Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IDENTIFICATION NUMBER:

A. BUILDING:

C. C. B. WING

B. WING

C. 10/25/2019

		IL6012173	_	B. WING		10/25/20)19
NAME OF F	PROVIDER OR SUPPLIER			DRESS, CITY, ST			
NESTCH	IESTER HEALTH & R	EHABILITATION		TH WOLF RO. ESTER, IL 601			
/V4) ID	SUMMARY STA	TEMENT OF DESICIENC			PROVIDER'S PLAN OF CO	PRECTION	(VE)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE CO	BE COMPLE	
S 000	Initial Comments		S 000				
	Complaint Investigations: 1997719/IL116772 1997724/IL116777 1997727/IL116782						
	Statement of Licens	sure Violations					
S9999	Final Observations			S9999			
	300.1210b) 300.1210d)6) 300.3240a)						
	Section 300.1210 G Nursing and Persor b) The facility shall and services to atta practicable physical well-being of the re- each resident's com- plan. Adequate and care and personal of resident to meet the care needs of the re- shall include, at a material procedures: d) Pursuant to substant of the practical seven-day-a-week I 6) All necessary pre-	nal Care Il provide the neces in or maintain the I I, mental, and psyc sident, in accordan aprehensive reside I properly supervise care shall be provide total nursing and esident. Restorative aninimum, the follow section (a), general at a minimum, the f sed on a 24-hour, basis:	essary care highest hological ce with nt care ed nursing led to each personal e measures ring nursing		Attachm	ient A	9
	assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.				Statement of Licen		

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

Electronically Signed

TITLE

(X6) DATE

11/15/19

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2007	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						C	
		IL6012173	B. WING		10/	10/25/2019	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE			
WESTCH	HESTER HEALTH & R	EHABILITATION	TH WOLF RO ESTER, IL 60				
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN O	E CORRECTION	(VE)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 1	S9999				
		Abuse and Neglect see, administrator, employee or hall not abuse or neglect a					
	These requirement by:	ts were not met as evidenced					
	review the facility fa water temperatures for 1 of 3 residents accident/incidents. being sent to the lo shower due to redrand being admitted Unit with a diagnos burns to the face a	ion, interview and record ailed to maintain appropriate swhile showering a resident (R1) reviewed for This failure resulted in R1 recal hospital after receiving a ress and peeling of the skin to the Burn Intensive Care ris of second degree thermal and scalp, an injury that occurs at or above 131 degrees					
	Findings Include:						
	documents that the with a BIMS Score cognitively intact ar	a Set (MDS) dated 8/22/19 e resident is alert and oriented of 15 indicating the resident is nd requires 1 person physical ities of daily living (ADLs).					
	documents that R1 peeling skin to the	dated 10/17/19 at 06:50am was noted with excoriated forehead and top of the scalp had complaints of pain and (MD) was notified.					
	documents that R1 changes and noted	ote dated 10/17/19 at 9:05am was assessed for skin I with redness and peeling to ther parts of the face and					

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED. B. WING IL6012173 10/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 scalp. R1 had complaints of a burning sensation even after the scalp and face was rinsed and the resident was given a cold cloth to apply to the affected areas. R1 was transferred to the local hospital for evaluation and treatment. The hospital records dated 10/17/19 at 07:59am documents that R1 was admitted to the hospital with a skin problem after receiving a shower at the nursing home. R1 was noted with superficial thermal burns of the neck, scalp and upper torso. Per Paramedics, the facility's staff raised concerns about the shampoo/body wash used on the resident. However R1's skin findings were more consistent with a thermal burn rather than chemical burn or allergic response. The distribution of the burns over the body are likely due to hot water burns as the shampoo/body wash was used on the entire body and there are no other signs of skin irritation. R1 was transferred to the burn unit/ICU at a neighboring hospital. The hospital records dated 10/17/19 at 1:31pm documents that the resident was a direct admit from a local hospital and presented with superficial burns to the nose and right chest, and partial thickness burns to the forehead, bilateral cheeks and nasal bridge. R1 was admitted to the Burn Intensive Care Unit for treatment. On 10/18/19 at 12:10pm V3 (Nurse) and at 12:27pm V4 (CNA) were interviewed and said that R1 was being showered by V5 (CNA). The resident complained once about the temperature being too hot, the temperature was adjusted and there were no other complaints. V3 and V4 left the shower room for approximately 10 minutes and then noticed R1 with burns to the face and skin peeling on the forehead and cheeks upon

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: C B. WING IL6012173 10/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 re-entering the shower room. On 10/18/19 at 1:25pm V6 (Physician) said that R1 was admitted to the emergency room with thermal burns likely caused by hot water based on the distribution of the injury and blisters to the face, ear lobe, scalp, and chest. The injury was consistent with a splash pattern and there were no other irritations to the skin. R1 was transferred to the burn unit/ICU. On 10/18/19 at 1:35pm V5 (CNA) confirmed that R1 was given a shower and never complained after the temperatures were adjusted. V5 received assistance from V3 and V4 and both staff members left the shower room and returned in approximately 10 minutes; R1 was then observed with redness and peeling to the face and neck. On 10/18/19 at 2:22pm V7 (Maintenance Director) said that water temps are done daily. The temps stay between 108 and 110 degrees Fahrenheit. On 10/18/19 at 2:47pm, R2 said, the water is too hot. I have to ask staff to add some cold water. I let them know you will not scald the skin off me. The water is so hot that you can take the feathers off a chicken. The water is good and hot. On 10/18/19 at 2:52pm, R4 said, when I shower the water gets hot and I have to ask staff to turn down the water. On 10/18/19 at 3:10pm, R3 said, I can control the water when I take a shower but other residents can't. All you have to do is turn the water on in the sink for 2-3 minutes and you will see how hot it will get. The water feels like it reaches more

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6012173 B. WING_ 10/25/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2901 SOUTH WOLF ROAD **WESTCHESTER HEALTH & REHABILITATION** WESTCHESTER, IL 60154 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 | Continued From page 4 S9999 than 115 degrees. 10/22/19 at 1:10pm R1 was observed sitting up in the chair. The face, neck and chest was red and the resident had scabs on the nose and the cheeks. The resident said "I got burned with hot water. I said it's hot, it's hot and they turned it down." (B)

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