PRINTED: 08/30/2010 FORM APPROVED OMB NO. 0938-0391

|                          | OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) M<br>A. BUI   |      | TIPLE CONSTRUCTION  NG  | (X3) DATE SU<br>COMPLE |                            |
|--------------------------|--|---|--------------------|------|---|------------------------|----------------------------|
|                          |  | 14G277  | B. WIN             | IG _ |   |                        | C<br><b>0/2010</b>         |
|                          | ROVIDER OR SUPPLIER  |   | •                  | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>1404 SOUTH 14TH STREET<br>HERRIN, IL 62948                         |                        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG |      | PROVIDER'S PLAN OF CORREC'<br>(EACH CORRECTIVE ACTION SHOI<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                 | (X5)<br>COMPLETION<br>DATE |
| W 000                    | INITIAL COMMENT  | rs  | W (                | 000  |   |                        |                            |
| W 406                    |  | 7-10 (IL46222)  _ ENVIRONMENT  usure that specific physical   | W 4                | 106  |   |                        | 3/17/10                    |
|                          | Based on observati<br>review, the facility f<br>put adequate syste<br>potential for further<br>received a shower | is not met as evidenced by: ion, interview, and record ailed to identify problems and ms in place to prevent the scalding for 1 resident who on the morning of 01/27/10 uring her shower. This ediate Jeopardy. |                    |      |   |                        |                            |
|                          | was identified to ha<br>the facility failed to<br>resident being scale   | 5 p.m. an Immediate Jeopardy<br>ve begun on 01/27/10 when<br>determine the cause of a<br>ded in the shower and failed to<br>e to prevent potential future   |                    |      |   |                        |                            |
|                          | E1 (Administrator) Jeopardy on 02/26/  | was notified of the Immediate<br>'10 at 2:45 p.m  |                    |      |   |                        |                            |
|                          |  | 5 p.m. E1 (Administrator) was<br>mediate Jeopardy was   |                    |      |   |                        |                            |
|                          | Refer to deficiencie   | es cited at:  |                    |      |   |                        |                            |
|                          | W426 - The facility  | must, in areas of the facility  |                    |      |   |                        |                            |
| ABORATOR'                | Y DIRECTOR'S OR PROVID   | <br> DER/SUPPLIER REPRESENTATIVE'S SIG  | NATURE             |      | TITI F  |                        | (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.

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) M<br>A. BUI  |     | PLE CONSTRUCTION  G   | (X3) DATE SU<br>COMPLE | TED                        |
|--------------------------|--|---|-------------------|-----|---|------------------------|----------------------------|
|                          |  | 14G277  | B. WIN            | IG  |   |                        | C<br><b>0/2010</b>         |
|                          | ROVIDER OR SUPPLIER  |   | <u>I</u>          | 14  | EET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>ERRIN, IL 62948                            |                        | 5/23:3                     |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREF<br>TAG |     | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | JLD BE                 | (X5)<br>COMPLETION<br>DATE |
| W 406                    | where clients who I<br>regulate water tem<br>water, ensure that I<br>does not exceed 12  | nave not been trained to perature are exposed to hot the temperature of the water to degrees Fahrenheit.  | W 4               |     |   |                        |                            |
| W 426                    | clients who have no water temperature  | areas of the facility where<br>of been trained to regulate<br>are exposed to hot water,<br>operature of the water does not  | W                 | 126 |   |                        | 3/17/10                    |
|                          | Based on observation review, the facility of put adequate system potential for further received a shower and was scalded discontinuous control of the facility | s not met as evidenced by: ion, interview, and record ailed to identify problems and ms in place to prevent the scalding for 1 resident who on the morning of 01/27/10 uring her shower. This ediate Jeopardy. (R1) |                   |     |   |                        |                            |
|                          | Findings Include:  |   |                   |     |   |                        |                            |
|                          | was identified to ha<br>the facility failed to<br>resident being scale   | 5 p.m. an Immediate Jeopardy live begun on 01/27/10 when determine the cause of a ded in the shower and failed to be to prevent potential future  |                   |     |   |                        |                            |
|                          | E1 (Administrator) Jeopardy on 02/26/  | was notified of the Immediate /10 at 2:45 p.m   |                   |     |   |                        |                            |
|                          | dated 01/01/10 thro<br>old female who fun<br>mental retardation.   | s Physician's Order Sheet<br>ough 01/31/10, R1 is a 49 year<br>ctions at a Profound level of<br>Other diagnoses include<br>Defects, Hearing Impaired,   |                   |     |   |                        |                            |

