		I AND HUMAN SERVICES				FORM	05/30/2008 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E848	B. WI	NG _		11/20/2007	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
DECATUR REHAB & HEALTH CARE CENTER					136 SOUTH DIPPER LANE DECATUR, IL 62522		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 17	F99	999	)		
	LICENSURE VIOL	ATIONS					
	300.610a) 300.1210b)7) 300.2210b)2) 300.3130c)4) 300.3130c)5)						
	a) The facility shall procedures, govern	esident Care Policies have written policies and ning all services provided by written policies shall be ng the facility.					
	Section 300.1210 ON Nursing and Person	General Requirements for nal Care					
	minimum the follow a 24- hour, seven d 6) All necessary pre assure that the resi	care shall include at a ing and shall be practiced on lay a week basis: ecautions shall be taken to dents' environment remains hazards as possible.					
	Section 300.2210 N	laintenance					
	water supply, heatin sewage disposal sy	trical, signaling, mechanical, ng, fire protection, and vstems in safe, clean and n. This shall include regular					
	Section 300.3130 F	Plumbing Systems					
	c) Water Supply Sy	stems					
	4) Hot water availa	ble to residents at shower,					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		14E848	B. WII	NG _		11/20/2007		
NAME OF PROVIDER OR SUPPLIER DECATUR REHAB & HEALTH CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 136 SOUTH DIPPER LANE DECATUR, IL 62522			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	Continued From pa bathing and handw exceed 110 degree	ashing facilities shall not	F9	999				
	to, installation of a l controls, and check at various points, sl that the temperatur	sures, such as but not limited mixing valve, limited access to sing water temperatures daily hall be implemented to insure e of hot water available to r, bathing and handwashing xceed 110 degrees						
	These requirement	s are not met as evidenced						
	review, the facility f water distribution sy water did not provid degrees Fahrenheir resulted in a potent hazard for the resid Wing) and other resid present on the Nort also failed to notify of the hot water ten	ion, interview, and record ailed to ensure that 1 of 2 hot ystems for residential hot de hot water in excess of 110 t (F). This system failure ial hot water burn/scald dents on 1 of 2 halls (North sidents that are occasionally th Wing. Facility nursing staff essential administrative staff nperatures so as to protect s from potential unrestricted hely hot water.						
	Findings include:							
	water was tested us metal stem thermor 2 of 2 lavatories in rooms and at 3 of 3 adjoining toilet room	nt reviews on 11-14-07, hot sing calibrated digital and dial meters at 2 of 2 showers and the North Wing central bathing a lavatories in resident room ns. The following are the ded with time and location:						

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DEPART CENTER	PRINTED: 05/30/2008 FORM APPROVED OMB NO. 0938-0391							
CENTERS FOR MEDICARE & MEDICAID SERVICESSTATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) M A. BU		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		14E848	B. WI	NG _		11/20/2007		
	ROVIDER OR SUPPLIER	CARE CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE 136 SOUTH DIPPER LANE			
					DECATUR, IL 62522			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
	Shower East Shower room Lavatory	2:00 P.M. 135.3 F. 12.28 P.M. 132 F. 12:03 P.M. 135.5 F. 12:23 P.M. 134 F.						
	on 11-14-07 at 12:3 water temperature in takes hot water tem A.M. and 7:45 A.M. facility. E8 stated th between 93 and 10 what the temperatur response was "I dio today." E8 was ask log. At 3:30 P. M. of	Supervisor, E8 was interviewed 4 P.M. following obtaining readings. E8 stated that he operature daily between 7:30 at various locations in the ne temperature ranges 0 degrees F. E8 was asked res were for 11-14-07. E8's I not take temperatures yet ked for the water temperature on 11-14-07, E8 stated that he ng water temperatures.						
	using to take water acknowledged he o ice point test was c thermometers and l determine if the the calibrated. The sur recorded 32.3 degr E8's thermometer r demonstrating an ir thermometer is con the thermometer re	te the thermometer E8 was temperatures with. E8 nly had one thermometer. An onducted with the surveyors' E8's thermometer to rmometers were accurately veyors' thermometers ees F. and 33 degrees F. ecorded 20 degrees F. haccurate calibration. A sidered to be in calibration, if cords an ice point 2 degrees of 32 degrees F.						

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		AND HUMAN SERVICES				FORM	05/30/2008 APPROVED 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) M A. BU		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		14E848	B. WI	NG _		11/20/2007		
NAME OF PROVIDER OR SUPPLIER DECATUR REHAB & HEALTH CARE CENTER				1	REET ADDRESS, CITY, STATE, ZIP CODE 136 SOUTH DIPPER LANE DECATUR, IL 62522			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	Following the ice portested the hot wate West Central Bathin thermometer record and E8's thermome 100 degrees F. E8 extremely hot to the E2, the Director of I 1:00 P.M. on 11-14 not aware of the hot 11-14-07. On 11-1 provided a list of re independently and the hot water. Six of North Wing and 7 of South Wing bathe i supervision. Certified Nursing A interviewed at 1:15 "The water was hot asked if she told an hotter than usual at CNA, E10 was inter 11-14-07. E10 stated given a resident a s resident told her that usual. E10 stated to about the water ten The facility's "Wate and procedure was under the "Water T section that the wate taken and the temp two times each weat	bint test, the surveyor and E8 r at the lavatory in the North ing room. The surveyor's ded accurately at 134 degrees eter recorded inaccurately at said that the water was e touch. Nursing was interviewed at -07. E2 stated that she was t water problem prior to 4-07 at 2:45 P.M., E2 sidents that bathe have unrestricted access to of 23 residents residing on the independently without ssistant (CNA) E9 was P.M. on 11-14-07. E9 stated ter than usual today." E9 was not E9 said "No." rviewed at 3:30 P.M. on ed that on 11-12-07 she had shower in the evening and the at the water was warmer than hat she did not tell anyone	F9	999				

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		AND HUMAN SERVICES				FORM	05/30/2008 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		14E848	B. WI	NG .		11/2	0/2007
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 136 SOUTH DIPPER LANE		
DECATU	R REHAB & HEALTH	CARE CENTER			DECATUR, IL 62522		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ĪΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Calibration" that sta be calibrated once often if necessary. method was descri policy. In addition, entitled "Water Ten Maintenance." In basis, or more ofter regulator valves sh At approximately 4 Regional Maintena the survey team that malfunctioned, a ne would be installed that water temperate every 30 minutes u	ated the thermometers are to every three months or more The ice point calibration bed in this section of the the policy has a section nperature control Valve this section, "On an annual n if necessary, temperature all be cleaned and inspected." CO P.M. on 11-14-07, the nce Supervisor, E11 notified at the mixing valve had ew cartridge was on order, and within 48 hours. E11 stated tures would be monitored ntil the mixing valve was oning to provide hot water at	F9	999			

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