## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED  06/15/2006	
		14E847					
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD TERRACE			•	5	EEET ADDRESS, CITY, STATE, ZIP CODE 25 SO MARTIN LUTHER KING DR PRINGFIELD, IL 62703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY		(X5) COMPLETION DATE
F 463	shower A12 A10 shower A13 A10 shower A11 A10 shower B1 B2 B5 B2 B14 no B13 B7 B8 B2	ge 20 0, A8, A5, A3 and the first 1, B4, B5, B10, B7, B12, B16 1, B4, B1, B10, B7, B12, B16 2, B12, B10, B5, B1, B4, B2 3, B4, B5, B10, B7, B12, B116 Administrator, and E3,	F	463			
	Maintenance Direct aware of the proble had placed to their have not been out y	cor, stated that they were m. E1 said that a service call service company but they yet to evaluate the system.  Staff have to check as many mine where the light was					
F9999	Nursing and Persor b) General nursing	Seneral Requirements for hal Care care shall include at a ing and shall be practiced on	F99	999			

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		14E847	B. WING			06/15/2006	
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD TERRACE			•	5	REET ADDRESS, CITY, STATE, ZIP CODE 25 SO MARTIN LUTHER KING DR 6PRINGFIELD, IL 62703	93/13	,,=000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	6) All necessary proassure that the resias free of accident nursing personnel sthat each resident rand assistance to personnel sthat each resident rand assistance to personnel sthat each resident rand assistance to person solution of the sewage disposal syfunctioning conditions pections of these sewage disposal syfunctioning points, sifunctioning points, sifunctioning shall not expect the sewage disposal syfunction of the sewage disposal syfunction of the sewage disposal syfunctioning conditions pections of these sewage disposal syfunctioning conditions of these sewage disposal syfuncti	ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.  Maintenance  II:  trical, signaling, mechanical, ang, fire protection, and ystems in safe, clean and on. This shall include regular e systems.  Plumbing Systems	F99	9999			

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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	
		14E847	B. WING			06/15/2006	
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD TERRACE			'	5	REET ADDRESS, CITY, STATE, ZIP CODE 25 SO MARTIN LUTHER KING DR 6PRINGFIELD, IL 62703		
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F9999	water on the 'A' win shower locations co and presents an acc. The findings include 1) On 06/13/06, bethot water temperatures of 13c checking the seconthe hot water temperatures of 13c checking the seconthe hot water temperatures on the hot water. The surveyo temperatures on the toilet room between 128 F, between A1132 F, and A9-A112) The facility has 2 resident access fixt resident wings. The wing have a lavator fixtures are approximater for all fixtures the same water heamixing valve on the shower stalls in the 3) The hot water temperature with E213/06 stated that the	g at the handwashing and buld scald or harm residents cident hazard.  Exween 10:00 AM-10:10 AM, ures were taken on 'A' wing. om had hot water 5 F. at the lavatory. While d shower room and finding erature to also be 135 F. at the enance director, walked into informed of the excessive hot in continued to check hot water e wing. The lavatory in the in resident rooms A6-A8 was 3-A15 was 130 F; A17 was was 130 F.  Exwater heaters that serve all ures, one on each of the 2 e 2 shower rooms on each by and a shower stall. These 2 mately 6 feet apart. The hot is on the 'A' wing comes from a ter through the installed heater. This does include the 2 shower rooms.	F99	999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
	14E847	B. WIN	IG		06/15/2006		
NAME OF PROVIDER OR SUPPLIER  SPRINGFIELD TERRACE				STR 52			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	5) A list of resident provided by E1 indihad sensory impair burns if not supervisidentified. E4, Certi was the most senic assisting on 'A' win the residents lunch to identify the seve impaired and wheth had been seen, get shower rooms unsuresidents, R11 and that were capable or rooms without assistshe had given any /06 on 'A' wing. She thought E5, CNA a resident with a shoot 6) R11 has diagnost be a sisted during the the assist of a self-device.  7) R12 has diagnost agitation and Psych sensory impaired. It transfer on his own feet.  8) E5, CNA, and E6 10 PM on 06/13/06 assisted R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning. E6 said silversides with a silverside R13 with a morning.	is that resided on 'A' wing was cating whether the resident ments making them at risk for sed. Seven residents were fied Nursing Assistant (CNA), or CNA working on 06/13/06, g. She was interviewed during on 06/13/06 and was asked in residents who were sensory ner they would be able to, or atting into the toilet rooms or apervised. She identified two R12, of the seven residents of getting into the shower/toilet stance. She was also asked if showers to residents on 06/13 as asid she had not but that she and E6, CNA had assisted a wer the morning of 06/13/06.  Ses, in part, of Dementia, on and was identified as y the facility. She was a survey as ambulatory with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking  ses, in part, of Dementia with contained safety walking	F99	9999			