|                          | FOF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) M<br>A. BU   |     | IPLE CONSTRUCTION<br>IG   | (X3) DATE SU<br>COMPLE |                            |
|--------------------------|--|---|-------------------|-----|---|------------------------|----------------------------|
|                          |  | 14G277  | B. WI             |     |   |                        | C<br><b>0/2010</b>         |
|                          | PROVIDER OR SUPPLIER   |   | '                 | 1   | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |                        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREF<br>TAG |     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                 | (X5)<br>COMPLETION<br>DATE |
| W 426                    | Chronic Hypertropic Dermatitis.  Per interview with E Director) on 02/26/on the morning of O Person) was giving had bowel moveme that R7 was using a the bowel moveme showering her off woontinued to say the temperature before but that during her jumped to hot, caus buttocks, back upper thigh.  During interview with E Deren but the person of the person | E2 (Residential Service 10 at 9:45 a.m., E2 stated that 11/27/10, E7 (Direct Support R1 a shower because she ent on her buttocks. E2 said a hand held shower, wiping int off with one hand and with the other hand. E2 at E7 had checked the water putting R1 into the shower; shower, the water suddenly sing burns and blisters to R1's er legs, and right upper inner  th E2 on 02/26/10 at 3:00 at R1 had "Several" blisters on upper thigh area, and inner from fingertip size to half dollar  E4 (House Manager) on m., E4 stated that R1 had her buttocks, back upper er thigh. E4 described the ip size to half dollar size with beyond the blistered areas.  the facility's incident report 115 a.m. states the nature of ig, "Burn to back, buttocks, extent of the injury is as to back, lower back, sumentation is signed by E7 | W                 | 426 |   |                        |                            |

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUBBLIED/CLIA

|                          | FOF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | A. BUIL            |      | CONSTRUCTION   | COMPLE | TED                        |
|--------------------------|---|---|--------------------|------|--|--------|----------------------------|
|                          |   | 14G277  | B. WIN             | G    |  |        | C<br>0/2010                |
|                          | PROVIDER OR SUPPLIER  |   |                    | 1404 | ADDRESS, CITY, STATE, ZIP CODE<br>SOUTH 14TH STREET<br>RIN, IL 62948                                     | 93.13  |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG | <    | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE | (X5)<br>COMPLETION<br>DATE |
| W 426                    | E7's description of "Water (temp) was up prior to shower. before cleaning click hotter suddenly. But movement) away, I swept the soap down began circling butt feces as she was on small amounts. I steam and at the sate a (typed as written) the water (temp) arit was unusually hotorming on her rear another staff. We retten seeing burns but Upon interview with on 03/05/10 at 10:501/27/10 she was we continued to say the finished her breakfashower by E7 (Diresten had "messed" that a few minutes the dining room after dining room and sate wrong with the hot her to come to the shower, "Hootin an say that R1 was slasping her stomacircles. E6 said tha looked, "Pretty well | the incident is documented as, turned on cold and regulated Water was adjusted to warm ent. Water became much it as I was scrubbing (bowel didn't feel (temp) change. I with her back (with) sprayer and area to wash away soap and continually moving her bowels noticed access (excess) ame time (R1) began to make unusual yell. So I checked in immediately turned it off as t. I noticed the reddened area and immediately went to get eturned to the bathroom and | W 4                | 26   |  |        |                            |

|                          |  | (X3) DATE SU<br>COMPLE  | MPLETED           |      |   |        |                            |
|--------------------------|--|---|-------------------|------|---|--------|----------------------------|
|                          |  | 14G277  | B. WI             | NG _ |   |        | C<br><b>0/2010</b>         |
|                          | PROVIDER OR SUPPLIER   |   | •                 | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION) | ID<br>PREF<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE | (X5)<br>COMPLETION<br>DATE |
| W 426                    | her left butt cheek a "(R1) is non-verbal hurting or that some on 03/02/10 at 7:30 working on the mer morning of 01/27/1 between 5:30 a.m. (Direct Support Per scream". E5 said, " went to the women shower, the water whose tred from her in had a quarter size off". (E5 identified to lower buttock). E5 said given at night, but the hospital. E5 said given at night, but the hospital said given at night, but the hospital said given at night here. E5 said given at night, but the hospital said given at night, but the hospital said given at night here. E5 said g | but you could tell she was  | W                 | 426  |   |        |                            |

