STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING		С	
	146068 B. W			3		1/2012
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			S	STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 323	Damage to skin can occur from exposure to extreme heat or cold. Note above instructions for proper use. Do not apply over insensitive skin or in the presence of poor circulation. Never lay or sit on top of the (hot pack)". A wound care consultant note dated 11/05/12 states, "(R5) is from an (Extended Care Facility) and had placed a heating pad to left buttock area. The heating pad subsequently left a burn to this area. On assessment noted large 9 centimeter by 7 centimeter by 0 centimeter second degree burn (partial thickness) with dark purple edge medially, suspicious for (Deep Tissue Injury). Wound had a large amount of serosanguineous drainage noted which is typical of a burn within the first 72 hours". An admission skin assessment on 11/06/12 shows R5 had a 9 cm by 7 cm burn to the left upper buttock and areas of redness surrounding the burn. R5's care plan entry dated 11/06/12 states, "Deep tissue injury noted at left buttock"		F 32			
	LICENSURE VIOL 300.610a) 300.1210b) 300.1210d)6) 300.3240a)	ATIONS:				
	a) The facility shall procedures, govern the facility which sh Resident Care Police	esident Care Policies have written policies and hing all services provided by hall be formulated by a cy Committee consisting of at hator, the advisory physician or ry committee and				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED	
		146068	B. WING			C 11/21/2012	
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME				1	REET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675	11/2	1/2012
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	representatives of representatives of resident to meet the care and personal care shall include, and shall be practices and shall be practices as free of accident nursing personnel state ach resident rand assistance to personal care and personal care shall include, and shall be practices as free of accident nursing personnel state ach resident rand assistance to personal care and personal care and personal care and shall be practices as free of accident nursing personnel state ach resident rand assistance to personal care and pe	controlled the services in collicies shall be in compliance rules promulgated thereunder. es shall be followed in y and shall be reviewed at its committee, as evidenced by dated minutes of such a seneral Requirements for nal Care provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with a prehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. Section (a), general nursing at a minimum, the following sed on a 24-hour, basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eccives adequate supervision prevent accidents.	F99	999			

Facility ID: IL6009245

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		146068	B. WI	۱G _		C 11/21/2012	
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			1	1	REET ADDRESS, CITY, STATE, ZIP CODE 9130 SUNNY ACRES ROAD PETERSBURG, IL 62675		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa These Requiremen by:	ge 6 ts are NOT MET as evidenced	F9:	999			
	interview, the facility regarding application failed to provide sup treatment of for on- receiving hot pack 19. This failure resu	on, record review and railed to follow their policy on of moist heat hot packs and pervision during hot pack e of one residents (R5) treatment in a total sample of alted in a second degree burn p tissue injury to R5's left					
	Findings include:						
	admitted to the facili of Diabetes Mellitis Ischemic Heart Discussion Insufficiency. On 1 repositioned in bed treatment to the left Practical Nurse) stafform a hot pack and R5's upper left butto by 7 cm rectangle significantly above the Significant process and believed and bed cluster of small oper The two larger lesions serosanguineous (significant process).	1/08/12 at 11:10 a.m., R5 was to R5's right side for buttock. E4 (LPN - Licensed ted, "I heard (R5) got burnt d we can't use them anymore." bock has a 9 cm (centimeter) hape open skin lesion with a and bed with line of dark purple round the edges of the wound. I cm by 7 cm lesion is a that has a dry light brown by the larger lesion is a n areas 4 cm is diameter.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,				3) DATE SURVEY COMPLETED	
		146068	B. WIN	IG		C 11/21/2012		
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			•	19	BEET ADDRESS, CITY, STATE, ZIP CODE 9130 SUNNY ACRES ROAD ETERSBURG, IL 62675			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	how his left buttock On 11/08/12 at 10:0 Nursing) verified Rileft buttock on 11/03 moist hot pack to the liquid heating device packs). R5's nurses' notes indicate R5 calling the left shoulder an nurses' note written Practical Nurse) star Physician) ordered and back. E9's nurp.m. states, "Red and redness note to blisters noted to left centimeters by 3 centimeters by 4 centimeters by 4 centimeters by 4 centimeters by 6 centimeter by 6 centimeters by 6 centimet	s was injured. 20 a.m., E2 (DON-Director of 5 had received the injury to his 6 had received the injury to his 7 had placed a ne area from a hydrocollator (a e used to heat and store hot dated 11/03/12 at 10:30 a.m. out and complaining of pain in d back. At 11:00 a.m. a by E9 (LPN-Licensed ates Z2 (R5's Attending hot packs to R5's left shoulder ses' note on 11/03/12 at 12:30 ness noted to upper right back of lower lumbar of back. 2	F99	999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE		
	146068			B. WING			C 1/ 2012	
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			•	19	REET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD ETERSBURG, IL 62675			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	hydrocollator were stated, "There wa that's what I used for were put on (R5's) area. Then xray shad shad shad shad shad shad shad shad	rified hot packs from a used for R5 on 11/03/12. E9 is a terry foam cover there and or both hot packs. The packs lower back and left shoulder nowed up and were in there for er went off. I had it set for 20 with another resident when it ited another nurse (E13 LPN) is pack off of R5. E9 stated, redness when we pulled them noticed a couple blisters to the areaI have never used the hot never had an order to use if you leave a hot pack on for thy, I thought that the terry	F99	9999				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		146068	B. WIN			C 11/21/2012	
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME				19	EET ADDRESS, CITY, STATE, ZIP CODE 0130 SUNNY ACRES ROAD ETERSBURG, IL 62675		.,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	pack was at the mic side of the back. (Five pulled them out have just got burnt. the left shoulder. I count be the first 72 hours'	ed over and the other hot ddle of the back on the right R5) was laying on them when I said to (E9) I think (R5) may It was red, chaffing a little at didn't see a blister there (R5's ald see it was forming". Itled (Moist heat hot pack) Use Application: Carefully remove er using tabs. Place (hot ator (terry cloth/foam I layers of dry terry toweling and skin. The steam from enetrate the layers of the heat intensity, increase or er of toweling layersCaution: all not exceed 30 minutes. (hot pack) application to a is not becoming too hot. In occur from exposure to do. Note above instructions for apply over insensitive skin or poor circulation. Never lay or	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
	146068		B. WIN	IG		C 11/21/2012		
NAME OF PROVIDER OR SUPPLIER SUNNY ACRES NURSING HOME			•	STREET ADDRESS, CITY, STATE, ZIP CODE 19130 SUNNY ACRES ROAD PETERSBURG, IL 62675				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F9999	7 cm burn to the lef	t upper buttock and areas of g the burn. R5's care plan 2 states, "Deep tissue injury	F99	999				