ND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
		145818	B. Wil	lG		1	C )2/2007
	ROVIDER OR SUPPLIER			707	T ADDRESS, CITY, STATE, ZIP CODE WEST RIVERSIDE BOULEVARD CKFORD, IL 61103		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	· ·	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 329	Dilartin is 10-20. (a local Emergency diagnoses of 1st a neck and chest as hospital records).  On 6/29/07 at 1:00 DON) said that Bound been being me his admission to the sadmission to the sadmission to the sadmission of the sadmission of the sadmission of the sadmission to the sadm	shows that therapeutic range for On 6/28/07 R1 was admitted to Department with the Ind 2nd degree burns to the Id seizure disorder (per 6/28/07)  OPM E2 (Director of Nursing - S blood levels for Dilantin were onitored and had not been since the facility. E2 said that the Indianal Park Park Park Park Park Park Park Park	_	999			
	a) The facility sha procedures, gover the facility which sl Resident Care Pol least the administr the medical advisorepresentatives of the facility. These with the Act and al These written policoperating the facilitleast annually by the procedure of the facilities.	Resident Care Policies Il have written policies and ning all services provided by nall be formulated by a icy Committee consisting of at ator, the advisory physician or					

ID PLAN OF CORRECTION IDEN	VIDER/SUPPLIER/CLIA ITIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		A. BUILDING			C		
	145818	B. WIN	NG		07/02/2007		
ASTA CARE CENTER OF ROCKFORD	707 WEST RIVERSIDE BOULEVARD						
(X4) ID SUMMARY STATEMENT OF PREFIX (EACH DEFICIENCY MUST BE REGULATORY OR LSC IDENTIFY	PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION		
F9999 Continued From page 12		F99	999	9	<del></del>		
Section 300.1210 General Nursing and Personal Care b)6) General nursing care s minimum the following and a 24-hour, seven day a wee All necessary precautions st assure that the residents' er as free of accident hazards nursing personnel shall evaluate that each resident receives and assistance to prevent a Section 300.3130 Plumbing c)3) Hot water distribution starranged to provide hot water degrees Fahrenheit at each times.  c)4) Hot water available to bathing and handwashing faction and handwashing faction of a mixing vacontrols, and checking water at various points, shall be in that the temperature of hot varesidents at shower, bathing facilities shall not exceed 11 Fahrenheit.  Section 300.3240 Abuse and An owner, licensee, admort agent of a facility shall not resident.  These Requirements are not by:  Based on observation, intentions.	shall include at a shall be practiced on k basis: hall be taken to a high provided and hall be taken to a possible. All luate residents to see adequate supervision accidents.  Systems shall be ar of at least 100 hot water outlet at all residents at shower, acilities shall not alve, limited access to a temperatures daily aplemented to insure water available to and handwashing 0 degrees  at Neglect inistrator, employee t abuse or neglect a						

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 10/16/2007 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE COMPI	
NAME OF F	PROVIDER OR SUPPLIER	145818	<u> </u>			02/2007
	ARE CENTER OF RO	CKFORD	707	ET ADDRESS, CITY, STATE, ZIP ( WEST RIVERSIDE BOULEVA CKFORD, IL 61103	<del>-</del>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
	seizures, while in the floor shower with we 6/28/07. The reside while in the shower 2] Ensure water the areas did not except temperature of 110 facility has no water monitor water temperature of 110 facility has no water monitor water temperature of 110 facility has no water monitor water temperature of 110 facility has no water monitor water temperature of 110 facility has no water monitor water temperature of seizure resulted burns to the right supper chest area, a chest area while tall shower room.  All 117 residents with the potential to be a who take showers with the potential to be	ailed to: ident, who is at risk for he shower. R1 was in the first vater running for an hour on ent may have had a seizure r. imperatures in resident bathing ed the maximum allowable degrees Fahrenheit. The r mixing valves and failed to beratures to assure they were d in R1 sustaining 2nd degree ide of his neck and the right and 1st degree burns to his king a shower in the first floor ho reside in the facility have affected. R1 is 1 of 4 residents without supervision.	F9999			