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

| -                        | FOF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | A. BUI             |      | PLE CONSTRUCTION  G  | COMPLE | TED                        |
|--------------------------|--|--|--------------------|------|--|--------|----------------------------|
|                          |  | 14G277   | B. WIN             | IG _ |  | 03/10  | )<br>0/2010                |
|                          | PROVIDER OR SUPPLIER   |  | •                  | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>IERRIN, IL 62948                       |        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG |      | PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | JLD BE | (X5)<br>COMPLETION<br>DATE |
| W 426                    | and labia were red. in there awhile - yo from just an instant that you say, "Oops stated that he had p sent her to the local ambulance.  R1's emergency rome is 18 a.m., shows the emergency room ploordered Tylenol #3 tablets every 4 hour released back to the primary physician of Silvadene cream with four times a day to the continuous of the continuous o | E3 said, "She (R1) had been a couldn't get burned like this . It's not one of those things s, the water is too hot". E3 but a wet dressing on R1 and I emergency room by  om notes dated 01/27/10 at lat R1 was seen by the hysician. The physician (300/30 milligrams) 1 -2 rs as needed for pain. R1 was e facility with orders to see her on or before 01/29/10. as also ordered to be applied R1's burned areas.  Is physician's order sheet ough 01/31/10, on 01/28/10 E3 Consultant) called the rs were received for Levaquin of for 10 days.  Physician's progress notes, R1 imary physician on 01/29/10 mentation states, "(Patient) late burns from shower over light) inner thigh. Blisters ow opened". "2nd degree and presacral area and inner should be son 01/28/10, 01/29/10, and late of the contest of | W                  | 126  |  |        |                            |

|                          | OF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) M<br>A. BUI  |      | IPLE CONSTRUCTION<br>IG   | (X3) DATE SU<br>COMPLE | JRVEY<br>TED               |
|--------------------------|---|--|-------------------|------|---|------------------------|----------------------------|
|                          |   | 14G277   | B. WIN            | ۱G _ |   |                        | C<br><b>0/2010</b>         |
|                          | ROVIDER OR SUPPLIER   |  |                   | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |                        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>' MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREF<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                 | (X5)<br>COMPLETION<br>DATE |
| W 426                    | 02/2010 shows that Codeine for signs of times on 02/01/10; on 02/04/10 and 02/02/06/10; and once During observation thighs and inner this surveyor noted a reinches long and 4 in buttock. There was buttock approximated   | Iministration Record for t R1 received Tylenol with of pain and discomfort: three two times on 02/02/10; once 1/05/10; three times on on 02/07/10.  of R1's buttocks, upper back ghs on 02/26/10 at 1:45 p.m., addened area approximately 7 inches wide on R1's left a red area on R1's left lower ely 4 inches long and 1 incher thigh was pink colored   | W                 | +20  |   |                        |                            |
|                          | temperatures on 03 Support Person) tal at 7:20 a.m. the washower/tub bathroowater temperature at 7:25 a.m. and the degrees. At 7:27 a. the women's small 80 degrees. E5 stal Water temperatures were taken at 7:35 turned on, it was warm up, E5 stated warm to cold and the water temperature degrees. | of the facility's water 8/02/10, with E5 (Direct king the water temperatures, ter temperature in the men's m was 116 degrees. The was taken in the same room to hot water registered 106 m. the water temperature in shower area was noted to be sted, "It's not warming up". In the men's shower room a.m When the water was sarm but while waiting for it to that the water had gone from the back to warm again. The eventually warmed to 102 |                   |      |   |                        |                            |
|                          | 10:25 a.m., Z1 state<br>the facility on 01/27   | ed that he had been called to 1/10 after a resident had been er. Z1 said that he had arrived   |                   |      |   |                        |                            |

