Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION S:		(X3) DATE SURVEY COMPLETED C 06/19/2014	
	IL6007330		B. WING		•		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
TIMBER	CREEK REHAB & HE	ALTHCARE CENT 2220 STA PEKIN, II	ATE STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Final Observations		S9999				
-	STATEMENT OF L	ICENSURE VIOLATIONS	STERRICO VIZINA PARA				
	300.610a) 300.1210b) 300.1210d)6) 300.3240a)						
	Section 300.610 Re	esident Care Policies	CONTRACTOR OF THE PROPERTY OF				
	procedures governing facility. The written pube formulated by a land Committee consisting administrator, the admedical advisory coof nursing and other policies shall comply. The written policies the facility and shall	dvisory physician or the mmittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed					
	Section 300.1210 G Nursing and Person	eneral Requirements for al Care					
	and services to attai practicable physical, well-being of the reseach resident's complan. Adequate and care and personal caresident to meet the care needs of the research part of the research processes to a service the care needs of the research processes to a service the care needs of the research processes to a service the processes th	provide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND LA	TOT CONTROLL	IDENTIFICATION NOMBER.	A. BUILDING	;	COMP	LETED
						2
		IL6007330	B. WING			19/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE		
		2220 STA	TE STREET			
TIMBER	CREEK REHAB & HE	ALTHCARE CENT PEKIN, IL				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(VE)
PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
S9999	Continued From pa	ige 1	S9999			
	care shall include, a	at a minimum, the following				
	and shall be practic		988			
	seven-day-a-week l	basis:				
	6) All pagesons are					
	assure that the resi	ecautions shall be taken to dents' environment remains				
		hazards as possible. All				
	nursing personnel s	shall evaluate residents to see				
	that each resident r	eceives adequate supervision				
	and assistance to p	revent accidents.				
	Section 300.3240 A	buse and Neglect				
	360110(1 300.3240 A	buse and Neglect				
`	a) An owner, license	ee, administrator, employee or	000 000 000 000 000 000 000 000 000 00			
		nall not abuse or neglect a				
A PARTY OF THE PAR	resident. (Section 2				-	
			BOURD THE PROPERTY OF THE PROP		VOICE REPORT AND A SAME	
	THESE REQUIREM	MENTS ARE NOT MET AS			1	
	EVIDENCED BY:					
		on, interview, and record				
	review, the facility fa	ailed to maintain a safe				
		nt for three of three residents				
		ed for environmental hazards see and one resident (R31) in				
		ample. This failure resulted in				
		ning a left lower arm fracture.				
- Tourist						
-	FINDINGS INCLUD	E:				
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	1 R2's Nurses' Not	es dated 6-3-14 at 9:00 p.m.,				
		ying to close the closet door,			j	
		ker, fell, complained of left			PERMIT	
90.0 A.A.A.A.A.		sent to the Emergency				

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Department.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	` '	SURVEY PLETED
			A. BUILDING	i:		C
		IL6007330	B. WING		I .	19/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
TIMBER	CREEK REHAB & HE	ALTHCARE CENT 2220 STA PEKIN, IL	TE STREET . 61554			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999			
	signed by E1 (Administrator), was found laying in the walker on top of door stuck when R2 tripped, fell, and con was sent to the eme admitted to the hos fracture.	documents on 6-3-14, R2 R2's room, on the floor, with f R2. R2 stated the closet was trying to close it and R2 mplained of left wrist pain. R2 ergency room and was pital for a left wrist and elbow				
		d distal radial (forearm)				
	with the left arm wrastated, "I was trying couple weeks ago, a floor. I tried to jerk to broke loose, causing fractured my arm be closet door sticks to knew the closet doo one fixes anything a gets hurt. Maintena until I fell and fracturhas not fixed my middes not lock, either going to bed that my	p.m., R2 was in a wheelchair apped and in a sling. R2 to close my closet door a and the door stuck to the the door, until the door finally g me to trip and fall. I ecause of the fall. My middle the floor, also. The staff or did not work right, but no around here, until someone ance did not fix my closet door red my arm. Maintenance still ddle closet door. My bed r. I am afraid when I am y bed is going to move and staff know about that and ner."				
		p.m., R2's right head of the he bed brakes would not			TOTAL COLORS	

