

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145031</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>10/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LOFT REHAB &amp; NURSING OF NORMAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>510 BROADWAY NORMAL, IL 61761</b>	
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 <b>F 0677</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>Provide care and assistance to perform activities of daily living for any resident who is unable.</b></p> <p>Based on interview and record review, the facility failed to provide bathing/shower hygiene for three of three residents (R1, R2 and R5) reviewed for Activities of Daily Living on the total sample list of six. Findings include: 1. On 10/7/2020 at 9:55 AM, R1 stated, I don't even remember the last time I had a shower/bath, I don't get them every week. R1's MDS (Minimum Data Set) assessment, dated 8/24/2020, documents R1's BIMS (Brief Interview for Mental Status) score of 13, indicating R1 is cognitively intact. This same MDS documents R1 requires total dependence of one staff member with bathing. R1's medical record documents in task section ADL (activities of daily living) Bathing is to be completed on Wednesday and Saturday evenings. R1's medical record does not document the completion of bathing on 8/26/20, 8/29/20, 9/2/20, 9/5/20, 9/9/20, 9/12/20, 9/16/20, 9/19/20, 9/23/20, 9/30/20, 10/3/20 and 10/7/20. 2. R2's care plan, with a revision date of 5/11/20, documents (R2) has an ADL self-care performance deficit r/t (related to) weakness, difficulty walking, need for staff assist. Interventions: BATHING/SHOWERING: Requires LIMITED ASSIST X 1 staff with showering/bathing Q (every) Tuesday/Friday evening and PRN (as needed). R2's medical record documents in task section ADL Showers: to be completed on Tuesday/Friday evenings. R2's medical record does not document the completion of showers on 7/10/20, 7/21/20, 7/24/20, 7/28/20, 7/31/20, 8/4/20, 8/7/20, 8/18/20, 8/25/20, 9/18/20, 9/22/20, 9/25/20 and 9/29/20. 3. R5's MDS assessment, dated 7/24/2020, documents R5 requires total dependence of one staff member with bathing. R5's medical record documents in task section ADL - Bathing (prefers showers) is to be completed on Tuesday/ Friday evenings. R5's medical record does not document the completion of showers on 7/24/20, 7/31/20, 8/21, 8/25/20, 8/28/20, 9/4/20, 9/8/20, 9/18/20, 9/22/20, 9/25/20, 9/29/20 and 10/6/20. On 10/7/2020 at 3:45 PM V13, LPN (Licensed Practical Nurse), stated, I work on second shift. We usually have 2-3 C.N.A's (Certified Nursing Assistants) on second shift on this wing. We could use more C.N.A's, it is usually showers that get missed. On 10/8/2020 at 10:15 AM, V3, DON (Director of Nursing ), stated staff should be documenting showers/ bathing in the task ADL section area when they are completed. On 10/8/2020 at 3:10 PM, V3, DON, confirmed the facility is unable to find documentation for the shower/bathing completions for R1, R2 and R5. The facility's policy, with a revision date of 1-1-2020, titled Activities of Daily Living documents, Policy explanation and Compliance Guidance: 3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming and personal and oral hygiene.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.