STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. BUILDING _____ B. WING _____	C 02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE NURSING CENTER	**1315B CURT DRIVE CHAMPAIGN, IL 61820**

(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 323	Continued From page 4 grounds policy, Maintenance services and the disaster plan.	F 323		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210b)6) 300.2210b)6) 300.3100k) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. Section 300.2210 Maintenance b) Each facility shall: 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary and presentable condition.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. BUILDING _____ B. WING _____	C 02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE NURSING CENTER	**1315B CURT DRIVE CHAMPAIGN, IL 61820**

(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
F9999	Continued From page 5 Section 300.3100 General Building Requirements k) Facilities shall comply with any reasonable additional fire protection measures recommended by the Department over and above these requirements or the Office of the State Fire Marshal if conditions in and around the building, including its location, indicate that such additional protection is needed. These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to maintain 3 of 4 designated exits free of snow and ice, preventing a clear pathway for egress for residents in the event of a fire or need for evacuation. This failure placed all 49 residents at risk. Findings include: A modified tour was conducted at 8:00 A.M. on 2-10-11 to ensure that the 4 emergency exits had clear pathways to public way. The Dietary Manager, E3 was present during the tour. E3 stated she was the only supervisor in the facility at that time. According to the facility floor plan and posted evacuation route, the facility has 4 designated emergency exits to be used during emergencies for evacuation: the West (main entrance), the South (lounge), the Northeast (East resident corridor), and the Northwest (North resident corridor and service corridor). The West exit is the main front entrance and was cleared to the parking lot/ public way. The remaining three exits were not cleared to allow passage of residents to the parking lot/public	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. BUILDING _____ B. WING _____	C 02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE NURSING CENTER	**1315B CURT DRIVE CHAMPAIGN, IL 61820**

(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
F9999	Continued From page 6 way. 1. The South emergency exit door could only be opened approximately 12 inches The facility had not attempted to remove the snow and from in front of the door or off of the sidewalk. The distance between the South exit and parking lot/public way is approximately 30 feet. The encrusted snow and ice had accumulated approximately 5 to 6 inches on the sidewalk making it impassable to the parking lot/public way. 2. The Northeast exit door is located in the back (East) resident room corridor. The exit door was able to be opened and the immediate 4 foot by 4 foot concrete pad was free of snow and ice. The sidewalk that continues on from the concrete pad had 2 inches or more encrusted snow and ice on it. This sidewalk extends approximately 120 feet from the Northeast exit door to the east side of the free standing laundry building. Approximately 20 feet of this sidewalk from the Northeast exit door had been cleared, but the width of the cleared area was only 21 inches, preventing passage of wheelchairs. From the laundry building one would need to continue down another 20 feet of sidewalk, past a dumpster to the parking lot. The sidewalk between the laundry building and the dumpster was clear and passable up to the dumpster,but the distance from the dumpster to the parking lot/a public way had not been cleared. Snow was piled up approximately 12 inches between the dumpster and the parking lot. 3. The Northwest exit door opened to the cleared shared path with the Northeast exit. The sidewalk was cleared from the door to the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. BUILDING _____ B. WING _____	C 02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE NURSING CENTER	**1315B CURT DRIVE CHAMPAIGN, IL 61820**

(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
F9999	Continued From page 7 dumpster. Snow was piled up approximately 12 inches and the path did not open into the parking lot, a public way. The facility's "Snow Removal & Ice Treatment Procedures" policy states, "Snow removal must start as soon as possible. In other words, we do not wait until the snow stops to begin.....6. Facility staff will clear a path from all emergency exits to a public way and insure those paths remain unobstructed in a width allowing for the safe transfer of all residents in the event an evacuation is necessary." The "Facility Data Sheet" listed 49 residents in the facility. On 2-10-11 the Activity Director, E5 provided a list of residents that use and/or are dependendent on wheelchairs for mobility. Thirty-eight of the forty-nine residents use wheelchairs. In addition, two residents use larger or bariatric wheelchairs. The residents' wheelchairs vary in width from as small as 26 inches to 33 inches. The observed wheelchairs had narrow 1 inch wide tires. The residents in wheelchairs would be difficult to evacuate over the snow and ice. In addition, non-wheelchair residents would be at risk for falling on the snow and ice. The Maintenance Director, E4 on 2-10-11 at 9:05 A.M., was asked about the snow and ice remaining on the sidewalk and lack of clear path to a public way. E4 stated the facility's snow blower was not functioning. E4 stated, "I have been working on it a little bit each day." E4 stated, "The walks have not been cleared since before the snows." E4 did not recall the day or date the walks were cleared to a public way.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146017	A. BUILDING _____ B. WING _____	C 02/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE NURSING CENTER	**1315B CURT DRIVE CHAMPAIGN, IL 61820**

(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
F9999	Continued From page 8 The Administrator, E1, on 2-10-11 at 11:10 A.M. was asked how long the snow and ice has been on the sidewalks. E1 stated, "It was since last Wednesday (2-2-11)." (A)	F9999		