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:** A. BUILDING: _ COMPLETED IL6005011 B. WING 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation: 22210181/IL154590 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.2210a) 300.2210b)2) 300.3120a) 300.3120h)1)A) 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 300.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular Attachment A Statement of Licensure Violations inspections of these systems.

Illinois Department of Public Health

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

Section 300.3120 Mechanical Systems

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 12/29/2022	
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S9999	Continued From pa	age 1	S9999	= 	61) 1-27	
	a) Mechanical syst	tems shall be maintained to	<u> </u>			
58	assure proper work	king order and safe operation.		24	- 12 822 - 10	
2	and equipment sha	operational use of the systems all be available at the facility.		£ 4		
***	h) Heating, Ventila	ting, and Air Conditioning	8		152	
n å	Systems			, Al		20
2.0	1) Areas of a	nursing home used by rsing home shall be air	30			
-	conditioned and he	ated by means of operable		e S		
1.00	air-conditioning and	heating equipment. The	533	0.00		
	areas subject to thi	s air-conditioning and heating e, without limitation, bedrooms				
	or common areas s	such as sitting rooms, activity	62			41
	rooms, living rooms	s, community rooms, and		10 Er		
85	dining rooms.		10			
	A) The me	echanical system shall be ning a temperature of at least		N.		
	75 degrees Fahren	heit, pursuant to the	*	10		ਂ
	requirements of Se	ction 300.670(j).		124		i
14	Fig. 5			1		1/2
	This REQUIREMEN	NT is not met as evidenced by:				
				050.	*	
	Rased on observati	on, interview and record				40 (h)
500	review, the facility A	dministration and Governing	- 5			- 4
	Body failed to ensur	re the facility heating system		97		16
×	was in working orde	er after being made aware of				
	residential areas for	ith the heating system in r (R1, R2, R4, R5, R6, R7, R8			¥	
	and R9), since Nove	ember 2022. The facility		_iw	·	
	failed to develop a p	olan for a cold weather			=	
- 2	emergency during a	weather event where negative 7 to 8 degrees and				
	with windchill factor	was negative 40 degrees with	24	>		
	sustained winds at	31 miles/hour and				
	temperatures in fac	ility resident rooms were 55 to	00		73	
	(R1) R2 R4 R5 R4	failures resulted in residents 5, R7, R8 and R9) to		n je		
87.0	experience uncomfo	ortable and unsafe ambient air	1.2			

Illinois Department of Public Health

PRINTED: 01/24/2023 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 IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 temperatures, which placed them at risk for loss of body heat and risk of hypothermia. R1, R2, R4, R5, R6, R7, R8 and R9 are one of 10 residents reviewed for safe, comfortable heating conditions. in a sample of 10. FINDINGS INCLUDE: The (undated) facility policy, Cold Weather Policy and Procedure directs staff, "It is the policy of (Company) to provide continuing, safe and comfortable care to its residents in the event the facility power source becomes non-operational or the facility heating, and furnace systems fail during periods when unseasonably cold outside temperatures are present and such systems are required for resident safety and comfort. If the heating systems fail, facility personnel shall take the following action: Either the Administrator. DON (Director of Nurses) or nurse in charge will coordinate the response. A staff member will be designated to call the local Electric Department to determine the cause of the problem and the duration of the outage. If the problem is determined to be in the facilities own heating systems, the Maintenance Man or the Administrator will determine the appropriate course of action. Staff will be assigned to bring all residents to the central core of the building. Staff will collect all blankets in the facility and distribute extra blankets to all residents as needed. Staff will keep all doors and windows closed to retain as much heat as possible. Staff will be assigned to do 10-minute checks on all residents to determine their safety and comfort level. Staff will be assigned to do 15-minute temperature checks throughout all areas of the building. If the core temperatures of the area occupied by the

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residents and staff drops below 65 degrees, the