(X2) MULTIPLE CONSTRUCTION

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	]	MULTIPL ILDING	LE CONSTRUCTION	(X3) DATE S	
		145818	B. WI	NG		07/0	C <b>)2/2007</b>
NAME OF PROVIDER OR SUPPLIER  ASTA CARE CENTER OF ROCKFORD			707	ET ADDRESS, CITY, STATE, ZIP CODE WEST RIVERSIDE BOULEVARD OCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	<del>-</del> :	F9	999			
	own showers, and I	ne just needs reminders.					
	"requires supervision Plan for Altered The 5/3/07, states that the confusion and parainterventions is to reareas. R1's Injury I says that the resided Disorder.  E3, Registered Nurn Notes on 6/28/07: 3:30 PM - "Patient Nather Patient Nather Patien	ed 5/3/07 states that R1 on with bathing." R1's Care ought Processes, also dated he resident has, "episodes of noia." One of the edirect (R1) from unsafe Risk Care Plan dated 5/3/07 ont has a diagnosis of Seizure se, documents in the Nurses was seen on his way to the r. Patient reminded that today wer day and he cannot take					
	long shower; other in 3:50 PM - "Writer in to come out of the s residents are waitin 4:00 PM and again	residents are going to shower. formed patient that he needs shower because other					
	Staff came in the sh sitting in shower cha facial twitching lasti assisted to room no	ted CNA to check on R1. nower and patient was noted air having an emesis and ng for 1 minute. Patient ted 2 centimeter blister on his contacted and transported"		:		C 07/02/20	
	take long showers. at 3:30 PM. E3 said than three times to sother residents coul 5:00 PM a Certified to check on him. Sh	PM, E3 said that R1 likes to He began taking his shower I that R1 was asked more get out of the shower so that d shower. She said that at Nursing Assistant (CNA) went e said that "R1 was found chair; he had had an emesis					

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 10/16/2007 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

ND PLAN OF CORRECTION   IDENTIFICATION NUM		IDENTIFICATION NUMBER:	A. BUILDING			—— COMPLETED		
		145818	B. WII	IG		07/02/2007		
	ROVIDER OR SUPPLIER	KFORD		70	EET ADDRESS, CITY, STATE, ZIP CODE 17 WEST RIVERSIDE BOULEVARD OCKFORD, IL 61103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
	of undigested food. observed to R1's far was mumbling. His warm to the touch. responsive; I think h was very hot and strunning in the show was no cold water of the was rounded a blister of in size. By the time to the hospital the b Hospital Emergency 6/28/07 show that R 1st and 2nd degree and seizure disorded on 6/29/07 at 10:40 hospital. A blister the right side of his casitter has been as keep him from injury At 10:00 AM on 6/29 asked for the facility temperatures in the not have a policy. T Scalding Alert: Facts published by the De as their guideline for sheet states: "Check various points to inswater available to incand hand washing fadegrees Fahrenheit.	E3 said that twitching was ce; his eyes were open, he skin was 'pruny' and very The resident was not very be had a seizure. The room eamy. The water was still er and was very hot. There unning. While drying him off in his chest it was about 2 cm the resident was transferred lister had became larger."  Department records dated 1's admitting diagnoses are burns to the neck and chest of the size of a hand was noted to chest and the right side of his lue to the resident's confusion signed to stay with him to while in the hospital.  MO7, E1 (Administrator) was policy on monitoring water facility. E1 said that they do he facility uses the Burns & Prevention sheet water temperatures. The country water temperatures daily at ure that temperature of hot dividuals at shower, bathing, accilities does not exceed 110	F99	999				

