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

PRINTED: 07/23/2007 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	JLTIPLE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUIL	.DING	. COMPLI		
146048		146048	B. WING		12/2	12/20/2006	
NAME OF PROVIDER OR SUPPLIER MEADOW MANOR				STREET ADDRESS, CITY, STATE, ZIP C 800 MCADAM DR TAYLORVILLE, IL 62568	:ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 323	given to direct care water safety.	and maintenance on hot monitoring procedure was	F 3				
	Section 300.1210b) Section 300.1210b) Section 300.2210b) Section 300.1210 C Nursing and Person b) General nursing minimum the follow a 24-hour, seven da 6) All necessary pre assure that the resi as free of accident nursing personnel s that each resident r and assistance to p Section 300.2210 N b) Each facility sha 9) Maintain all plum good repair and pro These requirement by the following: Based on observati interview, the facilit water temperatures Hot water temperat 143 degrees Fahre between resident re	ATION General Requirements for hal Care care shall include at a ing and shall be practiced on ay a week basis: ecautions shall be taken to dents' environment remains hazards as possible. All shall evaluate residents to see eceives adequate supervision prevent accidents. Maintenance II:	F99	99			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
		146048	B. WIN	1G _		12/20	0/2006
NAME OF PROVIDER OR SUPPLIER MEADOW MANOR			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 800 MCADAM DR TAYLORVILLE, IL 62568		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	N SHOULD BE COMPL E APPROPRIATE	
F9999	residents. Findings include: The Environmental following hot water the surveyors them-At 3:05 p.m. hot wain bath room B-2 wa-At 3:08 p.m. hot warooms 10 and 11 warooms 10 and 12 warooms 10 p.m. hot wain bath room 12/10 p.m. on 12/10 p.m.	Tour was started and the temperatures were taken with nometer: atter at the tub and the lavatory as 140 degrees F. atter at the lavatory between as 143 degrees F atter at the tub and the lavatory as 139 degrees F. atter at the tub and the lavatory as 139 degrees F. atter at the tub and the lavatory as 139 degrees F. atter at the tub and the lavatory as 139 degrees F. atter at the tub and the lavatory as 139 degrees F. atter at the tub and the lavatory as 139 degrees F. atter and atter valve knobs or turned off lavatories and the bath tubs 17/06. E5, Certified Nursing and, at 4:00 p.m. on 12/17/06, and B-2. She said that ionally use the toilets on their als. E6, Quality Improvement at they have approximately a confused and mobile. E2, said that one of the tubs in utinely used and that the other room is used about idents' requests. No injuries to the excessive hot water and review of the incident had documentation that the safe level on 11/27/06,	F99	999			

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		146048	B. WIN	1G _		12/20	0/2006
NAME OF PROVIDER OR SUPPLIER MEADOW MANOR				8	REET ADDRESS, CITY, STATE, ZIP CODE 00 MCADAM DR AYLORVILLE, IL 62568		
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F9999	B-1 and B-2 and fo	ge 10 0 a.m. on 12/18/06 in rooms und to be 110 degrees F. ed the noncompliance on (A)	F99	999			