Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	5.79	IL6014872	B. WING			C 84/2022	
NAME OF F	PROVIDER OR SUPPLIER	*****	DRESS, CITY,	DRESS, CITY, STATE, ZIP CODE			
BETHAN	BETHANY REHAB & HCC 3298 RESOURCE PARKWAY DEKALB, IL 60115						
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000	0		122	
	Facility Reported In IL150744	cident of July 28, 2022		A 4	*		
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:		, , , , , , , , , , , , , , , , , , ,		i	
	300.610 a) 300.1010 e) 300.1210 b) 300.1210 d)3)		ξ.		ė.		
	300.1210 d)6) 300.2090 b)	=		42,7		Ħ	
	 a) The facility seprocedures governifacility. The written be formulated by a 	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy		£ **		ii Hu	
14=	medical advisory co of nursing and other policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually		e :			
	and dated minutes	documented by written, signed of the meeting.					
	e) All resident	Medical Care Policies shall be seen by their as necessary to assure re.	- ij	V		9	
N Sa	Nursing and Person b) The facility s	General Requirements for nal Care shall provide the necessary o attain or maintain the highest		Attachment A Statement of Licensure Violations	11	#: '5,	

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

TITLE

(X6) DATE

PRINTED: 09/27/2022 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: _ C B. WING IL6014872 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3298 RESOURCE PARKWAY **BETHANY REHAB & HCC DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: Objective observations of changes in 3) a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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 and assistance to prevent accidents. Section 300.2090 Food Preparation and Service Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.

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by:

These requirements were not met as evidenced

Based on observation, interview, and record review, the facility failed to serve liquids at a safe temperature to prevent burns, failed to do complete wound assessments, failed to monitor wound progress, and failed to ensure a walker was maintained in a manner to prevent injury for

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physician wound assessments found in R1's

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: IL6014872 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3298 RESOURCE PARKWAY **BETHANY REHAB & HCC DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 medical records. There were no initial or weekly wound assessments in R1's medical record. There was no root cause analysis or wound assessment per facility policy done. On 8/31/22 at 9:59 AM, V4, Dietary Manager. poured hot water into a carafe from the coffee pot. The water measured 188.8 degrees Fahrenheit. At 10:30 AM, V4 checked the temperature of the water in the covered carafe. and it was 152.9 degrees F (30 minutes later). At 10:45 AM, V4 checked the water temperature. and it was 146.6 degrees F (45 minutes later). At 11:00 AM, V4 checked the water temperature, and it was 140.3 degrees F (one hour later). On 8/31/22 at 9:40 AM, V5, Registered Nurse (RN), said she was on duty when R1 was burned by the hot tea. V5 said V6, Certified Nursing Assistant (CNA), was repositioning R1 in bed, and a cup of tea spilled on R1. V5 said, "(R1's) left lower arm got edematous 'right away'. The first layer of skin was off. It (the wound) was big. It involved the majority of (R1's) lower left arm anteriorly and posteriorly. There was also another wound to the left flank. There was lots of drainage and (R1) complained of pain." V5 said she had to medicate R1 with morphine before changing the dressings. V5 said she did not do a wound assessment, but thought the hospice nurse did. V5 said the wound had scabbed before R1 passed about two weeks ago.

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On 8/31/22 at 9:50 AM, V3, Senior District Manager, said they follow the corporate policy for hot liquids. "It's posted by the coffee machine.

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\$9999	Continued From page	ge 5	S9999			≥ .
	analysis showed for clear in (V6's) stater V2 was asked if the temperature could to and V2 replied in the					
183 s	with diagnoses of a Diabetes, Chronic C Disease, major depi	ic kidney disease Stage 4,				
	notified by a CNA the from spilling coffee.	note showed the nurse was ere was a burn to R2's chest There were no initial or ssments done per facility	a)			
: E	R2's June 2022 TAR weren't ordered to s	R showed wound treatments tart until 6/14/22.				
	wheelchair. R2 was the neck of her top o wound to the left upp	PM, R2 was in her room in a alert and oriented. R2 pulled lown to reveal a healed per chest. The area was ximately three inches long	# 22°			
	drink my coffee and	s a bad burn. The skin was		139		
	there were no initial of	ctor of Nursing (DON), said or weekly nursing wound in R2's medical record for				

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One side had a circular adjustment knob attached

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consistency

Drainage, indicating amount, color and

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S9999	Continued From pa	ge 8	S9999			
	Pain or tenderness underlying tissue de insufficiency Peri wound skin cor Odor Each patient's wour identifying the wour and treatment and the service Department of all hot liquids beliquids are served a prevent burns if the with skin. The coffe degrees Fahrenheit residents. The Food responsible for ensuleave the kitchen at non-insulated cups the temperature of liquickly.	which may be indicators of estruction, or vascular addition and must be evaluated by add's cause, the wound's history underlying medical conditions. Berving Hot Beverages and accedure showed The Food to will monitor the temperature ag prepared to ensure that hot to a temperature that will y should come into contact to should be chilled to 120-130 before being served to a Service Department is wring that all hot beverages the proper temperature. Use and bowls to help dissipate not beverages and soups				Serve .
	publication 5098 00 adults will suffer thir 150-degree water for occur with a six sec water or with a thirty 130-degree water. Edgrees, a five-minuthird-degree burns.	duct Safety Commission 9611 032012 showed most d degree burns if exposed to or two seconds. Burns will also ond exposure to 140-degree v second exposure to Even if the temperature is 120 ute exposure could result in				22 23
	Campaign showed t	Association Scald Prevention he following time and ship to severe (third-degree)				

FORM APPROVED Illinois Department of Public Health Section 1 . Sec. 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 IL6014872 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3298 RESOURCE PARKWAY **BETHANY REHAB & HCC** DEKALB, IL 60115 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 Time for a third-degree burn 155F (Fahrenheit) 1 second 148F 2 seconds 140F 5 seconds 133F 15 seconds 127 F 1 minute 124F 3 minutes 120F 5 minutes 100F safe The Sciencing.com website showed Styrofoam is an excellent insulator. The material limits thermal transfer. Thus, a structure insulated with Styrofoam will maintain a comfortable temperature, regardless of the conditions on the outside. (B)

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