| -                        | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) M<br>A. BUI  |     | IPLE CONSTRUCTION<br>IG   | (X3) DATE SU<br>COMPLE | JRVEY<br>TED               |
|--------------------------|--|---|-------------------|-----|---|------------------------|----------------------------|
|                          |  | 14G277  | B. WIN            |     |   |                        | C<br><b>0/2010</b>         |
|                          | PROVIDER OR SUPPLIER   |   | •                 | 1   | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |                        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREF<br>TAG |     | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | OULD BE                | (X5)<br>COMPLETION<br>DATE |
| W 426                    | a.m. and that every and the water temp continued to say the wrong with the water valve) could have be asked if he had ma facility to prevent fulle had told them (the had told them (the avalve and replace expensive. Z1 continear from them (the and see what happ to be 100% sure it change the valve."  Per interview with E Director) on 02/26/1 they were still using gotten burned, every been made. When checked the water morning hours whe showered, E2 state that staff checks the during the day but the thought of the plum prevent the excess happening again, E don't know what hat than contacting the investigation has be the hot water surge put in place to previous prevent the prevent the plum prevent the excess happening again, E don't know what hat the contacting the investigation has be the hot water surge put in place to prevent the prevent the plum prevent the excess happening again, E don't know what hat the contacting the investigation has be the hot water surge put in place to prevent the prevent the prevent the plum prevent the excess happening again, E don't know what hat the plum prevent the plum prevent the excess happening again, E don't know what hat the plum prevent the excess happening again, E don't know what hat the plum prevent the plum prevent the plum prevent the excess happening the plum prevent th | 27/10 at approximately 9:45 thing was working properly eratures were normal. Z1 at he could not find anything er system. Z1 stated, "It (a een stopped up". When de any suggestions to the rther problems, Z1 said that he facility) that he could order et, but that the valve is very nued to say, "I'm waiting to efacility) - they said to wait ens". Z1 said, "The only way won't happen again is to  E2 (Residential Service 10 at 2:20 p.m., E2 stated that go the shower where R1 had he though no changes have asked if the facility has temperatures during the early n R1 would have been d, "No". E2 continued to say e water temperature sometime here is no set time to do so.  Eth E1 (Administrator) on h.m., E1 said that she did not her mentioning anything to ve hot water surge from 1 continued to say, "He really ppened." E1 stated that other plumber, no further een done to find the source of and that nothing has been | W                 | 126 |   |                        |                            |

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |                    |      | TED   |        |                            |
|--------------------------|--|---|--------------------|------|---|--------|----------------------------|
|                          |  | 14G277  | B. WIN             | IG _ |   |        | C<br><b>0/2010</b>         |
|                          | ROVIDER OR SUPPLIER  |   |                    | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>IERRIN, IL 62948                        |        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC)   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFI<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE | (X5)<br>COMPLETION<br>DATE |
| W 426                    | that a "Plumber friethe plumbing at the asked was the cause the water heating so really couldn't find thow the facility could incident and burns guess we need to go E1 (Administrator) Immediate Jeopard 3:25 p.m. when the interview and reviet facility took the follor Immediate Jeopard "(The facility) has proposed to be installed to the start of their ship water temperatures daily receiving showers/staff have been inswater temperatures (recommended rand degrees) - including temperatures. All sithe start of their ship water temperatures shower. RSD and Immediately will include inservice will i | ublic Service Administrator) and of her husband checked a facility on 01/27/10. When se found and repairs made to ystem, E1 stated, "No, he the problem". When asked ld ensure that the hot water does not recur, E1 said, "I get a different plumber."  was notified that the dy was removed on 03/05/10 at a surveyor confirmed through w of the facility plan that the owing actions to remove the | W                  | 126  |   |        |                            |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULT<br>A. BUILDIN | IPLE CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |                            |
|---|---|---|-------------------------|---|-------------------------------|----------------------------|
|   |   | 14G277  | B. WING _               |   |                               | C                          |
| NAME OF F   | ROVIDER OR SUPPLIER   | 140277  | ST                      | REET ADDRESS, CITY, STATE, ZIP CODE   | 03/10                         | 0/2010                     |
| CHESTN  | UT MANOR  |   | 1                       | 1404 SOUTH 14TH STREET<br>HERRIN, IL 62948  |                               |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG     | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | JLD BE                        | (X5)<br>COMPLETION<br>DATE |
| W 426   | Direct care staff will temperatures for the independent with the independent clip receiving a shower, check the water terral a shower/bath.  Internal Maintenance control valve system RSD, House Manage check the water system water temperate While the Immediate 03/05/10 at 3:25 p. compliance as the stopportunity to fully effectiveness of the FINAL OBSERVAT LICENSURE VIOLATION 350.3240a) 350.3960d)  Section 350.1210 Final promaintain each residual promaintain each residual An owner, licens | other pertinent information. I also be checking the water e individuals who are heir showers. Staff will instruct ents prior to the individuals (bath that the staff will need to inperature prior to them taking the Personnel will check the monthly and as needed.  I ger, and Administrator will stem by randomly checking ures daily.  The Jeopardy was removed on month, the facility remains out of facility has not had the implement and evaluate the iri plan.  I IONS  ATIONS  Health Services  Divide all services necessary to lent in good physical health. | W 426                   |   |                               |                            |

