

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/06/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E847	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/04/2012
NAME OF PROVIDER OR SUPPLIER SPRINGFIELD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 525 SO MARTIN LUTHER KING DR SPRINGFIELD, IL 62703		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 323 SS=E	<p>Licensure and Certification Annual Survey</p> <p>Licensure Survey for Subpart S: SMI 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain safe hot water temperatures in areas assessable to residents. This deficient practice affected 7 residents (R4, R5, R6, R8, R9, R11 and R12) who were independently mobile and cognitively impaired in the sample of 15, and 30 residents (R20, R21, R22, R24 - R36, R38, R40, R42, R43, R44, R49, R51, R53, R54, R56, R57, R58, R60 and R61) in the supplemental sample.</p> <p>Findings include:</p> <p>On 05/29/2012 at 2:30 PM the B Hall resident group shower room sink had a water temperature of 117 degrees Fahrenheit. At that same time, water temperatures were 117 degrees Fahrenheit at the sink of the B Hall resident group toilet room and the sink and the bathtub in the B Hall resident group bathtub room.</p>	F 323			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 On 05/29/2012 at 2:45 PM, E4 (Maintenance) was notified of these temperatures and he stated he would turn down the hot water heater temperature which was set at 140 degrees Fahrenheit and monitor the effectiveness of the mixing valve which services this area to see if replacement is needed. A facility Room Roster dated 06/04/2012, signed by E1 (Administrator), and a facility Roster/Sample Matix dated 06/04/2012, signed by E3 (Care Plan Coordinator), specify that 37 residents (R4, R5, R6, R8, R9, R11, R12, R20, R21, R22, R24 - R36, R38, R40, R42, R43, R44, R49, R51, R53, R54, R56, R57, R58, R60 and R61) are cognitively impaired and independently mobile.	F 323			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and record review the facility failed to provide 80 square feet of floor space per resident bed. This has the potential all the 61 residents living in the facility. Findings include: 1. The facility has 31 two-bed resident rooms that are each occupied by 1 or 2 residents. According to historical data, and room measurements these	F 458			

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F 458	Continued From page 2 32 rooms provide only 76.5 square feet per bed. All of these resident rooms are certified for Medicaid. 2. R2, R7 - R13, R16 - R 22, R24, and R26 - R38 reside in resident rooms 2 - 16 on A Hall. R3 - R6, R23, R25, R39 - R62 reside in resident rooms 1 - 16 on B Hall. 3. The Resident Census and Conditions of Residents, CMS 672, dated 5/29/12 documents that the facility has 61 residents living in the facility.	F 458			