FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED B. WING IL6010136 01/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.2210a) 300.2210b)2) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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. Restorative measures Attachment A shall include, at a minimum, the following procedures: **Statement of Licensure Violations** d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

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

TITLE

(X6) DATE 02/02/15

PRINTED: 03/10/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED IL6010136 B. WING 01/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 300.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident These requirements were not met as evidenced Based on observation, record review and interview the facility failed to have a boiler working at full capacity and to ensure a safe

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weather.

The findings include:

resident environment by not implementing a heating system plan to assure the facility's ambient air temperatures were safe and acceptable to residents during extremely cold

This affects all 88 residents in the facility.

The facility's Census and Condition form dated

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l .	E CONSTRUCTION		E SURVEY IPLETED
		IL6010136	B. WING		01/	13/2015
	PROVIDER OR SUPPLIER	OODSTOCK 309 MCH	DDRESS, CITY, S ENRY AVENUTOCK, IL 600		7 017	13/2013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETE DATE
	Large electric he ceiling at the end of hallways, were plug orange electrical ex and wrapped aroun hallways. The Life Safety Cod "Portable space heaprohibited in all hea it shall be permitted staff and employee elements of such dedgrees Fahrenheit Unregulated use of On 1/5/15 at 10am, heating issues and thallway. The facility On 1/5/15 at 10:15a here for 3 years and on and off with the h1/6/15 at 1:10pm R1 heater. I spoke to Eand received no responsible tend to be cooled in the residents where added because halls tend to be cooled given to residents where sidents where	census was 88. 7/15 R11, R13, R20, R24, R26, R47 had small electric space in their rooms, plugged into ension cords. Paters, mounted near the fithe 100, 200, 300 and 400 ged into wall outlets with an itension cord that draped over divided water sprinkler piping in the left care occupancies. Except to be used in non-sleeping areas where heating evices do not exceed 212 (100 degrees Celsius)." space heaters cause fires. R36 said, "There were they put heaters in the final to flush the system." m, R12 said, "I have been there have been problems eat. It's drafty in here." On 2 said, "I was never offered a 6 (Environmental Services) conse." E1 (Administrator) said the eaters at the end of the wings at the rooms at the end of the eaters. The space heaters were	S9999			

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JE5011

PRINTED: 03/10/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6010136 01/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 electric space heaters from the resident rooms and turned off the hallway mounted heaters. The facility's room temperature log sheet dated 1/7/15 documented hourly temperature monitoring from 7pm to 8am and showed 32 resident rooms affecting 61 residents had an ambient temperatures below 65 degrees F. On 1/7/15 at 3:10pm, E22 (Corporate) said space heaters were issued starting January 1st when requested by the residents. On 1/8/15 at 7:40am, R48 said, "I was cold all night." R46 said, "They were putting plastic on the windows. It was a godsend." On 1/8/15 at 11:50am, Z4 (Local heating/plumbing service coordinator) said, [the facility] was dragging its feet on getting a [heating/cooling] contract last year. "We told them make sure they got some space heaters to make it livable, but if they can't have space heaters that makes it so much worse." On 1/8/15 between the hours of 3:15pm and 4:05pm, surveyors monitored temperatures on all wings. At 3:10pm, all thermometers were calibrated in an ice bath accurate to 32 degrees F. The temperatures in all 10 resident rooms on the

Illinois Department of Public Health

100 wing were between 60F-64F. R47 was wearing a winter hat and was covered with

Wednesday it was really freaking cold. Colder

several blankets. R47 said, "We had a really nice space heater in here that kept us nice and cozy but they took it out." R48 was sniffling. R48 said, "It's freaking cold. A place like this should have heat for us. My nose is stopped up. Can you check the dialysis place. Monday and