|                          | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | , ,                 |      | PLE CONSTRUCTION   | (X3) DATE SU<br>COMPLE |                            |
|--------------------------|--|---|---------------------|------|--|------------------------|----------------------------|
|                          |  |   | A. BUIL             | DING |  | (                      | C                          |
|                          |  | 14G277  | B. WING             | G    |  |                        | 0/2010                     |
|                          | PROVIDER OR SUPPLIER   |   |                     | 14   | EET ADDRESS, CITY, STATE, ZIP CODE<br>04 SOUTH 14TH STREET<br>ERRIN, IL 62948                              |                        |                            |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | (    | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRI<br>DEFICIENCY) | JLD BE                 | (X5)<br>COMPLETION<br>DATE |
| W9999                    | arranged to provide outlet. Hot water may Fahrenheit if the hoareas and the purpois to train residents temperature higher is used, all resident water taps must be ability to mix water. These Regulations by:  Based on observation review, the facility for put adequate syste potential for further received a shower and was scalded duffindings Include:  On 02/26/10 at 2:48 beginning on 01/27 determine the caus in the shower and for prevent potential. Upon review of R1's dated 01/01/10 throold female who fund mental retardation. Multiple Neurologic | Plumbing Systems  ution systems shall be that water at each hot water at each hot water at be higher than 110 degrees of water taps are in supervised one of the higher temperature in the use of hot water. If a than 110 degrees Fahrenheit is having access to those hot able to demonstrate the appropriately and safely.  were not met as evidenced  ion, interview, and record ailed to identify problems and ms in place to prevent the scalding for 1 resident who on the morning of 01/27/10 uring her shower. | W99                 | 99   |  |                        |                            |

