Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	!	11 000 4007	B. WING			
		IL6004667		_	04/15	5/2015
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, I JTH DREXEL	STATE, ZIP CODE		
ESTATE	S OF HYDE PARK, TH), IL 60653	-		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments	.	S 000		PER STATE OF THE PER ST	
	Annual Licensure S	Survey	The second secon		AND	
	Follow-up CF1 to survey 3/10/15. The Estates of Hyde Park is in compliance of their plan of correction for F431 for this survey.					
		urvey 2/9/15. e Park is in compliance of ion for (F225,F323,F469) for				
S3130	Section 300.3130 P	lumbing Systems	\$3130		* Programme Annual Control of the Co	
This Regulation is not met as evidenced by:			Additionance as response control and the state of the sta			:
S9999	Final Observations	**************************************	S9999		THE PERSON NAMED IN COLUMN TO THE PE	
	STATEMENT OF LI	ICESNURE VIOLATIONS	PREDICTION OF STREET,			
	review the facility fa temperature of at leat all times at each leat all times at each leathroom sinks for sample of nine residences (R13, R14, R11, R10) in the sup Findings include: On 4/14/15 from 12: environment was do Director. The bathroom resident's rooms we	:30-2:00pm tour of one with E7/Maintenance oom sinks in the below stated were checked for temperature outlet and measured in ture as follows:		Attachment A Statement of Licensure Viol	ations	

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

TITLE

(X6) DATE

PRINTED: 05/13/2015 FORM APPROVED

Illinois Department of Public Health

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IL6004667 STREET ADDRESS. CITY. STATE. 2IP CODE ### 4505 SOUTH DREXEL CHICAGO, IL 60653 SUMMARY STATE-DENT OF DEPOPENCES IRACH DEFICIENCY MIST SEPRECEDED BY TILL. REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 1 R15 and R16 - 84 2.F R17 and R18 - 80.0F R3 and R10 - 67.7F An interview on 4/14/15 with R3 complained that the water in the bathroom sink in his room is always cold. I told them about it, I talked to the nurses and it's still cold. An interview with E7/ regarding low hot water temperatures to E1. Administrator and do a Warm Temperature Log daily on the units and share that with E1 too. On 4/15/15 at 10am an interview with E1/Administrator indicated the repirature in the process of replacing the pipes are an ease and we are in the process of replacing sections of the piping. We are utilizing three separate plumbing companies and are in the process of replacing the pipes in the facility. We are trying to address each area as needed. We had them in here on 3/15/15 and again on 3/26/15 to specifically address (R13 and R14) room, can 't seem to find out what going to work to correct the problem. Reviews of Water Temperature Logs indicate: 4/13/14 at 7am-R13 and R14 's no measurement, R15 and R16 's -75F. R17and R18 's no measurement, R12 and R14 -77F, R15 and R16 'ref, R17 and R18 -no measurement, R12 and R14 -77F, R15 and R16 '76F, R17 and R18 -no measurement, R12 and R10-78F 4/8/14 at 8am-R13 and R14 -76F, R15 and R10-78F 4/8/14 at 8am-R13 and R14 -76F, R15 and R16 '76F, R17 and R18 -no measurement, R12 and R10-78F 4/8/14 at 8am-R13 -76F, R15 and R16 '76F, R17 and R18 -76F, R17 and R18 -76F, R17 and R18 -76F, R17 and R18 -76F, R15 and R16 -76F, R17 and R18 -76F, R15 and R16 -76F, R17 and R18 -76F, R18 and R10-76F, R17 and R18 -76F, R17 and R18 -76F, R17 and R18 -76F, R17 and R18 -76F			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		1 ' '	,	
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A review of contracted plumbing record 3/5/14 indicates:			ed plumbing record 3/5/14					
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basement water line re-piping and installation of						ļ		

Illinois Department of Public Health

PRINTED: 05/13/2015 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COME	(X3) DATE SURVEY COMPLETED 04/15/2015	
		IL6004667			04/-		
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY,	STATE, ZIP CODE			
ESTATES OF HYDE PARK, THE 4505 SOUTH DREXEL CHICAGO, IL 60653							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET			
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Illinois Department of Public Health

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