

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/16/2009
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146060 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 12/10/2008 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER FAITH CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 100 FAITH DRIVE HIGHLAND, IL 62249 | | |
| (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 | |
| F 497 | Continued From page 29 E19, E20). Findings include: 1. E17 was hired in June of 2007. During the one year following hire, E17 received a total of 7.25 hours in-service. 2. E16 was hired in August of 2007. During the year following hire, E16 received a total of 7.75 hours in-service. 3. E19 was hired in October of 2007. During the year following hire, E19 received a total of 1 hour in-service. 4. E20 was hired in April of 2007. During the year following hire, E20 received a total of 5.5 hours of in-service. E2, Director of Nursing, was interviewed on 12/5/08. E2 could not state why the CNAs were receiving less than the required 12 hours of in-services annually. | F 497 | | | |
| F9999 | FINAL OBSERVATIONS LICENSURE VIOLATION 300.1210a) 300.1210b)6) 300.3120d) Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial | F9999 | | | |

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| F9999 | <p>Continued From page 30</p> <p>well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis.</p> <p>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.</p> <p>Section 300.3120 Mechanical Systems</p> <p>d) Thermal Hazards. Any surface exceeding a temperature of 140 degrees Fahrenheit (such as radiators, hot water or steam pipes, baseboard heaters, or therapy equipment) that is accessible to residents shall be provided with partitions, screens, shields, or other means to protect residents from injury. Any protective device shall be designed and installed so that it does not present a fire or safety hazard or adversely affect the safe operation of the equipment.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to prevent exposure to potential thermal hazards in two (Alpine Spa and Linden Spa) of three bathing areas and one (Freedom Training Toilet) resident-use toilet where staff were utilizing portable electric heaters.</p> | F9999 | | | |

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| F9999 | <p>Continued From page 31</p> <p>Findings include:</p> <p>1. On 12/2/08, at 1:44 PM, in the Alpine Spa/Bathing Room, there was a portable electric radiant heater near the sink. The heater was on high and too hot to touch. At 1:50 PM, the surveyor attempted to place a thermolabel on the side of the heater. Prior to getting the thermolabel adhered to the side of the heater, the thermolabel turned black in color, indicating a surface temperature of 160 degrees Fahrenheit or above. The heater continued to be in use at 2:00 PM.</p> <p>At 2:30 PM, one resident was in the Alpine Spa and was going to be showered. In addition, R1 was placed approximately two feet from the portable heater. R1 was close enough she could touch the portable heater. The portable heater remained on and was hot to the touch. E5 and E6, Certified Nurse's Assistants were in the Spa assisting the residents. E5 indicated the staff had been using the portable heater for at least the last three weeks. E6 noted "We leave them on during the shower times."</p> <p>At 2:48 PM, in the Freedom unit training toilet, there was a portable electric radiant heater. The heater was not plugged in.</p> <p>At 2:52 PM, a portable electric radiant heater was found in the Linden Spa/Bathing room. The radiant heater was not in use. At 3:10 PM, during an interview, E7, Certified Nurse's Aide, confirmed the staff have been using the portable heaters in the bathing room.</p> <p>(A)</p> | F9999 | | | |