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PRINTED: 01/24/2023 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 facility will immediately implement the evacuation procedures outlined in the Facility disaster Plan. The (State Agency), Physicians, Families and Responsible parties will be notified as required by statue." On 12/23/22 at 3:10 P.M., R3 was seated in wheelchair in the facility B/C Hall Dining Room/Family Room with a coat on, watching the facility television. At that time, the air temperature was recorded as 59 degrees. R3 stated, "It's cold in here (facility). It has been since earlier this week, but it's really bad now. Even though it's cold, I watch television out here, so I don't disturb my roommate." On 12/23/22 at 3:20 P.M., R3 was seated in a wheelchair in (Room AAA) resident room, on the facility C-Wing and stated, "I know it's cold out there. The bathroom that we have to use, is freezing. It gets cold in this room, too. Only half of my register gets warm." Current air temperature recorded as 68 degrees. R3's roommate (R10) was seated on his bed wearing a hooded sweatshirt, pants, and socks, R10's hooded sweatshirt had the hood pulled up, covering R10's head. R10 had his hands in the pockets of his sweatshirt. At that time R10 stated, "I'm freezing, It is so cold in here."

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On 12/23/22 at 3:21 P.M., the air temperature in the shared C-Hall Bathroom/Shower room was

On 12/23/22 at 3:25 P.M., the air temperature in facility Main Dining Room was recorded as 68 degrees. At that time, R2 was seated at table in MDR with two shirts on, pants, socks, shoes, and a winter coat. R2's hands were cold to the touch.

R2 kept repeating, "It's cold. I'm cold."

recorded as 67 degrees.

PRINTED: 01/24/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 12/23/22 at 3:26 P.M., V3 (Maintenance Director) stated, "I have been the (facility) Maintenance Director for the past four months. We have been having some problems with cold (resident) rooms and even hallways, since about Monday or Tuesday (December 20. 2022/December 21, 2022). I have spent the night. the past two nights to make sure we don't lose heat altogether. Some of the windows are old and the cold air comes in. I have been putting up plastic on windows to try and cut down on some of that. Some of the PTAC Units (Packaged Terminal Air Conditioners- a type of single unit in a resident room that provides air conditioning or heat) on the Pathways Unit, have blown motors. The Heating and Cooling Company was out here in November and diagnosed the problem. The estimate to replace the units has been sent to the Corporate Maintenance Director (V5). I haven't heard anything more on it. I have been checking the generator periodically, but I haven't kept any records of those checks. I didn't know I needed to. I don't know anything about a Facility Cold Weather policy or what that involves." On 12/23/22 at 3:32 P.M., the air temperature at facility Pathways Hall Nurse's Station was recorded as 68 degrees. On 12/23/22 at 3:35 P.M., the air temperature in (facility) room AAB was currently 71 degrees. R5 was dressed in pants, shirt, coat, socks, and

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shoes. At that time, R5 stated, "It has been so cold in here (facility) for the past three days. My room (Room AAC) was freezing. I just got moved. I was in one of the rooms where the register (heat) didn't work. I finally got moved, but the hallways are still cold. And nobody has had a shower because it's too cold. They need to get

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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: _ IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 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 CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 this fixed." On 12/23/22 at 3:46 P.M., the Pathways Hall Therapy Room air temperature was recorded as 65 degrees. And at 3:47 P.M., the Pathways Hall Dining Room air temperature was recorded as 64 dearees. On 12/23/22 at 3:48 P.M., the Pathways Hall, Room (AAD) air temperature was recorded as 67 degrees. R4 was seated in wheelchair at the side of the bed with a long-sleeved top, long pants, slippers and a thick coat that was zipped up with the hood pulled up. At that time, R4 stated, "It's cold in here. It's been cold for the past few days. The register in my room doesn't work." On 12/23/22 at 3:49 P.M., the Pathways Hall, Room (AAE) air temperature was recorded as 67 degrees. R9 was seated in a wheelchair in the room with a tablet in her hand. R9 was wearing a shirt, pants, winter coat with hood up, shoes and socks. At that time, R9 stated, "It's too cold." On 12/23/22 at 3:55 P.M., V1 (Administrator in Training) stated, "We knew we were having some heating problems, back in November. We called (heating company) and they came out but said because we have boiler heat that we needed to call (another heating company). The tech (technician) came out some time in November and said the reason those first few rooms (room AAD- room AAF) were so cold is that the heater motors were bad. I don't have a copy of the visit. I forwarded it on to (V5 Corporate Maintenance Director). Evidently, they have been having trouble getting the motors for those units. I have never heard back from them. I think (V5 Corporate Maintenance Director) is taking care of