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

| -                        | OF DEFICIENCIES OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | A. BUI             |      | IPLE CONSTRUCTION  IG  | (X3) DATE SU<br>COMPLE | TED                        |
|--------------------------|--|--|--------------------|------|--|------------------------|----------------------------|
|                          |  | 14G277   | B. WIN             | 1G _ |  |                        | C<br>0 <b>/2010</b>        |
|                          | ROVIDER OR SUPPLIER  |  |                    | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>1404 SOUTH 14TH STREET<br>HERRIN, IL 62948    | 00/10                  | 0/2010                     |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | ID<br>PREFI<br>TAG |      | PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE                 | (X5)<br>COMPLETION<br>DATE |
| W9999                    | Dermatitis.  Per interview with E Director) on 02/26/7 on the morning of 0 Person) was giving had bowel movemed that R7 was using at the bowel movemed showering her off word word working her off word that during her significant significant that during her significant that during he | E2 (Residential Service 10 at 9:45 a.m., E2 stated that 17/27/10, E7 (Direct Support R1 a shower because she ent on her buttocks. E2 said a hand held shower, wiping ont off with one hand and with the other hand. E2 at E7 had checked the water putting R1 into the shower; shower, the water suddenly sing burns and blisters to R1's er legs, and right upper inner the E2 on 02/26/10 at 3:00 at R1 had "Several" blisters on upper thigh area, and inner from fingertip size to half dollar er thigh. E4 described the ip size to half dollar size with beyond the blistered areas.  The facility's incident report 1:15 a.m. states the nature of 19, "Burn to back, buttocks, extent of the injury is 18 to back, lower back, sumentation is signed by E7 | W99                | 999  |  |                        |                            |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | , ,                |       | PLE CONSTRUCTION   | (X3) DATE SU<br>COMPLE |                            |
|---|--|---|--------------------|-------|--|------------------------|----------------------------|
|   |  |   | A. BUIL            | .DINC | <u> </u>   | С                      |                            |
|   |  | 14G277  | B. WIN             | G     |  |                        | 0/2010                     |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR        |  |   |                    | 14    | EET ADDRESS, CITY, STATE, ZIP CODE<br>104 SOUTH 14TH STREET<br>ERRIN, IL 62948                             |                        |                            |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)   | ID<br>PREFI<br>TAG | X     | PROVIDER'S PLAN OF CORRECT<br>(EACH CORRECTIVE ACTION SHOU<br>CROSS-REFERENCED TO THE APPRI<br>DEFICIENCY) | JLD BE                 | (X5)<br>COMPLETION<br>DATE |
| W9999   | up prior to shower. before cleaning clichotter suddenly. But movement) away, I swept the soap down began circling buttafeces as she was consumment in steam and at the satisfication of the water (temp) and it was unusually how forming on her rear another staff. We retain the seeing burns to the seeing burn | turned on cold and regulated Water was adjusted to warm ent. Water became much it as I was scrubbing (bowel didn't feel (temp) change. I with her back (with) sprayer and area to wash away soap and continually moving her bowels noticed access (excess) ame time (R1) began to make unusual yell. So I checked in immediately turned it off as it. I noticed the reddened area and immediately went to get eturned to the bathroom and | W99                | 99    |  |                        |                            |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14G277 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) M<br>A. BUI  |     | IPLE CONSTRUCTION<br>IG  | COMPLE   |  |  |
|--|--|--|-------------------|-----|--|--|--|--|
|  |  | B. WIN   | IG _              |     | C<br><b>03/10/2010</b>   |  |  |  |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR   |  |  | <b>,</b>          | 1   | REET ADDRESS, CITY, STATE, ZIP CODE 404 SOUTH 14TH STREET HERRIN, IL 62948 | _  |  |  |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREF<br>TAG |     | (EACH CORRECTIVE ACTION SHO  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  |  |
| W9999  | hurting or that some During interview with on 03/02/10 at 7:30 working on the mer morning of 01/27/1 between 5:30 a.m. (Direct Support Per scream." E5 said, "went to the women's shower, the water wheet-red from her man had a quarter size to off." (E5 identified to lower buttock). E5 sambulance with R1 and that R1 didn't with the hospital. E5 said given at night, but the hospital. E5 said given at night his said given at night hi | but you could tell she was                         | W99               | 999 |  |  |  |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) N<br>A. BU   |      | IPLE CONSTRUCTION<br>IG   | (X3) DATE SU<br>COMPLE |                            |  |
|---|--|---|-------------------|------|---|------------------------|----------------------------|--|
|   | 14G277   |   | B. WII            | NG _ |   | C<br>03/10/2010        |                            |  |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR        |  |   | •                 | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |                        |                            |  |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) |   | ID<br>PREF<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPE<br>DEFICIENCY) | ULD BE                 | (X5)<br>COMPLETION<br>DATE |  |
