Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	•	COMPLETED	
		IL6001150	B. WING		05/12/2014	1
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
APERIO	N CARE BRIDGEPOR	T 900 EAST	CORPORA	TION		
AI LINIO	. Orace bidoci on	BRIDGEP	ORT, IL 62	117		
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	STATEMENT OF LI	CENSURE VIOLATIONS	по при			
	300.1210b) 300.1210d)6) 300.2930c)5) 300.2930c)6)A) 300.2930c)6)B) 300.3240a)					
	Section 300.1210 G Nursing and Person	eneral Requirements for al 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.					
	assure that the resid as free of accident h nursing personnel sh	THE PROPERTY OF THE PROPERTY O				
	233(3)1 330.2000 1 1	among Cystoms				

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

TITLE

(X6) DATE

2IJ711

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION 5:		E SURVEY PLETED
		IL6001150	B. WING		05/12/20	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY.	STATE, ZIP CODE	1 03/	12/2014
	N CARE BRIDGEPOR	900 FAST	CORPORA	,		
APERIO	N CARE BRIDGEFOR	BRIDGEP	ORT, IL 62	417		
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S9999	Continued From pa	ge 1	S9999			
	c) Water Supply Sys	stems				
	bathing and handwa exceed 110 degrees  6) Each hot water syshall include at leas equipment requirem temperature does not really a support of the water heater to the water heater to the water line which activates an alarm a water temperature of Fahrenheit.	ystem serving resident areas tone of the following ments to insure that the water of exceed 110 degrees  y controlled mixing valve, or the limits the water temperature of a maximum temperature of their and a solenoid operated ted by a sensing element in shuts off the water and at the nurses station when the exceeds 110 degrees				
	agent of a facility sh	ee, administrator, employee or all not abuse or neglect a				
	resident. (Section 2- THESE REQUIREM EVIDENCED BY:	IENTS WERE NOT MET AS				
	interview the facility access hot water fixed for 1 of 13 sampled	on, record review and failed to maintain all resident tures at safe temperatures residents (R13) reviewed for d 9 residents (R16 - R24) in mple.				
	degrees Fahrenheit	in hot water in excess of 136 being available to 10				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PEAN OF CONNECTION IDENTIFICATION NOWIBER.		A. BUILDING	:	COM	PLETED	
		IL6001150	B. WING		05/	12/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
		900 FAST	CORPORA			
APERIO	N CARE BRIDGEPOR	i	ORT, IL 62			
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				DEFICIENCY)		400000
S9999	Continued From pa	ge 2	S9999			
	E2 (Director of Nurs	sing) on 5/5/14 at 3:55pm.	** The state of th			**************************************
	Findings include:		Westerdoorscommunication of the control of the cont			
	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.  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					
	(facility maintenance against E10's facility	aken and verified by E10 a) and found to be accurate thermometer. All aken and reported in degrees				
	Water temperatures	were taken on 5/5/14:				
	degrees at 2:22 pm	vatory - hot water 122 avatory- hot water 121				
	degrees at 2:35pm	path lavatory - hot water 128 path lavatory- hot water 134				

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degrees at 2:45 pm

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION 6:		(X3) DATE SURVEY COMPLETED	
		IL6001150	B. WING		05/	12/2014	
APERION CARE BRIDGEPORT 900 EAST			DRESS, CITY, CORPORA ORT, IL 624				
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S9999	Women's common degrees at 2:50pm thermometer.  The facility was may water temperatures by E10. E10 identifuction 200 hall that were by women's common the excessive hot water areas identified by Evater source were themperatures no great temperatures no great the time and taken again. The will law to residents at the time and taken again. The will law to residents at these fill lock on the door was prevent resident acceptable. E10 was asked to precords. E10 indicate taken and record and water temperatures of 118 were routinely record throughout the time.	bath lavatory- hot water 134 This was equal to E10's  de aware of the excessive hot as noted above and verified fied two water heaters on the relieved to service the rollet and bathing area with the remperatures. The other E10 as serviced by this hot rested and found to have reater than 104 degrees.  en's common bathroom door red. There were no staff in the remperature was 130 degrees. Sing) was notified that the remperature was 130 degrees. Sing) was notified that the remperature was still accessible to each at this time, E2 and mit access to this area. The reschanged to a key lock to be sheets record the date, time area at four fixtures within the ds were provided and the record sheets were of 13 to present. Hot water redegrees to 120 degrees	S9999				

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ILEGORISCO COMPLETED  ILEGORISCO RECITOR STREET ADDRESS. CITY STATE, 2IP CODE  900 EAST CORPORATION  RIDGEPORT, ILE 6217  [XA1] ID  PREPERT TAG  SUMMARY STATEMENT OF DEFICIENCES  (RACH DEFICIENCY MUST BE PRECIDED BY PULL  PREPERT TAG  SOURCE TO THE APPROPRIATE DATE  S9999  Continued From page 4  \$75/5/14 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 allowable hot water temperature was up to 120 degrees.  (A)	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER  APERION CARE BRIDGEPORT  SUMMARY STATEMENT OF DEFICIENCIES INTERESTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  Sequence 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 E10 indicated he thought the allowable hot water temperature was up to 120 degrees.  STREET ADDRESS, CITY, STATE, ZIP CODE  900 EAST CORPORATION BRIDGEPORT, IL 62417  DPREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  (X5) (COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  PROVIDER'S PLAN OF CORRECTION (X5) (COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  (X5) (COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  PROVIDER'S PLAN OF CORRECTION (X5) (COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  (X5) (COMPLETE CROSS-REFERENCED TO THE APPROPRIATE	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	9:	COMF	PLETED	
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Illinois Department of Public Health STATE FORM

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#### 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.