CTATEME	NT OF DEFICIENCIES	1	7			
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY
1 , , , , ,	TO TOTAL CONTON	IDENTIFICATION NUMBER:	A. BUILDING	G:	COMF	PLETED
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		1200.0100			01/1	13/2015
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ondoo.	COADO CARE CIR W	OODSTOCK	OCK, IL 60			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		7
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES	PRIATE	DATE
			The state of the s	DEFICIENCY)		
S9999	Continued From pa	age 4	S9999			
			33333			
	than in here." R58	had a shawl wrapped around				
	ner shoulders and \	was dressed in a hospital				
	gown. Ros said sh	e had just gotten out of the				
	Shower. Roos roon	n was drafty, there was frost				
	on the insid	e of the air conditioning unit				
	and there was no p	lastic on the window. R58				
	Salu, I was not ask	ed if I wanted plastic on my				
	willdow. The temp	perature in the middle of R58's				
	bed was 55F. R51	said, "I'm freezing. I've got 4				
	blankets. On, my G	God! I'm so cold!! I shouldn't				
	have to have another	er blanket."				
	The temperatures in	- O - E II.				
	on the 200 wines	n 9 of the 14 resident rooms				
	202 204 200 are	iged from 60F-64F. Rooms				
	203, 204, 206, 210 tomporeture = 1	and 212 registered a				
977	temperature above	65F but less than 71F. R41				
	was covered with 2	blankets and the room was				
	uranty. R41 said, "It	's freezing!" R15 was				
	ambulating in the w	heelchair in the 200 hallway				
	with arms folded ac	ross his chest. R15 stated,				
	"I'm cold." R28 just	came out of the shower and				
	was requesting a jac	cket. R29 said, "I'm				
	comfortable as long	as I'm covered up." The				
WE TO SERVE	room was drafty. R	29 had 3 layers of blankets.				
	หอง said, "At night i	ts cold. I didn't get any extra			ļ	
	blankets last night b	ut they gave me one today."				
	On the 200 halles	7				
	216 217 and 240	7 rooms 304, 308, 310, 312,			į	
	5 10, 517 and 319 re	gistered 66 degrees F.			Í	
	Three recess 200	were closed for construction.				
	dograda birtir ili	05, 307 were above 66			100	
	be 200 win nelow /	1F. Six resident rooms on				- 1
	une 300 wing were 5	8F- 64F. R24 was in bed				
(overed with 4 blank	ets and wearing a jacket with				
6	a noodle and a winte	er coat. R24 said. "I used to				l
	nave a neater in here	e. It was warm then." R53				ł
	said, "I wouldn't mind	d it being a little warmer."				
j i	₹55's room tempera	ture registered at 62F R55				
5	said, "It was 64 last t	time they checked an hour				į
a	ago." R56 said, "I go	ot bronchitis the beginning of				

Illinois Department of Public Health

PRINTED: 03/10/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6010136 B. WING 01/13/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE CROSSROADS CARE CTR WOODSTOCK WOODSTOCK, IL 60098 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 January." Three of the 4 rooms on the 400 wing had a temperature between 62F and 64F. Room 405 had a temperature of 66F. R39 was in bed covered with 2 blankets. R39 said, "I'm freezing." R27 said, "It's pretty cold in here. I have a cold from it." R1 said, "It's very cold in here, since they took our space heater away." A total of 28 resident rooms in the facility affecting 66 residents (75%) were below the ambient temperature of 65 degrees F. On 1/9/15 between the hours of 11:55am and 1:00pm, surveyors recorded temperatures on all resident wings. Resident rooms 208, 210, 212, 215, 312, 315, 318, 319 had ambient temperature that remained below 65 degrees F. By 3:00pm, rooms 215 and 319 remained below 65F. During this time the following observations/interviews were made: R33 said (per interpreter) "When they close the door it's cold. The heater in the hall doesn't work good. They closed the door yesterday and it was warmer. Two days ago, I couldn't sleep that's when they told me to talk to E1 about it. " R36 was sitting on the bed in her room. R36 was wearing a winter coat and said, "I'm cold. I didn't sleep well last night." R27 was wearing a winter coat and sitting in a

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buildina?"

chair in her room. R27 said, "I'm cold. I have a runny nose because its cold. I have 8 blankets on my bed and double socks on with my boots." R11 said, "It took a lot of blankets to stay warm. It could be warmer. Why can't we get another heater in the hall like the other part of the

	population of a dollar						
AND PLAN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		(X3) DATE SURVEY	
		DENTIFICATION NOMBER.	A. BUILDING:		COM	IPLETED	
		11 6040426	B MINO				
Englewayou commission for the Commission of the		IL6010136	B. WING		01/	13/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, 8	STATE, ZIP CODE			
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		WOODS	FOCK, IL 600	98			
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S9999	Continued From pa	age 6	S9999				
	taken care of mont	boiler thing should have been hs ago not during the winter. here when the sun is shining."					
	weather alerts on 1 chills 20 to 35 degr website Wundergrotemperatures on 1/low of -6.8F, with wper hour). On 1/8/a low of -9.9F, with temperatures on 1/	her Service issued severe /5, 1/6, 1/7 and 1/8/15 for wind ees below zero. The weather bund.com documented local 7/15 as a high of 4.5F and a rind gusts up to 25 mph (miles 15 showed a high of 16.6F and wind gusts up to 28 mph. The 9/15 were a high of 10.2F and nd gusts up to 21 mph.					
	Frostbite News Reladocumented, Hypotetemperature to 95 cif not detected promote The condition usual time, anywhere from weeks. Even consistemperatures of 60 can trigger hypothem to baseboard head barely warm to the twarm air was comined.	thermia is a drop in body legrees F or less can be fatal nptly and treated properly. ly develops over a period of n a few days to several stent, mildly cool indoor degrees F to 65 degrees F					
1	and heating compar the boiler were done acility on 11/19/13, songoing maintenance showed:	/15/14 from a local plumbing by documented that checks of conly when called by the 9/12/14 and 9/22/14. No see was done. The invoice					
	9/12/14- "Boiler w	ould not ignite. Found a had					

