moved to a different room. V10 stated R47 was in the second bed. V10 stated this room had a mattress on the floor in front of the other bed in the room. V10 stated prior to moving R47 into the room an evaluation of the safety of the room should have been done. V10 stated since she would get up on her own and become confused, the mattress on the floor would be a hazard for her. V10 confirmed R47's room and bed placement.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/3/22 at 10:00 AM, the room in which R47 resided prior to 7/16/22 had a bed (1) up against the wall on the left side of the room. There was another bed (2), R47's former bed, up against the back wall of the room. Bed (1) and bed (2) were in an L shape positioning within the room. The safety floor mattress (full twin size) for a bed laid alongside bed (1) - on the floor. The space between bed (1) and bed (2) and the mattress on the floor and the middle of bed (2) was 3 feet.</p> <p>38859</p> <p>2. On 8/1/22 at 9:32 AM R63 had bilateral half bed rails in the upward position towards the head of the bed, there was a pillow positioned sideways between the edge of the mattress and the bed rail. Both bed rails were shifted and unparallel to the mattress. R63 stated those bed rails are to protect me and help me move in the bed, they are not on the bed right, they move all over the place and there is a big gap. When grabbing ahold of R63's bed rails, both rails moved back and forth and shifted side to side. R63 stated, Last week I was in the bed, and I dropped something on the floor to the left, I grabbed ahold of the rail while I was leaning over to pick it up, the rail was loose and moved, I fell face forward on my left side onto the floor. R63 pointed to her head and left shoulder area and stated I got this (R63 had dark purple, maroon discoloration to the entire left forehead/scalp area and dark maroon, purple discoloration covering the entire posterior left shoulder area).</p> <p>R63's medical record documents, 7/25/2022 at 7:10 AM by V9 Licensed Practical Nurse, Resident was heard calling for help from her room. Resident was observed sitting on the floor by the window. Resident informed writer that she was reaching for her personal lancet and tumbled on her left side out of the bed. Resident was assessed and assisted safely back to her bed. Resident stated that left shoulder felt tender. Bruising observed on left shoulder where shoulder made contact with the ground. Resident educated on waiting for assistance and utilizing call light.</p> <p>R63's medical record documents on 08/01/22 11:05 AM, Interdisciplinary team met to discuss fall on 7/25/22. Root cause was resident reaching out of bed to get item. Intervention is for staff to ensure that needed items are in reach.</p> <p>On 8/02/22 at 1:53 PM V13 (Vice President of Clinical Operations) stated, I was on the phone with the team yesterday (8/1/22) to complete (R63's) fall investigation. On the call was V24 Sister Facility Director of Nursing and V10 Assistant Director of Nursing. V13 stated, the information entered into R63's medical record when R63's fall occurred was what we based our information on to determine the root cause and intervention. No one interviewed R63 or V9 LPN again. The information V9 LPN had documented from R63 was from when the fall occurred. I did not re-interview R63 since the fall, nor did V9 LPN or V24.</p> <p>R63's medical record did not document R63 had discoloration to the left forehead area between 7/25/22 through 8/3/22. R63's fall investigation did not document R63's hit her head during the fall on 7/25/22. It did not document R63 had bed rails or if bed rails were functioning or in use during R63's fall on 7/25/22.</p> <p>R63's Brief Interview Mental Status form score dated 6/30/22 was a 15 indicating R63 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/02/22 at 1:15 PM V10 ADON stated, (R63) tumbled out of bed on her left side last week, and (R63) had a lump on her head, so the bruise on R63's head is probably a result of her fall. V10 confirmed R63's medical record did not document information related to R63's discoloration to the left forehead area.</p> <p>On 8/2/2022 at 10:10 AM V1 Administrator stated, we don't have (bed) rails unless the resident is assessed and needs them. V1 stated, maintenance puts the rails on the beds. V1 grabbed ahold of R63's (bed) rail on the right side of the bed, the rail moved in a back-and-forth motion and shifted left to right.</p> <p>On 8/2/2022 at 10:15 AM V15 Maintenance grabbed ahold of R63's half bed rails and the rails moved in a back-and-forth motion and shifted left to right. V15 stated, I think the [NAME] pins are worn out.