

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2014</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRIDGEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1210d)6) 300.2930c)5) 300.2930c)6)A) 300.2930c)6)B) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. 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>d) Pursuant to subsection (a), 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 300.2930 Plumbing Systems</p>	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2014</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRIDGEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>c) Water Supply Systems</p> <p>5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>6) Each hot water system serving resident areas shall include at least one of the following equipment requirements to insure that the water temperature does not exceed 110 degrees Fahrenheit:</p> <p>A) A thermostatically controlled mixing valve, or B) An aquastat which limits the water temperature in the water heater to a maximum temperature of 110 degrees Fahrenheit and a solenoid operated shut off valve activated by a sensing element in the water line which shuts off the water and activates an alarm at the nurses station when the water temperature exceeds 110 degrees Fahrenheit.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, record review and interview the facility failed to maintain all resident access hot water fixtures at safe temperatures for 1 of 13 sampled residents ( R13) reviewed for accident hazards and 9 residents (R16 - R24) in the supplemental sample.</p> <p>This failure resulted in hot water in excess of 136 degrees Fahrenheit being available to 10 ambulatory and confused residents identified by</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2014</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRIDGEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>E2 (Director of Nursing) on 5/5/14 at 3:55pm.</p> <p>Findings include:</p> <p>During a tour of the facility on 5/5/14 beginning at 2:15 pm, hot water temperatures were available to residents in resident rooms and the 100 hall common women's toilet and shower room from 120 degrees Fahrenheit to 136.9 degrees Fahrenheit. Table 1 in the F323 42 CFR Code 483. 25 (h) states third degree burns may occur with exposure to hot water temperatures with exposure of 120 degree Fahrenheit water for 5 minutes and 133 degree Fahrenheit water in 15 seconds. These times can vary but burns can occur at temperatures below these levels depending on an individual's condition and length of exposure.</p> <p>Hot water temperatures were taken and recorded with the surveyor's thermometer that was calibrated by the ice point method to + or -2 degree Fahrenheit on site. The hot water temperatures were taken and verified by E10 (facility maintenance) and found to be accurate against E10's facility thermometer. All temperatures were taken and reported in degrees Fahrenheit.</p> <p>Water temperatures were taken on 5/5/14:</p> <p>Resident room 49 lavatory - hot water 122 degrees at 2:22 pm Resident room 45 lavatory- hot water 121 degrees at 2:25pm</p> <p>Women's common bath lavatory - hot water 128 degrees at 2:35pm Women's common bath lavatory- hot water 134 degrees at 2:45 pm</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2014</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRIDGEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>Women's common bath lavatory- hot water 134 degrees at 2:50pm This was equal to E10's thermometer.</p> <p>The facility was made aware of the excessive hot water temperatures as noted above and verified by E10. E10 identified two water heaters on the 200 hall that were believed to service the women's common toilet and bathing area with the excessive hot water temperatures. The other areas identified by E10 as serviced by this hot water source were tested and found to have temperatures no greater than 104 degrees.</p> <p>At 3:20pm the women's common bathroom door was shut but unlocked. There were no staff in the area at the time and the water temperatures were taken again. The women's common bath lavatories measured 136.9 degrees at this time and the shower temperature was 130 degrees. E2 (Director of Nursing) was notified that the excessively hot water was still accessible to residents at these fixtures. At that time, E2 and E10 took steps to limit access to this area. The lock on the door was changed to a key lock to prevent resident access.</p> <p>E10 was asked to provide water temperature records. E10 indicated that water temperatures are taken and recorded on the record sheets weekly. The record sheets record the date, time and water temperatures at four fixtures within the building. The records were provided and reviewed on 5/5/14. The record sheets were monthly from July 2013 to present. Hot water temperatures of 118 degrees to 120 degrees were routinely recorded at various times throughout the time frame reviewed.. Interview with E10 on 5/6/14 at 9:15am found that the licensed plumber had been to the facility on</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001150</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/12/2014</b>
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE BRIDGEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>900 EAST CORPORATION BRIDGEPORT, IL 62417</b>
--------------------------------------------------------------------	-----------------------------------------------------------------------------------------------

(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) COMPLETE DATE
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

S9999	Continued From page 4  5/5/14 and repairs were made to a mixing valve for a water heater in the maintenance room just West of the women's common bath. E10 stated at that time that he was mistaken as to which water heater was servicing the area with the excessively hot water. E10 indicated that he has been employed with the facility for about a year. When questioned about the training he had received about the hot water in the facility E10 indicated he thought the allowable hot water temperature was up to 120 degrees.  (A)	S9999		
-------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

**IMPOSED PLAN OF CORRECTION**

**NAME OF FACILITY: Aperion Care Bridgeport**  
**DATE AND TYPE OF SURVEY: May 12, 2014**  
**Annual Health Licensure Survey**

300.1210b)  
300.1210d)6)  
300.2930c)5)  
300.2930c)6)A)  
300.2930c)6)B)  
300.3240a)

**Section 300.1210 General Requirements for Nursing and Personal Care**

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. 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.

d) Pursuant to subsection (a), 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. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

**Section 300.2930 Plumbing Systems**

c) Water Supply Systems

5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.

6) Each hot water system serving resident areas shall include at least one of the following equipment requirements to insure that the water temperature does not exceed 110 degrees Fahrenheit:

A) A thermostatically controlled mixing valve, or

B) An aquastat which limits the water temperature in the water heater to a maximum temperature of 110 degrees Fahrenheit and a solenoid operated shut off valve activated by a sensing element in the water line which shuts off the water and activates an alarm at the nurses station when the water temperature exceeds 110 degrees Fahrenheit.

### **Section 300.3240 Abuse and Neglect**

*a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)*

#### **THIS WILL BE ACCOMPLISHED BY:**

1. All staff will be in-serviced to not use effected fixtures until notified that water temperature is safe for residents.
2. Water temperatures will be corrected and safe for use.
3. Staff will be in-serviced on the necessity of the appropriate safe water temperatures 100-110 Degree Fahrenheit and to report immediately to Maintenance Director, Director of Nursing and/or Administrator if water temperature becomes above temperature of 110 Degree Fahrenheit.
4. Maintenance will monitor the water temperatures daily at varying times and varying locations, document, and report any water temperatures out of the regulatory range immediately to the Director of Nursing and Administrator.
5. Administrator in-service Maintenance Director on the appropriate safe water temperatures and monitoring schedules for varying times and varying locations.
6. The Administrator and Director of Nurses will monitor Items 1 through 5 to ensure compliance with this Imposed Plan of Correction.

**COMPLETION DATE: Seven (7) days from receipt of the Imposed Plan of Correction.**