

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005888	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/11/2024
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NAME OF PROVIDER OR SUPPLIER MATTOON REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 2121 SOUTH NINTH MATTOON, IL 61938
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(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) COMPLETE DATE
S 000	Initial Comments	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest 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.</p> <p>d) 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:</p> <p>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 and assistance to prevent accidents.</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection,</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
07/01/24

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S9999	<p>Continued From page 1</p> <p>and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to remove an electric space heater from a resident's room for one of three residents (R1) reviewed for accidents in the sample list of three residents. This failure resulted in R1 burning R1's leg (fluid filled blister) when R1's leg came in contact with the space heater while R1 was getting out of bed.</p> <p>The Current Physician Order Sheet (POS) documents the following diagnoses for R1: Central Cord Syndrome at Unspecified Level for Cervical Spinal Cord, Subsequent Encounter, Myasthenia Gravis without (Acute) Exacerbation and Chronic Obstructive Pulmonary Disease, Unspecified.</p> <p>The Minimum Data Set (MDS) dated 5/3/24 documents R1 is cognitively intact. The same MDS documents R1 requires a wheelchair to move about the facility and R1 requires staff assistance with transfers, bathing, toileting and all activities of daily living.</p> <p>The facility submitted an incident report on 5/30/24 to Illinois Department of Public Health (IDPH) stating R1 received a fluid filled blister on the left lower extremity due to touching a space heater R1 had in his room.</p> <p>The Progress note dated 5/29/24 documents "This writer (V7, Licensed Practical Nurse (LPN))</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>was notified by nurse tending to (facility) hall that R1 had burned his left lower extremity on a heater that he had in his room that he had bought and had delivered from (department store). This writer went to assess situation. MD (Medical Doctor) was notified by attending nurse on the hall. New order was received for silvadene cream to burn area. R1 denies any pain to area and states it doesn't hurt. Will continue to monitor."</p> <p>The Weekly Wound Evaluation dated 6/3/24 documents R1 has a burn to R1's left lower leg acquired on 5/29/24. The Evaluation documents "Burn to left lower extremity remains. Fluid filled blister remains measuring 1.0 cm (centimeters) x (by) 5.5 cm. Burn area above blister is scabbed measuring 2.0 cm x 2.5 cm."</p> <p>R1 stated in interview on 6/11/24 at 10:05 AM "I had bought the heater one week after my admission to the facility." R1 stated he thought the staff knew he had the heater because he would ring his light for them to turn the heater up or down. R1 stated on 5/29/24 when he burned his leg the heater was left on the floor. R1 stated he does not remember who left it on the floor. R1 stated R1 was getting up from bed and he touched the heater with his left leg and burned his left lower extremity. R1 stated he did not know he was doing anything wrong. R1 stated "I have asked them to turn the air condition off. They told me it was central air and they could not control the air conditioner."</p> <p>V1, Administrator stated on 6/6/24 at 10:30 am "When I was told about this incident I immediately removed the space heater and had staff do an audit on all rooms in this building to see if there were any more space heaters. V1 stated "I also implemented an inservice for all staff members</p>	S9999		

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S9999	Continued From page 3 letting them know no electric heaters are allowed in the building." V1 stated "Apparently the staff did not know electric heaters were not allowed." (B)	S9999		