</p> <p>On 8/03/22 at 9:35 AM V1 Administrator stated, R63's bed was swapped out with a new bed with different rails. V1 confirmed R63's bed rails were not secured. V1 also confirmed R63's bed rails were not in a safe working condition. V1 confirmed there was at least a hands width gap (approximately 8 inches) between R63's bed rail and the edge of the mattress.</p> <p>On 8/3/22 at 9:40 AM V15 Maintenance stated, R63's bed rails were not fastened to the bed correctly.</p> <p>The facility's policy, dated 1/1/2020, titled Incidents, Accidents, and Supervision documents, Policy: The resident environment remains as free of accident hazards as is possible, and each resident receives adequate supervision and assistive devices to prevent accidents. This includes: 1- Identifying hazard and risk, 2- Evaluate and analyzing hazards and risks, 3- Implementing interventions to reduce hazards and risks. Policy Explanation and Compliance Guidelines: The facility shall establish and utilize a systemic approach to address resident risk and environmental hazards to minimize the likelihood of accidents.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35046</p> <p>Based on interview and record review the facility failed to ensure an appropriate diagnosis was present, failed to assess and evaluate the need for treatment and it's continued use, and failed to monitor, track, and develop nonpharmacological interventions to justify the use of psychotropic medications for eight of eight residents (R39, R47, R19, R55, R21, R88, R402, and R9) reviewed for psychotropic medications on the sample list of 59.</p> <p>Findings include:</p> <p>1. R39's Physician order sheet dated 5/22/22 documents an order for Lamictal (Bipolar Therapy Agent) 25 milligrams (mg) twice a day for the diagnosis of Bipolar Disorder. R39's Medication Administration records document R39 received Lamictal 25 mg from 5/22/22 through 6/7/22.</p> <p>R39's medical record does not contain an assessment for the use of the Lamictal 25 milligrams. R39's medical record did not contain a diagnosis of Bipolar Disorder prior to the 5/22/22 Lamictal order.</p> <p>On 8/01/22 at 11:32 AM, V8 (R39's family member) stated they put him on Lamictal in May of 2022. V8 stated the facility called me on 6/7/22 and told me they put him on the Lamictal because he was getting in people's faces. They told me it was for Bipolar Disorder but he doesn't have a diagnosis of Bipolar Disorder. I asked them to put it on hold. V10 Assistant Director of Nursing (ADON) told me the facility made a mistake and the real diagnosis for the Lamictal was mood swings.</p> <p>On 8/2/22 at 11:30 AM, V10 ADON stated there is not a psychotropic assessment for R39's use of Lamictal. V10 stated R39 does not have a diagnosis of Bipolar Disorder and it was a mistake that it was written on the order for R39's Lamictal. V3 Infection Preventionist stated that Psychotropic assessments are assessments completed electronically and if it is not in the electronic medical record then it was not done.</p> <p>2. R47's physician orders include a 7/19/22 order for Amitriptyline Hydrochloride 10 mg and a 7/19/22 order for Sertraline Hydrochloride 25 mg at bedtime.</p> <p>R47's medical record does not contain a psychotropic medication assessment for the use of the Amitriptyline or the Sertraline Hydrochloride.</p> <p>On 8/2/22 at 11:30 AM, V3 Infection Preventionist and V10 ADON stated the facility has no psychotropic assessments. V10 stated if they were getting done, they would be on the computer. V3 stated that they used to be kept in a binder and now that is missing.</p> <p>37813</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. R19's Physician's order sheet dated 6/3/22 documents active physician's orders for: 1. Depakote Tablet Delayed Release (Neuroleptic) Give 250 milligrams by mouth two times a day related to SCHIZOAFFECTIVE DISORDER, BIPOLAR TYPE. 2. Remeron (antidepressant) Tablet 15 Milligrams Give 1 tablet by mouth one time a day. 3. Risperdal (antipsychotic) Tablet 1 MG Give 1 mg by mouth two times a day.</p> <p>R19's last psychotropic medication assessment is dated 9/30/21.</p> <p>4. R55's Physician's order sheet dated 6/3/22 documents active physician's orders for: Mirtazapine (antidepressant) 15 Milligrams Give 1 tablet orally at bedtime.</p> <p>R55's last psychotropic medication assessment is dated 9/30/21.</p> <p>On 8/3/22 at 3:00 PM V10 Assistant Director of Nursing stated, I am aware we are behind on some of our psychotropic medication assessments.