| W9999   | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |   | W9                | 999  |   |                        |                            |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) M<br>A. BU   |      | IPLE CONSTRUCTION   | (X3) DATE SU<br>COMPLE | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|---|-------------------|------|---|------------------------|-------------------------------|--|
|  |  | 14G277  | B. WI             | NG _ |   |                        | C<br><b>0/2010</b>            |  |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR     |  |   |                   | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>1404 SOUTH 14TH STREET<br>HERRIN, IL 62948                       |                        |                               |  |
| (X4) ID<br>PREFIX<br>TAG                         | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREF<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPE<br>DEFICIENCY) | OULD BE                | (X5)<br>COMPLETION<br>DATE    |  |
| W9999  | O2/2010 shows that Codeine for signs of times on 02/01/10; on 02/04/10 and 02 02/06/10; and once During observation thighs and inner this surveyor noted a reinches long and 4 in buttock. There was buttock approximate wide. R1's right innapproximately 3 incomplete of the proximate of the proxima | ministration Record for t R1 received Tylenol with of pain and discomfort: three two times on 02/02/10; once t/05/10; three times on on 02/07/10.  of R1's buttocks, upper back ghs on 02/26/10 at 1:45 p.m., addened area approximately 7 inches wide on R1's left a red area on R1's left lower ely 4 inches long and 1 incher thigh was pink colored | W99               | 999  |   |                        |                               |  |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) M<br>A. BUI  |      | IPLE CONSTRUCTION<br>NG   | (X3) DATE SU<br>COMPLE |                            |
|---|--|---|-------------------|------|---|------------------------|----------------------------|
|   |  | 14G277  | B. WIN            | IG _ |   |                        | C<br><b>0/2010</b>         |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR        |  |   | <b>,</b>          | 1    | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948                        |                        |                            |
| (X4) ID<br>PREFIX<br>TAG                            | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |   | ID<br>PREF<br>TAG |      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | OULD BE                | (X5)<br>COMPLETION<br>DATE |
| W9999   | and the water temp continued to say the wrong with the water valve) could have be asked if he had man facility to prevent furthe had told them (the had told them (the avalve and replace expensive. Z1 continue from them (the and see what happ to be 100% sure it is change the valve."  Per interview with E Director) on 02/26/1 they were still using gotten burned even been made. When checked the water morning hours when showered, E2 state that staff checks the during the day but the staff checks the during the day but the contact of the plum prevent the excess happening again, E don't know what had than contacting the investigation has be the hot water surger put in place to prevent the reverse with E excess the place of the plum prevent the excess happening again, E don't know what had than contacting the investigation has be the hot water surger put in place to prevent the reverse with E | thing was working properly eratures were normal. Z1 at he could not find anything er system. Z1 stated, "It (a een stopped up." When de any suggestions to the rther problems, Z1 said that he facility) that he could order it, but that the valve is very nued to say, "I'm waiting to facility) - they said to wait ens." Z1 said, "The only way won't happen again is to  E2 (Residential Service 10 at 2:20 p.m., E2 stated that the shower where R1 had though no changes have asked if the facility has temperatures during the early in R1 would have been d, "No." E2 continued to say the water temperature sometime here is no set time to do so.  E1 (Administrator) on a.m., E1 said that she did not ober mentioning anything to the vehicle of the source of and that nothing has been | W99               | 999  |   |                        |                            |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14G277 |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |              | (X2) MULTIPLE CONSTRUCTION  A. BUILDING |  |  | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|--------------|---|--|--|-------------------------------|--|
|   |  | B. WIN  |              |   | C<br><b>03/10/2010</b>   |  |                               |  |
| NAME OF PROVIDER OR SUPPLIER  CHESTNUT MANOR  |  |   | •            | 1                                       | REET ADDRESS, CITY, STATE, ZIP CODE<br>404 SOUTH 14TH STREET<br>HERRIN, IL 62948 |  |                               |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)                     |   | PREFIX (EACH |   | (EACH CORRECTIVE ACTION SHO  | PROVIDER'S PLAN OF CORRECTION<br>ACH CORRECTIVE ACTION SHOULD BE<br>DSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                               |  |
| W9999   | that a "Plumber frie<br>the plumbing at the<br>asked was the caus<br>the water heating s<br>really couldn't find t<br>how the facility cou | nd" of her husband checked facility on 01/27/10. When se found and repairs made to ystem, E1 stated, "No, he he problem." When asked ld ensure that the hot water do not recur, E1 said, "I guess | W99          | 999                                     |  |  |                               |  |