PRINTED: 04/24/2015 FORM APPROVED 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: \_\_\_ С IL6007330 B. WING 03/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET TIMBERCREEK REHAB & HEALTHCARE CENT **PEKIN, IL 61554** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a 300.1210d)6 300.2210a)b)2 300.3240a Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for

Section 300.2210 Maintenance

Nursing and Personal Care

seven-day-a-week basis

and shall be practiced on a 24-hour,

and assistance to prevent accidents

a) Every facility shall have an effective written plan for maintenance, including sufficient staff. appropriate equipment, and adequate supplies.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

6) All necessary precautions shall be taken to 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

b) Each facility shall:

Attachment A Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

03/16/15

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
			A. BUILDING	i:			
		IL6007330	B. WING		1	) 5/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
TIMBER	CREEK REHAB & HEA	ALTHCARE CENT 2220 STA- PEKIN, IL	TE STREET 61554				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	2) Maintain all elect water supply, heatir disposal systems in condition. This shall these systems.  Section 300.3240 A a) An owner, license agent of a facility shresident  These requirements  Based on observation review the facility fatemperature of hally thermal hazard to in This failure resulted blister to the left elboralso failed to develop procedures following heaters no longer por These failures have	rical, signaling, mechanical, ng, fire protection, and sewage safe, clean and functioning I include regular inspections of abuse and Neglect ee, administrator, employee or nall not abuse or neglect a sare not met as evidenced by:					
	reviewed for therma (R6-R99) on the sup	l hazards and 94 residents				***************************************	
	Findings include:	TORNES					
	a wall heater located from C106 was attac approximately three height as a hand rail touch, and the hous making it accessible	m. during a tour of the facility, d on the C100 hall across ched to the wall feet high, at about the same l. The heater was hot to the ing of the heater was loose to anyone in the hall. A ss from room C103 felt even					

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6007330	B. WING		1	C 05/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE			
TIMBER	TIMBERCREEK REHAB & HEALTHCARE CENT 2220 STATE STREET PEKIN, IL 61554						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	the facility had one one of the hallway hago" R4 had recearm on the heater in redness from that."  An incident final invistates, "R4 was four R4's left elbow during the hall in the states."	a.m. E1 (Administrator) stated resident who was burned by neaters, "about one month eived a burn after, "R4 put and the hallway and got some estigation dated 1/14/15 and to have a small blister on the resident of the same as the full toward the wall heaters					
	and laying R4's arm states, "R4 often roa R4's own free will. I reoccurrences R4 w staff while in the hal potential hazardous	on it" The incident report ams around the building of all order to prevent will be closely monitored by all lways and removed from situations. Maintenance also so to make sure they are					
	"R4 found to have a during shower. Area with blister in the ce	d 1/13/15 at 8:00p.m. states, burn with blister on left elbow a 9cm (Centimeters) by 5cm nterR4 has a habit of elchair up to the wall heater on it."					
	person) used an infr the temperatures of C-wing halls and the in front of a heater to then pointed the infra heater approximatel which registered 14' verified the reading I hand, which felt neith measured the temper infrared-thermometer	.m. E11 (Maintenance rared-thermometer to check the wall heaters in the four four B-wing halls. E11 stood ocated next to room C105 ared-thermometer at the y two inches from the heater, 1 degrees Fahrenheit. E11 by feeling the wall with a bare her hot nor cold, then erature of the wall using the er which measured the wall as leit. E11 then rechecked the					

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		COMF	PLETED
					1 .	С
		IL6007330	B. WING		1	
		120007330	L		1 03/0	05/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
		2220 STA	TE STREET			
IIMBER	CREEK REHAB & HEA	ALIHCARE CENT PEKIN, IL	61554			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	iD	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)
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TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
S9999	Continued From pa	ae 3	S9999			10 10 10 10 10 10 10 10 10 10 10 10 10 1
	·					Oli Olive Paravora
		wall heater, which remained	1			
		nheit. E11 measured the	And de la contraction of the latest of the l			
		wall heater located next to	700 M 4 4 6 6 6 6 6			-
TO BE REAL PROPERTY OF THE PRO		neasured 160-162 degrees	and an annual state of the stat			99 Colombia
A Comment		ated, "That one seems pretty				
		d measuring the temperatures	in this in the second			
*****		rs in the facility. The heater	•			
	across from room C106 measured 145 degrees					
	Fahrenheit. The heater across from room B303					
	measured 148 degrees Fahrenheit. The heater					
	next to the men's restroom on the B100 hall					
	measured 143 degrees Fahrenheit. The heater next to room B405 measured 173 degrees					
	Fahrenheit. The heater next to room B106					
Ì	measured 150 degr					
	auarara 100 aug.					
	On 3/03/15 12:55p.i	m. E5 (Dietary Manager)				
		alibrating a stem thermometer				
		nd water in order to compare				
	the temperature rea					
PP IAMAA.		er. E11 placed the stem				
		so a digital thermometer in a				
1000		nd a small amount of water.				
	E11 verified the digi	tal thermometer read 32.3				
100 mm	degrees Fahrenheit	, the stem thermometer read				
	32 degrees Fahrenh	neit and the				A. C.
	infrared-thermometer	er read 32 degrees				
	Fahrenheit.					
		d-Thermometer instruction				
	manual dated 10/20					
		sure the surface temperature				AND THE PROPERTY OF THE PROPER
		asure a temperature, point				
	unit at object and pu	ılı the trigger."				
	On 2/02/44 =4 0:05 =	m. E44 state of the testing D4				
		.m. E11 stated that after R4				
	had been burned 1/2					
		tor), "checked all the C-wing				
		ney were all working properly,				
	not blowing any hott	er than suppose too." E11				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6007330	B. WING		1	C <b>05/2015</b>	
	PROVIDER OR SUPPLIER	2220 STA	TE STREET	STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	stated E19, "usual about how E19 fixed to repair equipment documentation that temperature of the variation of the variatio	ally wrote some sort of report d something or what E19 did and E11 was unable to provide E11 and E19 adjusted the wall heaters.  a.m. R4 was self-propelling a ning room. R4 was able to received a burn to R4's left by room 6."  b.m. R22 stated, "The too warm for someone older."  b.m. R10 stated, "I have never because I was told by the rese Aides) and nurses not to be I could get burned."  b.m. E13 (Licensed Practical ap an eye on them (residents) then people sit in front of the them so they don't get  b.m. E20 (Licensed Practical ap B400 hallway heater gets hot med cart."  c.m. R65 stated, "Sometimes (mechanical) lift next to the yby my room. It gets really					

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S9999	Continued From pa	ge 5	S9999			
	On 3/04/15 9:30a.m. R69 stated, "I have touched the register before. I didn't get burned but thought it was pretty hot."					
	the facility had no do had been adjusted a E1 also stated the fatemping the heaters documentation for the statement of the st	a.m. E1 (Administrator) stated ocumentation the wall heaters after R4's burn on 1/13/15. acility was, "periodically but there is no hat." E1 stated, "The neaters should be 120				
	provided documenta	o.m. E2 (Director Of Nurses) ation that there were 98 le residents in the facility at ey.				
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		Constitution of the Consti			ODDOOD LEE ALL AND ALL	
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