</p> <p>38859</p> <p>5. R21's medical record documents a physician's order dated 3/19/2022 for Mirtazapine (anti-depressant medication) tablet 15 milligrams (give 7.5 milligrams) by mouth for Major Depressive Disorder and Duloxetine (anti-depressant medication) capsule by mouth at bedtime for Major Depressive Disorder dated 12/24/21, Clonazepam (anti-anxiety medication) 0.5 milligrams by mouth two times a day for Anxiety Disorder dated 7/15/21, and Zolpidem (hypnotic medication) 10 milligrams by mouth at bedtime for Insomnia dated 7/15/21.</p> <p>No Psychoactive Medication monitoring forms could be located in R21's medical record.</p> <p>R21's medical record did not contain a behavior monitoring program or tracking for depression, anxiety or insomnia with non-pharmacological interventions.</p> <p>On 8/2/22 at 11:20 AM V10 ADON confirmed if a psychotropic assessment was done it would be located in the resident's medical record.</p> <p>6. R88's medical record documents physician orders for Fluoxetine (anti-depressant) capsule 40 milligrams by mouth one time a day for Major Depressive Disorder dated 8/4/21 and Buspirone (anti-anxiety) tablets 10 milligrams by mouth every eight hours for generalized anxiety disorder dated 8/4/21.</p> <p>R88's last completed Psychoactive Medication Monitoring form was dated 9/30/21. No other Psychoactive Medication monitoring forms could be located in R88's medical.</p> <p>R88's medical record did not contain a behavior monitoring program or tracking for depression or anxiety non pharmacological interventions.</p> <p>On 8/2/22 at 11:20 AM V10 ADON confirmed if a psychotropic assessment was done it would be located in the resident's medical record.</p> <p>41970</p> <p>7. R402's undated Face Sheet documents an admitted [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R402's Physician Order Sheet (POS) dated August 1-31, 2022 documents a physician order starting 7/27/22 for Sertraline 100 milligrams (mg) daily for Depression.</p> <p>R402's Medication Administration Record (MAR) documents Sertraline 100 mg as being administered 7/26/2-8/2/22.</p> <p>R402's Electronic Medical Record (EMR) does not document a Psychoactive Medication Monitoring assessment nor any assessment of R402's Psychotropic medication.</p> <p>On 08/02/22 at 11:40 AM V10 Assistant Director of Nurses (ADON) stated If there was an assessment done, it should be in the Electronic Medical Record (EMR). If it is not in the EMR, then it was not completed. There used to be a binder that the previous Director of Nurses (DON) made, but we (staff) can not find that binder anywhere.</p> <p>42702</p> <p>8. R9's undated diagnosis sheet documents the following diagnoses including: Drug induced subacute dyskinesia, contracture of right elbow, anorexia, anxiety, cerebral vascular incident, anxiety, schizoaffective disorder, traumatic brain injury and dementia with behavioral disturbance.</p> <p>R85's August 2022 physician order sheet documents, Risperdal give 2 milligrams every day for schizoaffective disorder, Lorazepam give 1 milligram twice a day for dementia with behaviors.</p> <p>Psychoactive medication monitoring forms could not be located in R85's medical record.</p> <p>R85's undated care plan does not document psychotropic use or the assessments and plan of care for their use.</p> <p>On 8/2/22 at 11:30 AM, V3 Infection Preventionist and V10 Assistant Director Of Nursing stated the facility has no psychotropic assessments. V3 stated if they were getting done they would be on the computer. V3 stated that they used to be kept in a binder and now that is missing.</p> <p>The facility's Use of Psychotropic Drugs policy with a revision date of 9/24/20 documents, Residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). This policy documents, 2. The indications for initiating, withdrawing, or withholding medications(s), as well as the use of non-pharmacological approaches, will be determined by: a. Assessing the resident's underlying condition, current signs, symptoms, expressions, and preferences and goals for treatment. b. For psychotropic drugs that are initiated after admission to the facility, documentation shall include the specific condition as diagnosed by the physician. i. Psychotropic medications shall be initiated only after medical, physical, functional, psychosocial, and environmental causes have been identified and addressed. ii. Non-pharmacological interventions that have been attempted, and the target symptoms for monitoring shall be included in the documentation. This policy also documents, 9. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146003	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2022
NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>a. Upon physician evaluation (routine and as needed), b. During the pharmacist's monthly medication regimen review, c. During MDS review (quarterly, annually, significant change), and d. In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturer's specifications, and the resident's comprehensive plan of care.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>35046</p> <p>Based on observation, interview, and record review the facility failed to provide a preferred diet which met the protein needs for one of one resident (R96) reviewed for a Vegetarian diet on the sample list of 59.</p> <p>Findings include:</p> <p>On 8/01/22 at 1:00 PM, R96 stated she became a Vegetarian in February and the food she is getting is always the same such as grilled cheese. R96 stated she just wants what everyone else is having but with the main protein replaced. R96 stated that when they replace the meat with beans, they send her beans drowned in water.</p> <p>On 8/1/22 at 1:00 PM, R96's food tray had zucchini cornbread dressing, Brussel sprouts, plain macaroni shells sprinkled with herbs and cake.</p> <p>On 8/3/22 at 12:37 PM, R96 stated yesterday they gave me peas and carrots, grilled cheese, and rice for lunch. R96 stated I didn't eat the supper and used my own money to order out because of what they give me. At that time, R96's lunch tray had one vegetable patty without bread, green beans, cottage cheese and dessert.</p> <p>On 8/3/22 at 2:00 PM, V4 Dietary Manager stated R96 switched to a vegetarian diet. V4 stated she is supposed to get double protein at all meals due to her being a Dialysis patient. V4 stated they have a vegetarian menu that is supposed to be followed. V4 stated the protein for 8/1/22 was red beans and rice and R96 cannot have tomatoes but that it should have been replaced with a protein not macaroni. V4 stated the protein for the lunch meal on 8/2/22 was a black bean veggie burger so R96 should have been served it and not the grilled cheese and cottage cheese. V4 stated R96 does not like cottage cheese. V4 stated at lunch today R96 should have been a vegetable patty and another source of protein to meet her protein needs because she could not have the potato bar.</p> <p>The facility's Diet Spreadsheet for Vegetarians documents the protein as Red Beans and Rice for the lunch meal on 8/1/22, black bean veggie burger for the lunch meal on 8/2/22, and Veggie Baked Potato Bar on 8/3/22.</p> <p>R96's diet order dated 3/23/22 documents an order for a no added salt, no bananas, oranges, orange juice, prune juice, fresh tomatoes, baked potatoes, double protein at meals, no double entree for renal diet.</p>		

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NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	
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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to serve dinner rolls as planned on the menu. This failure affects two residents (R51, R71) of two reviewed for menus on the sample list of 59.</p> <p>Findings include:</p> <p>On 8/2/2022 during the lunch meal, no dinner rolls were served to residents in the facility.</p> <p>On 8/3/2022 at 2:45 PM, R51 reported not receiving a dinner roll with her lunch meal on 8/2/2022 as planned on the menu.</p> <p>On 8/3/2022 At 2:50 PM, R71 reported not getting enough to eat and reports she never gets dinner rolls.</p> <p>The facility menu (8/2/2022) documents all residents were to receive a dinner roll with margarine during the lunch meal on 8/2/2022.</p>		

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NAME OF PROVIDER OR SUPPLIER Loft Rehab of Rock Springs, The		STREET ADDRESS, CITY, STATE, ZIP CODE 2530 North Monroe Street Decatur, IL 62526	
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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>35347</p> <p>Based on observation, interview, and record review, the facility failed to serve preferred food items to a resident. This failure affects one resident (R51) of three reviewed for food preferences in the sample list of 59.</p> <p>Findings include:</p> <p>On 8/2/2022 at 12:23 PM, the facility had served R51 a portion of rice during the noon meal service. R51 reported previously talking to dietary staff and requesting to not be served rice. R51 reported the facility told R51 they would provide substitute items on days when rice is served. R51 said the facility continue to serve R1 rice.</p> <p>On 8/3/2022 at 2:45 PM, R51 reported asking staff for cold cereal for breakfast but instead receiving hot cereal and also asking staff repeatedly for yogurt but not receiving any from the kitchen.</p> <p>The facility menu for 8/2/2022 documents risotto (rice) as a menu item for the lunch meal.</p>		