PRINTED: 06/01/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145384	B. WING _			l	C 27/2016
NAME OF PROVIDER OR SUPPLIER EDEN VILLAGE CARE CENTER				400	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH STATION ROAD EN CARBON, IL 62034		
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS		FC	000			
F 252 SS=E	cited Complaint #1642665, 483.15(h)(1) SAFE/CLEAN/COMF ENVIRONMENT The facility must provomfortable and hom	ORTABLE/HOMELIKE ride a safe, clean, elike environment, allowing s or her personal belongings	F2	252			
	by: Based on observatio review, the facility fail water temperatures in	esidents (R1, R2, R3, R9, or comfortable water					
	Maintenance Worker, R1's bathroom at the Fahrenheit. The wate	AM, accompanied by E4, , the water temperature in hand sink was 82 degrees er temperature was taken ermometer calibrated at 7:15					
		AM, the water temperature in e hands ink was 90 degrees					
		AM, the water temperature in om at the hand sink was 90					

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.

Facility ID: IL6002679

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COMPLETED		
		145384	B. WING _				C 27/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034			03/2//2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 252	R2's bathroom at the Fahrenheit. On 5/27/16 at 1:45 P "Beginning April 2010 reported to Maintena water heater elemen it. Then a week or tw water heater elemen Professionals were contoned by the something else was called (the local plur could not get out immon hall 1 is used whe halls and 4-5 halls callocal plumbing company) of the halls and they concrete floor, then highly the something else was called to the leak. To be plumbing company) of the halls and they concrete floor, then highly the something and the something	AM, the water temperature in thand sink was 87 degrees M, E1, Administrator, stated, at the water temperature was note. They thought it was a total burnt out and they replaced wo later the same part (hot than the water temperature) was alled out and replaced it (the sment) but they thought going on. Maintenance on bing company) but they nediately. The shower room and the shower rooms on 2-3 annot be used. When (the board) came out they we had to jack hammer the have asbestos abatement to be proactive (the local used infrared radar in the did find one (a leak) on hall 5. Aypically we do water and residents complain to the bould tell (E2, Director of aintenance or we have 24 aff. We did have a complaint is ago about water m. (E2) took water oom and the water was fine.	F	252					
	On 5/27/16 at 2:00 P	M, E2, stated, "When we lems people would mention							

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			A. BOILD	NG _	C			
		145384	B. WING				27/2016	
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	, , ,		
EDEN WILLAGE GADE GENTED				4	00 SOUTH STATION ROAD			
EDEN VILLAGE CARE CENTER				G	GLEN CARBON, IL 62034			
(X4) ID PREFIX TAG	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 252	F PROVIDER OR SUPPLIER //ILLAGE CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F	252				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBED:		PLE CONSTRUCTION G	, ,	COMPLETED		
		145384	B. WING			C 05/27/2016		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034		03/2//2010			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 252	have been replaced two leaks (in the war floor and used infrar under the floor that it past few months. Heven numbered roothall 4 and 5. Hall 1 halls 1, 2 and odd recirculating pumps or Residents give complete temperature directly Nurses Assistant) or work orders for the floor months." On 5/27/16 at 12:15 shower today it was Then it finally warms and the following a lot of sometimes hot some my face but not in conshower when it's (was usually take a shown to put it off if the wat clean my dentures I directions on the bottablet says it needs always cold. I don't cleaned properly." On 5/27/16 at 1:10 Fishould always have and face. I wash out The water at my sint sint sint sint sint sint sint sint	the past few months. We had ter line) under the concrete ed raider to find the leaks we identified and repaired the all 4 hot water heater controls ms on Hall 3 and all rooms on hot water heater controls oms on Hall 3. There are neach water heater. It obtains regarding the water to me or CNA (Certified Nurse. I haven't received not water in the past 3. PM, R1 stated, "In my cold as the devil at first. ed up." PM R3 stated, "They have trouble the water is etimes not hot. I like to wash old water. I don't like taking a later) cold in the shower. I ler twice a week but we have ter is not hot enough. To need warm water. The content of the (dentures) cleaning warm water but my water is know if they are always PM, R12 stated, "I think we hot water to wash our hands at my white hose every night. It is too cold."	F 25	52				

		X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		145384	B. WING		C 05/27/2016		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 400 SOUTH STATION ROAD GLEN CARBON, IL 62034	, 30.2.7.20.10		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE COMPLETION		
F 252	warm water at the h wash my hands but On 5/27/16 at 1:24 bathroom the hot washing my face in cold. This has been The Facility's weekl Recordings, dated 5 Hall 4 (unknown res Fahrenheit), Hall 5 (96.5 (degrees Fahre resident's room) 97. Hall 6 (unknown res Fahrenheit) and 88. Hall 2-3 Shower Ro Fahrenheit)." The FRecordings, dated 5 (unknown residen Fahrenheit). The Facility's Mainted ocument in part, "water; 5/17/2016, ro 5/11/16, Hall 1, show 4/25/16, Hall 3 and 1 shower room, no little to the state of the shower room, no little the state of the shower room, no little the showe	PM, R9 stated, "We don't get and sink. At the hand sink I I like warm water." PM, R2 stated, "In the ater is cold. I have trouble the morning the water is so a going on for a while." y Water Temperature 5/10/16, document in part, " ident's room) 97.2 (degrees funknown resident's room) enheit) and (unknown 1 (degrees Fahrenheit). ident's room) 91.2 (degrees 2 (unknown resident's room),	F 252				
	water; 3/15/16, Hall entire; 3/12/16, Hall The facility has no p temperature in the f Administrative Code	Hall 3-4 shower room, no hot 3 reporting no hot water on 3 no hot water on even side." colicy regarding water acility. The facility provided a Title 77 Section 300.3130 as their guidance. The					

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F 252	Administrative Code Plumbing Systems, d in part, "Hot water dis arranged to provide h	Title 77 Section 300.310 ated 10/1/1990, documents stribution systems shall be not water of at least 100 at each hot water outlet at all	F 28	52			