

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

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MCLEANSBORO REHAB &amp; HLTH C CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 WEST CARPENTER MCLEANSBORO, IL 62859</b>		
(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 465 SS=C	<p>Annual Licensure and Certification Survey. 483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON</p> <p>The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain the building and its furnishings in good repair regarding door and wall surfaces, a baseboard heater, and the wall mount area of one handrail, potentially affecting all 24 residents in the facility.</p> <p>Findings include:</p> <p>On 5/20/15 at 12:15 p.m., the following conditions were observed:</p> <ol style="list-style-type: none"> <li>1. A patch of drywall approximately 5 inches in diameter between the mirrors in the women's bath and shower room was damaged;</li> <li>2. Paint surfaces were damaged and badly scuffed on the doors to the following rooms: E2, Director of Nurse's office, resident rooms 117, 116, 114, 111, 110, 109, 107, 106, 105, 104, 103, and 101, laundry room, soiled linen room, beauty shop, restrooms, soiled utility, and clean utility. Paint was also badly scuffed on the double fire doors.</li> <li>3. Paint was badly scuffed on the half open door to the nurse's station. A shelf atop the lower half door had a broken surface with missing</li> </ol>	F 465			

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.

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

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145964</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>MCLEANSBORO REHAB &amp; HLTH C CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 WEST CARPENTER MCLEANSBORO, IL 62859</b>		
(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 465	<p>Continued From page 1 non-porous surface covering.</p> <p>4. The handrail adjacent to the nurse's station was loose, and the wall was damaged where the wall mount would have attached.</p> <p>5. The lower half of the hallway walls had long scrape marks where paint had been damaged.</p> <p>6. A baseboard heating unit near the nurse's station was badly scuffed, revealing several layers of old paint.</p> <p>On 5/21/15 at 12:30 p.m., E3, Maintenance Director, stated that he had repaired the wall by the nurse's station. He acknowledged that numerous areas as listed above required attention.</p> <p>The Resident Census and Conditions of Residents report dated 5/19/2015 stated that the facility had 24 residents.</p>	F 465			