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1	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COME	PLETED
		IL6007330	B. WING		V	C 19/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AI	ODRESS CITY	STATE, ZIP CODE		
TIMPED	ODEEN DENAD 8 HE	2220 ST/	TE STREET			
IIWBER	CREEK REHAB & HEA	PEKIN, II	61554			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999	¢		
	missing, causing the middle closet door r was hanging off of t	oot of the bed brake was e bed to move freely. R2's rubbed against the floor and the hinges at the top, causing for, when attempting to open				
	Assistant) transferred the bed. During the Z2 stated, "When I to	p.m., Z2 (Physical Therapy ed R2 from the wheelchair to transfer, R2's bed moved. transferred (R2) to bed, R2's work, causing (R2's) bed to risk for (R2)."				
	Aide/CNA) stated, "(ago. (R2) was lying (R2) told me that the the floor, and caused closet door in the mi work. (R2's) brakes either. I have report not working to mainter I have given mainter	p.m., E7 (Certified Nursing (R2) fell a couple of weeks on the floor with the walker. e closet door would stick on d (R2) to fall. I know (R2's) iddle is off track, and doesn't on the bed do not work, ted (R2's) brakes on the bed tenance for several days now. nance a slip stating (R2's) It is a fall risk to (R2)."				
	Director) stated, "I an on the bed not worki not working. I was to because the other cl	o.m., E3 (Maintenance m not aware of (R2's) brakes ing or (R2's) other closet door old (R2) tripped and fell loset door was sticking. I oset door up after the fall.				
	closet door has stuck	a.m., E8 (CNA) stated, "(R2's) k for several months, prior to ed a hanger to open it. I did				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY	
ANDELAN	TO CONNECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					C	
		IL6007330	B. WING	VING		19/2014
NAME OF	DDOV/DED OD OUDDUED				1 001	13/2014
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
TIMBER	CREEK REHAB & HEA	ALTHCARE CENT 2220 STA PEKIN, IL	TE STREET 61554	•		
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S9999	Continued From pa	ge 4	S9999			
	not report (R2's) clo because it does no	set door not opening right, good to report it."				
	stated, "(R2) fell bed stuck. The staff had sticking, prior to (R2 report any closet do immediately to myse report repairs needii	a.m., E1 (Administrator) cause the closet door got d not reported the closet door falling. The staff should ors sticking to the floor elf or maintenance. If the staff ng done to maintenance, and et done, then the staff should urse or myself."				
	and signed by E1, do got stuck on the non chair, and fell, result prevent reoccurring	gation Report dated 6-4-14 ocuments, "On 6-1-14, (R1) is skid strips in front of R1's ing in a mid back fracture. To falls, physical therapy is to ne non skid strips in front of emoved."				
	a.m., R1 was sitting	o.m. and 6-18-14 at 9:35 in the reclining chair, with on the floor in front of the				
	skid strips were still of	n.m., E1 verified the three non on the floor in front of R1's we been removed to prevent				
	shower room had a c	0 a.m., the 100/300 C Hall chair commode with four gs, that were missing paint.				

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					С
		IL6007330	B. WING		06/19/2014
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
TIMBER	CREEK REHAB & HE	ALTHCARE CENT 2220 STA PEKIN, IL	TE STREET . 61554	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETE
S9999	Continued From pa	ge 5	S9999		
i	noticed the legs on I have told the staff	p.m., R1 stated, "I have the shower chair being rusty. that continuing to use that . They still have not got a			
	On 6-17-14 at 1:50 of the shower chair I am going to fall."	p.m., R2 stated, "The bottom I use is rusty, and I am afraid	The state of the s		
		p.m., R3 stated, "The legs on air are rusty. It is not safe. It			,
77.000		p.m., R31 stated, "The and rusty. It always looks		•	
	Supervisor) stated, '	a.m., E2 (Housekeeping 'No one has reported the ing rusty legs. It needs to be			
	have known about the	o.m., E9 (CNA) stated, "I ne shower commode chair months. I tell maintenance			
	responsible for main	taining the buildings, nent in a safe and operable		,	

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	IL6007330 B. WING			C 19/2014			
TIMBER	PROVIDER OR SUPPLIER	ALTHCARE CENT 2220 ST PEKIN,	ADDRESS, CITY, TATE STREET IL 61554	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I		(X5) COMPLETE DATE	
S9999	Continued From pa	ge 6 (B)	S9999				