

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

PRINTED: 04/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146036		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/27/2016	
NAME OF PROVIDER OR SUPPLIER SHAWNEE CHRISTIAN NURSING CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1901 13TH STREET HERRIN, IL 62948			
(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=B	<p>Complaint Investigation</p> <p>1652215/IL85012 - F465B</p> <p>483.70(h)</p> <p>SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT</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 and interview, the facility failed to ensure that resident room equipment and shared resident bathrooms/equipment were clean, functional, and sanitary for 6 residents in the sample of 6 (R1 - R6).</p> <p>Findings include:</p> <p>1. On 4/27/16 at 2:04pm in resident bathroom 34, three uncovered, unlabeled toothbrushes were stored on the sink & wooden shelf surface. The bristles were in contact with the sink and the wood on the shelf. Two of the toothbrushes on the shelf were placed in close proximity of each other, with the bristles touching. Two toothbrush holders were soiled with a white substance. There was white substance on the mirror and the surface of the shelf. There was also an accumulation of dust and lint on the paper towel holder, between the shelf and wall, and on the light fixture above the mirror. There was an uncovered soiled toilet plunger present in the bathroom at that time next to the stool. There</p>			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.

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F 465	<p>Continued From page 1</p> <p>was an approximate 3 inch hole in the ceiling tile. There was a bottle of hand soap on the floor under the sink as well as opened packaging to a wet wipe with the used wipe beside it. The toilet appeared to flush slowly and the handle had to be held down while the water was was flushing. The tank of the toilet was also slow to refill after flushing.</p> <p>On 4/27/16 at 2:03pm, R2 stated she had some sanitary concerns regarding the bathroom she shares with other residents. She stated the toilet overflows and the sink is unclear. R2 is visually impaired, adding that she "can't see," but knows when something is dirty because she is able to feel the debris with her hands. R2 stated that in the past the toilet water has risen after flushing to the point that it has touched her bottom and has overflowed onto the floor. R2 has reported the issue to "anyone who will listen" including CNA's, housekeeping, and maintenance. R2 stated that she believed the toilet overflowed just last week and that Maintenance came in "yesterday."</p> <p>2. On 4/27/16 at 2:25pm in resident bathroom 30, two uncovered, unlabeled toothbrushes were noted on a wooden shelf.</p> <p>3. On 4/27/16 at 2:29pm, in resident bathroom 21, two unlabeled, uncovered toothbrushes were observed touching each other in a cup.</p> <p>4. On 4/27/16 at 2:33pm, in resident bathroom 53, an unlabeled, uncovered toothbrush was noted on the wooden shelf.</p> <p>R6 stated that her mattress in her room is too hard, lumpy, and bumpy.</p> <p>Per observations on 4/27/16 R(1-6)were the occupants of the aforementioned rooms</p>	F 465			

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