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

PRINTED: 09/06/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) N	IULTII	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUI	LDIN	G		
		145406	B. WI	NG		03/0	1/2011
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER				31	EET ADDRESS, CITY, STATE, ZIP CODE 12 WEST BELMONT PARTA, IL 62286		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 323 F9999	siderail." FINAL OBSERVAT LICENSURE VIOL 300.1210b)6) Section 300.1210 C Nursing and Person b) General nursing minimum the follow a 24-hour, seven de 6) All necessary pro assure that the resi as free of accident nursing personnel set that each resident reand assistance to person This Requirement is Based on observatificated to ensure hot maintained at safe residents. Water to degrees Fahrenheicemployee use area	ATIONS General Requirements for hal Care care shall include at a ring and shall be practiced on ay a week basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision		323 999	DEFICIENCY)		
	follows using a digi	a locking device. ater temperatures were as tal thermometer that was irveyor at the time of the					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145406	B. WI	NG _		03/0	1/2011
NAME OF PROVIDER OR SUPPLIER RANDOLPH COUNTY CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT SPARTA, IL 62286			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	Continued From page 7 -At 10:12 AM, the hot water temperature was taken at the sink in the 2nd floor unlocked soiled utility room. The temperature was 130.5 degrees F. Steam was visible as the hot water came out of the faucet. There was an alarm on this door which had been turned off. -At 10:16 AM, the hot water temperature was taken at the sink in the 2nd floor unlocked clean utility room. The temperature was 132.2 degrees F. At 10:36 AM, the hot water temperature was taken at the sink in the 2nd floor unlocked clean utility room. The temperature was 132.2 degrees F. At 10:33 AM, the hot water temperature was 132.4 degrees F. Steam was visible as the hot water came out of the faucet. There was an alarm on the this door which had been turned offAt 10:40 AM, the hot water temperature was taken at the sink in the 1st floor unlocked soiled utility room. The temperature was 130.2 degrees F. Steam was visible as the hot water came out of the facet. There was an alarm on this door which had been turned offAt 10:43 AM, the hot water temperature as taken at the sink in the 1st floor unlocked clean utility room. The temperature was 133.2 degrees F. Steam was visible as the hot water came out of the facet. There was an alarm on this door which had been turned off. On 2/23/11, at 12:00 PM, E4, Maintenance Director, indicated the soiled and clean utility areas on both floors had water temperature levels that were set above 140 degrees F. He indicated it had always been set that high as the staff sanitized the bed pans in these areas. On 2/25/11, at 10:20 AM, the facility 's water temperature logs were reviewed. The log indicated that maintenance checks the water temperatures in the clean and soiled utility areas one time weekly.		F9!	999			