Illinois Department of Public Health

JE5011

PRINTED: 03/10/2015 **FORM APPROVED**

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: IL6010136 B. WING _____ 04/42/2045

-		010136	B. WING		01/13/2015
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, STA		
CROSSE	ROADS CARE CTR WOODSTO		ENRY AVENUE OCK, IL 60098		
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S99 9 9	Continued From page 7		S9999		
	sparker/flame rod. Remove flame/sparker and install nev Recommend boiler replacem to age and condition. Had to place."	v, customer provided. ent over repairs due			
	9/22/14- "Return and insta aquastat. Cycle unit and test pilot ignition controller with or on site. Cycle unit and test o this time."	operation. Change			
	On 1/8/15 at 11:50am, Z4 (Lo heating/plumbing service coon "The boiler was "barely limping the boiler or preventative maintheir budget. We told them if have a problem. [The facility] feet on getting a [service] conwanted to sign a contract last we could do it right now. No, timeframe was 6-8 weeks to be boiler. We were worried about the working was and they wouldn't be situation." The boiler was so contract available. We got it work the non-working boiler onsite. The non-working boiler onsite much as we could." We told the pace heaters to make it livable have space heaters that make they had trouble with the boiled we told them to call us the mode of the put a rush on it [the boiler] inpredictable when the boiler inpredictable when the boiler.	rdinator) stated, ag along". They said ntenance wasn't in they wait, they will was dragging its stract last year. They week and asked if we couldn't, the build/install the at the people would have replaced be in this sticky old there were no king with parts from "We rigged it as hem to get some ale, but if they can't es it so much worse. For 2 weeks ago, inute it went out.			
fa v v	On 1/9/15 at 1:28pm, E1 (Admacility has a 2-step (valve) boi alves was not opening. The laws around 140F. The second	ninistrator) said the ler. One of the			

JE5011

STATEMENT OF DEFICIENCIES

II COADAGO R MAINIC	13/2015
LAME OF DOOR WEED AT A STATE OF THE STATE OF	13/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
CROSSROADS CARE CTR WOODSTOCK 309 MCHENRY AVENUE WOODSTOCK, IL 60098	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
See Continued From page 8 and we are hoping that the increased flow will raise the temperature to 180F. "I was told by the previous vendor it was working at 50% and there was nothing they could do. They told me in September 2014 it was not working correctly and needed to be replaced." On 1/9/15 at 1:35pm, Z8 (Service Rep from a different plumbing/heating company)said [the boiler] was not operating properly. The baseboard heat should be 165-170F. "I corrected the valve wiring and now it's 100% open which increased the flow. I changed it to a two stage. It was wired to only work in low." On 1/9/15 at 2:25pm, E6 said, [the local plumbing/heating company] changed the high limits switch and sealed the door with silicon. It was serviced at the end of September (2014). 27 (Service Rep from the original plumbing/heating company) told me he had adjusted the boiler as high as he could. He was afraid to turn it up any more. He thought there would be a problem due to the age of the boiler. [The facility] has two boilers. This is the only boiler they have had working since I've been here (2 years). The boiler is a two switch system and we found out on (1/9/15) from [another heating company] that the switch had been turned off. I don't know who did it. I'm not blaming anyone. I do not do anything with the boiler. The [local plumbing/heating company] monitors our boiler heating company] monitors our boiler heating gord company] monitors our boiler heating gord of the fall check list. Check heating units, Call HVAIC (Heating, Ventilation and Air Conditioning) if any concerns. The Winter check list showed. Monthly temperature check list, review cold weather policy	