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it. It was cold in some of those rooms, and we

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	(V3 Maintenance plastic on some o	sidents today, to other rooms. Director) has been putting f the resident room windows. I have a cold weather policy. I will	-				
	Technician) stated (facility) with the F and Heating Units the south hall (Pa and most of them won't produce any boss of the compato locate some us estimate for new to the control of the	38 P.M., V4 (Heating Company d, "I am aware of the situation at PTAC (Packaged Terminal Air s) in the resident rooms, back on thways Hall). They are older have the motors blown. They warm air for those rooms. The any has been working on trying sed units. We gave the facility an units for three rooms. They run hundred dollars each. No one	s).			#1 5 2 5 2 7 5 2 7 5 2	
84 10 10 10	has given us the g We were out to the remember the exa the invoice from the Tuesday (December)	go ahead to order new ones yet. se facility in November, I can't act date. I can get you a copy of hat visit, but it won't be until ber 27, 2022)."	S			=	
*) Ø	Training) stated, " weather policy. Ex us, earlier this we staff do 10-minute and comfort, but I been doing 15-min	55 P.M., V1 (Administrator in I guess we do have a cold vidently (V8) sent it out to all of ek. I haven't been having my checks on residents for safety can start that. I also haven't nute temperature checks ilding. I can start that, too."	n 2	66 0 42	e		
32	Nurse/Regional C (facility) does have them out to all the When the heating working properly, checks on all resid	20 P.M., V8 (Registered torporate Staff) stated, "This e a Cold Weather policy. I sent a facilities earlier this week. I system in the facility isn't staff are to do 10-minute dents for safety and comfort atte temperature checks	g. 33)) 	

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 IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 throughout all areas of the facility. I don't know why this policy wasn't began when we noticed how cold some of the resident rooms were." On 12/23/22 at 5:28 P.M., the Pathways Hall, Room AAF air temperature was recorded as 63 degrees. R6 was seated in an electric wheelchair. in the hallway, outside of room AAF. At that time R6 stated, "It's been cold in this building all week. It's miserable. The unit in my room doesn't work. I only go in there to sleep." On 12/24/22 at 7:20 A.M. the air temperature in the B/C Hall Dining Room was recorded as 66 degrees. The air temperature in the facility C Hallway as recorded as 66 degrees. At that time. V9 (Certified Nursing Assistant/CNA) was seated in the B/C Hall Dining Room. V9 (CNA) was dressed in clothing, with a winter coat with the pulled hood up and boots. V9 stated, "I worked 12 hours last night, starting at 6:00 P.M. I am waiting for my ride to pick me up. It is cold in here. It has been cold for a few days now. We try and keep the residents as bundled up as we can. We only have so many blankets to give them. We encourage them to stay in bed and eat." On 12/24/22 at 7:25 A.M., the facility thermostat in the Main Dining Room, was set at 73 degrees. and currently registered 68 degrees. The thermostat in the Pathways Hallway, across from the Nurse's Station was set on 79 degrees, and currently registered 68 degrees, On 12/24/22 at 7:28 A.M., the Pathways Hall.

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Room AAD air temperature was recorded as 67 degrees. R4 was in bed sleeping with multiple blankets on the bed. A portable, electric space heater was running in the room, with the

temperature set at 81 degrees.

