

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

PRINTED: 06/08/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G251		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 11/16/2006	
NAME OF PROVIDER OR SUPPLIER GARDEN CENTER SERVICES				STREET ADDRESS, CITY, STATE, ZIP CODE 8345 SOUTH AUSTIN AVENUE BURBANK, IL 60459			
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W 426	Continued From page 7 local hospital on 9/20/06 at 11 p.m. after sustaining burns on both her feet while stepping into the bath. When R1 stated that the water was too hot, the DSP (Direct Service Provider) helped her out of the water instantly and put her feet in cold water at once."			W 426			
W9999	<p>Employees E2 administrator, E3, nurse, E5 Habilitation Aide/DSP, E7, maintenance, and E8, maintenance supervisor, verified that the water temperature was above 110 (F) degrees. The facility incident report/investigation states the water temperature "was out of regulation and that E7 lowered the temperature to 80 (F) degrees." Surveyors were told various temperatures by staff from 114 to 140 (F) degrees.</p> <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATION</p> <p>350.620a) 350.1060a) 350.1060h) 350.2730c)5) 350.2730d)1)A) 350.2730d)1)B) 350.3240a)</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p>			W9999			

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W9999	<p>Continued From page 8</p> <p>Section 350.1060 Training and Habilitation Services</p> <p>a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility.</p> <p>h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.</p> <p>Section 350.2730 Plumbing Systems</p> <p>c) Water Supply Systems</p> <p>5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit</p> <p>d) Hot Water Heaters and Tanks</p> <p>1) Capacity and Temperature Requirements</p> <p>A) The hot water heating equipment shall have sufficient capacity to supply water at the temperature and quantities in the following areas:</p> <p>Resident Service Dietary Laundry gallons/hour/bed 6½ 4 4½</p> <p>Temperature (degrees Fahrenheit) 110 140* 180</p> <p>*180 degree Fahrenheit water is required at dishwasher and pot and pan sink.</p> <p>B) Water temperatures to be taken at the point of use or discharge of the hot water or inlet to processing equipment.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>			W9999			

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W9999	<p>Continued From page 9</p> <p>These Regulations were not met as evidenced by the following:</p> <p>Based on interview, observation, and record review, the facility failed to implement their policy to prohibit neglect when they failed to prevent R1 from sustaining second degree burns to her feet while in the bath tub. The facility failed to :</p> <ol style="list-style-type: none"> 1. Take the water temperature before placing R1 in the water. 2. Maintain the hot water temperature at the regulation 110 (F) degrees. 3. Use proper thermometer to get accurate water temperatures. 4. Teach staff how to take accurate temperatures using the thermometer. 5. Lock the door to the hot water heaters to prevent unauthorized staff or individuals from resetting the gauges on the water heater. 6. Conduct a thorough investigation into the cause of the increased water temperature which resulted in R1 suffering burns. 7. Develop a plan of care that included the treatment for 2nd degree burns. 8. Obtain physician's orders for post 2nd degree burn treatment. <p>Findings include:</p> <ol style="list-style-type: none"> 1. R1 is a 38 year old female whose diagnoses include Severe Mental Retardation, Cerebral Palsy, Seizure Disorder, Peripheral Neuropathy according to the facility face sheet. Facility incident report and hospital records show R1 sustained second degree burns to her toes when she was placed in a bath tub containing hot water by E4, Direct Service Provider (DSP). Facility 			W9999			

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W9999	<p>Continued From page 10</p> <p>reports state R1 was admitted to a local hospital and then transferred to a burn center and later to a rehabilitation facility.</p> <p>Interview with E7, maintenance, and E8, maintenance supervisor, on 11/8 and 11/9/2006 at 1:30 p.m. indicated problems with the hot water heater pilot light which caused the facility to have no hot water on 9/9/06 and 9/13/06. According to E7, who needed some assistance with language interpretation from his supervisor E8, he replaced a thermocouple on 9/13/06 to ensure the pilot light stayed lit. E7 said this piece had nothing to do with the water being hot. E7 stated he took the water temperature at about 9:30 p.m. on the night of the incident and it read 114 (F) degrees.</p> <p>E5, DSP, was interviewed on 11/10/06 at 8:45 a.m. regarding the hot water. E5 stated that the water for bathing was usually cool because all individuals (15) bathed at night, the washers were also running as well as the dishwasher. Surveyor asked E5 if she had turned up the temperature on the hot water heater. Employee stated no and she did not know until recently where the hot water heaters were located. E5 worked the night R1 was burned in the tub but states she was not called to assist coworker E4 until they were transporting R1 to bed (to wait for the nurse to check her). E5 reported to surveyors that while lifting R1, her toe touched E5's shirt and left blood on it. Asked if she ever used a thermometer to check the water temp, staff stated no.</p> <p>E6, hab aide, was interviewed on 11/9/06 at 3:54 p.m.. E6 said she had been trained by E3, RN, following the incident on how to take the water</p>			W9999			

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W9999	<p>Continued From page 11</p> <p>temperatures. Surveyor asked E6 to demonstrate how to take the water temperature. E6 took a large indoor/outdoor weather thermometer from the laundry room and a ceramic cup. She turned on the water in the bath tub on the female hall, letting the water run for awhile. E6 filled the cup with water and inserted the thermometer which read 80 degrees when inserted. After approximately 2 minutes, E6 withdrew the thermometer and stated the temperature was..... A second reading was collected at the sink in the males bathroom. E6 repeated the same procedure. No timer was used and the thermometer which appeared to be for outdoor/indoor temperature was not calibrated.</p> <p>E2, administrator was asked whether staff had turned up the temperature on the hot water heater. She replied, "no one had come forward." The facility failed to conduct a thorough investigation to determine the cause of the increases in water temperature.</p> <p>2. An incident report submitted to the Illinois Department of Public Health (IDPH) dated 9/21/06 stated, "R1, age 38 was admitted to the local hospital on 9/20/06 at 11 p.m. after sustaining burns on both her feet while stepping into the bath. When R1 stated that the water was too hot, the DSP (Direct Service Provider) helped her out of the water instantly and put her feet in cold water at once."</p> <p>Employees E2, administrator, E3, nurse, E5 Habilitation Aide/DSP, E7, maintenance, and E8, maintenance supervisor, verified that the water temperature was above 110 (F) degrees. The facility incident report/investigation states the</p>			W9999			

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W9999	<p>Continued From page 12</p> <p>water temperature "was out of regulation and that E7 lowered the temperature to 80 (F) degrees." Surveyors were told various temperatures by staff from 114 to 140 (F) degrees.</p> <p>3. During an interview with E1, the Executive Director, on 11/09/06 at 2:30 p.m., E1 stated the facility did not have policies governing hot water temperature ranges. The facility did not ensure that staff tested bath water temperatures prior to bathing residents. E1 said that they did not want to burden staff with having to take temperatures prior to a bath and that the maintenance worker had been taking daily water temperatures since the incident of 9/20/06. "We follow the federal guidelines for water temperatures not to exceed 110 (F) degrees." When requested, the facility could not produce dates and times of taking the water temperatures prior to the incident.</p> <p>In addition, when E6, direct care staff, was asked to check the water temperature on 11/9/06 at 3:45 p.m., E6 did not use an approved thermometer for checking the temperature. In addition, all temperatures taken and recorded after 9/20/06 were not accurate as the thermometer utilized was a weather thermometer. The facility failed to provide oversight of checking water temperatures.</p> <p>(A)</p>			W9999			