STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	145978		B. WING			02/14/2006	
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER			,	1	REET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET HARRISBURG, IL 62946		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 364	measured 56.5 Deg temperatures were Roast pork was 113 Degrees F., Squasl Applesauce 72.7 D cold foods are not a temperatures. R5 s cream are served right when served at bre on 100 Hall was at pork measured 113 Degrees F., potatos Applesauce 73 Deg 3. During the group residents complaint served hot enough, ice cream served m	e milk in a foam cup for R34 grees F. At 11:55AM obtained prior to serving R5. B Degrees F., potatoes 121 in 131 Degrees F. and egrees F. R5 complained that always at desirable stated the sherbet and ice unny and milk is not very cold akfast. The last tray served 12:00PM for R8. The roast is Degrees F., squash 132 es 120 Degrees F., and grees F.	F3	864			
F9999	water supply, heating sewage disposal sy	s: Maintenance	F99	999			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145978	B. WIN	G		02/14/2006		
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER				10	EET ADDRESS, CITY, STATE, ZIP CODE 100 WEST SLOAN STREET ARRISBURG, IL 62946	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE	
F9999	Continued From particles of these 9) Maintain all plum good repair and proposed on observation of the service o	e systems. Inbing fixtures and piping in operly functioning. It ion, record review, and sy failed to prevent excessively int accessible fixtures. Water e East Hall measured from wheit (F) to 146 degrees F. in room sinks, one of two oms, and one of one intuitive from that was calibrated by the e of the temperatures readings om 210 the sink measured om 208 the sink measured East Hall women's common is measured 140 Degrees F. East Hall Community Shower ed 146 Degrees F. East Hall Community Shower	F99	999				
	During an interview (Environmental Director temperature regula had been turned do the temperature of	on 2-6-06 at 1:57PM, with E7 ector), E7 said the water tor that controlled these areas own. At 2:45PM E7 reported 115 Degrees F. at the East sink. At 3:07PM the surveyor						

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		145978	B. WIN	IG		02/1/	4/2006	
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER			•	10	REET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET IARRISBURG, IL 62946	ATE, ZIP CODE EET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULE REFERENCED TO THE APPROPRIATE	D BE CROSS-	(X5) COMPLETION DATE	
F9999	sink, and at 3:10PN obtained at the Shootained at appropriate to the rooms. East Hall houses at who could access the facility incident report indicate any injurant R-21 complained of at approximately the sinks was too hair in. The facility of temperature log but weekly with the last Section 300.110 Got a) This Part applies facilities, or distinct licensed and classicare or skilled nurs and in effect prior to the Nursing homes homes for the age of 111½, par. 35.16 er subject to the terms Home Care Act (the 111½, par. 4151-10	ees F. at the Shower Room 107 Degrees F. was ower Room tub. eximately 2:00PM E7 reported had turned the thermostat up hk that is located in the soiled east wing that provides hot noted above. I least five confused residents he hot water areas. Review of orts for the last six months did uries from hot water but R-20 ed to the surveyor on 02-06- 1:50 P.M. that the water in ot to hand wash or shampoo did maintain a hot water t entries were only made entry being made on 2/3/06. (A) eneral Requirements to the operator/licensee of parts thereof, that are to be fied to provide intermediate ing care. Any license issued of March 1, 1980, pursuant to sheltered care homes, and l'Act (III. Rev. Stat. 1977, ch. t seq.) shall remain valid and and conditions of the Nursing e Act) (III. Rev. Stat. 1991, ch. of et seq.) and all regulations under until the expiration date of such license.	F99	999				

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		B. WIN	NG		02/14/2006		
NAME OF PROVIDER OR SUPPLIER HARRISBURG CARE CENTER			1	10	EET ADDRESS, CITY, STATE, ZIP CODE 000 WEST SLOAN STREET IARRISBURG, IL 62946		
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F9999	facility failed to com 210 ILCS 45/3-202 compare 47 of the 4 the Illinois Departm For R-1 thru R-47. Findings include: 1. At 10:00 A.M. or documentation of the residents with the Illinois of the residents with the Illinois and the residents in the fauxilable that	eview and interviews, the apply with Public Act 094-0163 (1.3 (3)), in that, they failed to 47 residents in house against ent of Corrections data base. In 02-07-06, the facility's neir verification checks for linois State Police sex was reviewed. The review was no documentation acility had checked 47 of the facility against the Illinois ections data base. These I thru R-47). E1 (interviewed on 02-07-06 at 1: the facility was not aware that d to be checked and had only a State Police data base. Cility checked the Illinois ections for the 47 residents erification documentation was ors on 02-08-06 at M., none of the 47 residents were identified as sex or	F99	999			