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 IL6005011 12/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **144 JUNIOR AVENUE** KEWANEE CARE HOME KEWANEE, IL 61443 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 8 S9999 On 12/24/22 at 7:30 A.M., the Pathways Hall. Room AAF air temperature was recorded as 64 degrees. The room PTAC Unit was cold to the touch. R1 was up in a wheelchair in the room. At that time, R1 stated, "I am cold. This room is too cold. I would move to a different room, if someone asked me." On 12/24/22 at 7:32 A.M., V6 (Licensed Practical Nurse/LPN) was taking air temperatures with a gray/orange inferred thermometer on the Pathways Hall. At that time, V6 stated, "I have been told to use this thermometer to check random room temperatures every 15 minutes and write them on this log. This is the first time I have done this. I don't know if I'm supposed to call (V1 AIT) with the results or not. I was just told to log them." At that time a review of the facility Room Temp (temperature) Log, dated 12/23/22 beginning at 6:00 P.M. documents that at 10:00 P.M. on 12/23/22 the air temperature in the Pathways Hall, Room AAD as 60.8 degrees. At 10:15 on the same date, the air temperature of the Pathways Hall, Room AAF was recorded as 55.4 degrees. Both of these temperatures were obtained by a staff member. This same staff member recorded the air temperature on 12/24/22 at 3:15 A.M. on the Pathways Hall, Room AAG as 61.4 degrees; at 4:00 A.M. on the Pathways Hall, Room AAF as 63.7 degrees and on 12/24/22 at 4:30 A.M. on the Pathways, room AAF as 63.8 degrees. These recorded temperatures were verified with V6. On 12/24/22 at 7:33 A.M., the Pathways Hall, Room AAH air temperature was recorded as 64 degrees.

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On 12/24/22 at 7:55 A.M., V1 (Administrator in

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On 12/24/22 at 8:30 A.M., V7 (CNA) verified she had taken air temperatures for the facility Pathways Hall rooms on 12/23/22 at 10:00 A.M. and 10:15 A.M. and on 12/24/22 at 3:15 A.M.. 4:00 A.M. and 4:30 A.M. and the current air temperature recordings had been changed to reflect warmer temperatures. V7 states, "It was-55 degrees at 10:15 (P.M.) in room AAF, I reported it to the nurse. You can see where someone changed the temperatures on the log."

took possession of the document at 7:55 A.M.. while V6 was present. V6 denied changing the recorded temperatures on the Pathways Hall

Room Temperature Log.

On 12/24/22 at 8:45 A.M., V1 (Administrator in Training) stated, "I was called three times in the night, last night, for different things. I don't remember if I was notified of fifty-five-degree air temperatures in a resident's room. I looked at the Pathways Room Temperature Log this morning. We are planning to move (R1 and R4) today. Their rooms are too cold. We moved (R9)

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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9	yesterday."	20		8	i# 01	
ž-	HVAC) company of service call we we 11/18/2022, we hat offer the following	ter to the facility from the (local documents, "In reference to the ere called out on to (facility), on ave not invoiced the job yet but information.	<u></u>			
8 9 #	don't know if this v or what, but it was was some PTAC L #2. We pulled the	all was for a boiler problem. I was just a miscommunication, on't the boiler. What we found units were not heating properly. blower motor from the unit in				
	the dining room, w getting replaceme told us that they co motor, and the one We suggested to t	with the intentions of either ent motors. The local repair shop ould not find a replacement e we had could not be repaired. the maintenance man at the				
22 X	PTACS that were nonresident areas were occupied by this work was goin	I take some of the motors out of working in some of the sand put them in rooms that residents. We were told that ng to be put out to bid, which nat this wasn't an emergency in			(\$*) 2 ^{**}	
	#3. In the meantim a replacement unit the existing PTAC Tennessee that qu	ne, we have been trying to find it that would fit the openings of units. We did find a vendor in uoted us a unit that appeared as the wall sleeve of the existing	÷		×	
	PTACS. Our super on 12/27/2022 to of the maintenance in contractor on site.	rintended went to the job site discuss the matter further with man and found another working on the units, so we are			⇒•9 -	
957	no longer involved	with the situation."	7.1		U	
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