Illinois Department of Public Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6010136	B. WING		01/1	13/2015	
NAME OF	PROVIDER OR SUPPLIER		1	STATE, ZIP CODE	1 01/1	13/2013	
		000 84011	ENRY AVEN				
CROSSI	ROADS CARE CTR W	OUDSTUCK	OCK, IL 60				
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	preventative mainted specify who is responding guidelines given to the facility's undated and comfortable tension facility showed space requested starting of the facility showed the facility of the facility is appropriate temperature.	enance program did not onsible. There were no identify problematic areas. ed action plan to ensure safe of action plan to ensure issued when planuary 1, 2015. The [local ompany] will be called to ace to ensure functioning at time indicated) The status was coordinating with local end in the called in the called of each hall, installation started of each hall, installation started resident room temperatures table level move residents to a on plan showed that a start ted. Implement full evacuation	S9999				
	History Record Infore) In addition to the 2-201.5(a) of the Acshall, within 24 hour resident, request a check pursuant to the Information Act for a admission to the factheck was initiated the Hospital Licensing Appe based on the resident other identifiers	uest for Resident Criminal mation screening required by Section t and this Section, a facility s after admission of a criminal history background the Uniform Conviction III persons 18 or older seeking ility, unless a background by a hospital pursuant to the ct. Background checks shall ident's name, date of birth.					

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING: IL6010136 B. WING_ 01/13/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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59999	page 10	S9999		
	of the Act)	90.14		
	This REQUIREMENT is not met as evidenced by:			
	Based on interview and record review the facility	**************************************		
	failed to screen residents for a criminal history within 24 hours after admission. This applies to 1			
	of 11 residents (R6) reviewed for background			
	checks in the sample of 18 and 4 residents (R21			
	22, 24, & 25) in the supplemental sample.			
	The findings include:	The state of the s		1934 V.S. A000
	R22 was admitted on 9/12/14 and was readmitted			
	from the hospital on 12/30/14 according to his	- Andrews		
100	background history check sheet. R25's check sheet shows an admission date of 12/12/14. R22			***************************************
	and R25 's criminal history background checks			The state of the s
	were not completed until 3 days after admission.			
	On 1/6/15 at 2:15 PM, E4 (Social Service) stated,			
	"If admissions come in on Friday evening or over			
4,000	the weekend, I just do [the background check] on Monday morning when I get in. " "I've been			
3	doing it this way for 2 years. "			
	E5 (Admissions) stated, "I thought it was 24 business hours."			
	The state of the s			
	R6, R21, and R24 's background history check			
;	sheet shows admission dates of 12/27/14, 12/6/14, and 1/3/15 respectively. Their			
	background checks were not completed until 2			
	days after admission.	The state of the s		
•	The facility 's background history check sheet			
	states that background checks are to be done	O. Colonia de Colonia		
1	within 24 hours after admission.			
1	(B)			

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER	s. ` ´	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED		
	IL6010136			B. WING			
	ROVIDER OR SUPPLIER	OODSTOCK 309	MCHENRY AVE	NUE	<u> </u>	13/2015	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
And the second s							
			The continues are proposed in the Control Cont				
			THE REAL PROPERTY OF THE PROPE				
						700000	

Illinois Department of Public Health STATE FORM

F323a

The facility requested a second contractor to inspect the current boiler. The 2nd contractor correctly wired the Hi/Lo switch for the 2nd step of the boiler which provided the boiler to run at full capacity. All resident areas maintained safe and comfortable temperatures.

The facility received a proposal for replacement of the second boiler and it was installed and is fully functional at this time. All space heaters/electrical heating units were removed from facility use.

Maintenance Director will complete an audit 2x weekly for 90 days to insure the facility's ambient air temperatures are safe and acceptable during the cold weather. The audit results will be forwarded to the QA for recommendations and resolution.

Date of completion: 2.2.2015

F323b

R25 was assessed after fall, care plan was updated and alarm belt was inspected and reissued.

Any resident with a fall in the past 30 days was reviewed to ensure appropriate interventions are in place to prevent multiple falls.

Nursing staff were inserviced on fall prevention and providing adequate supervision to prevent accidents. The facility has revised the procedure for reviewing resident falls. At the conclusion of the daily morning meeting, the Fall Committee will review any resident who has sustained a fall.

In addition to review by the Fall Committee, the DON/Designee will complete a QA audit weekly for 90 days on all residents who sustained a fall during the past week to ensure an analysis was conducted to identify the root cause and an individualized intervention was implemented to prevent future falls. acapted

Date of Completion: 2.2.2015

Attachment B Imposed Plan of Correction

accepted

The facility requested a second contractor to inspect the current boiler. The 2nd contractor correctly wired the Hi/Lo switch for the 2nd step of the boiler which provided the boiler to run at full capacity. All resident areas maintained safe and comfortable temperatures.

The facility received a proposal for replacement of the second boiler and it was installed and is fully functional at this time.

occepted

The preventative maintenance schedule will be reviewed and updated to insure all equipment is reviewed and in safe operating condition.

Maintenance will forward completed preventative maintenance to the QA for recommendations.

Completion Date:

2.2.2015

Attachment B Imposed Plan of Correction