(X2) MULTIPLE CONSTRUCTION

ASTA CARE CENTER OF ROCKFORD  707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		•	COMPLETED	
ASTA CARE CENTER OF ROCKFORD  SUMMARY STATEMENT OF DEFICIENCIES  REGULATORY OR USE TO PRICE BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  REGULATORY OR USE CENTERY WIST BE PRECEDED BY FULL  TAG  TAG  PREFIX  TAG			145818	B. Wil	NG		07/	
FREETX TAG  RESULATORY OR LSC IDENTIFYING INFORMATION)  F9999  Continued From page 16 on 1st floor gets hot.  During confidential interviews at 11:00 AM on 6/29/07, 23, 24, 26, 8 Z7 all said that the water temperatures in the shower rooms have to be adjusted or the water would be too hot.  On 6/29/07 at 12:10 PM, E6 (Maintenance Supervisor) was asked if he monitors the water temperatures throughout the facility. E6 presented a log. He said that he randomly chooses patient rooms and shower rooms on a daily basis to check the water temperatures. E6 said that if the water is greater than 115 degrees Fahrenheit (F) he would adjust the boiler temperatures written down were the boiler temperatures written down for any of the water outlets in resident rooms or shower rooms. E8 said that he was puts a check mark showing that the temperatures were checked and that they are usually around 113 degrees F. E6 said that the hottest water is on the first floor probably because of the physical distance from the boiler to the 1st floor. Review of the boiler temperatures for April, May and June 2007 shows that the emperatures for April, May and June 2007 shows that the temperatures run between 115 and 125 degrees F. E6 said that the has used the same thermometer for about two years and has never calibrated his thermometer. E6 calibrated his thermometer lusing ice and water. The thermometer read 0 degrees F. E6 said that because of the zero reading, the thermometer was accurate.			CKFORD		707	WEST RIVERSIDE BOULEVARD		
on 1st floor gets hot.  During confidential interviews at 11:00 AM on 6/29/07, 23, 24, 26, & 27 all said that the water temperatures in the shower rooms have to be adjusted or the water would be too hot.  On 6/29/07 at 12:10 PM, E6 (Maintenance Supervisor) was asked if he monitors the water temperatures throughout the facility. E6 presented a log. He said that he randomly chooses patient rooms and shower rooms on a daily basis to check the water temperatures. E6 said that if the water is greater than 115 degrees Fahrenhait (F) he would adjust the boiler temperature to keep the water between 100 -115 degrees. Review of the water temperature logs shows that the only temperatures written down were the boiler temperatures. There were no temperatures written down for any of the water outlets in resident rooms or shower rooms. E6 said that he was puts a check mark showing that the temperatures were checked and that they are usually around 113 degrees F. E6 said that the hottest water is on the first floor probably because of the physical distance from the boiler to the 1st floor. Review of the boiler temperatures for April, May and June 2007 shows that the emperatures run between 115 and 125 degrees F. E6 was asked how often he calibrates his thermometer before checking the water temperatures. E6 said that he has used the same thermometer for about two years and has never calibrated his thermometer. E6 calibrated his thermometer. E6 calibrated his thermometer. E6 calibrated his thermometer read 0 degrees F. E6 said that because of the zero reading, the thermometer was accurate.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
		on 1st floor gets he During confidential 6/29/07, Z3, Z4, Z6 temperatures in the adjusted or the war On 6/29/07 at 12:1 Supervisor) was as temperatures throupresented a log. He chooses patient rodaily basis to check said that if the water Fahrenheit (F) he was temperature to kee degrees. Review of shows that the only were the boiler temperatures written outlets in resident resaid that he was put the temperatures we usually around 113 hottest water is on of the physical distafloor. Review of the May and June 2007 run between 115 ar asked how often he before checking the that he has used that he has used that he has used that the has used that he has had he has he has he had he has he had he has	interviews at 11:00 AM on 6, & Z7 all said that the water e shower rooms have to be ter would be too hot.  O PM, E6 (Maintenance sked if he monitors the water ighout the facility. E6 le said that he randomly oms and shower rooms on a key the water temperatures. E6 er is greater than 115 degrees would adjust the boiler p the water between 100 -115 of the water temperature logs temperatures written down peratures. There were no en down for any of the water tooms or shower rooms. E6 ets a check mark showing that here checked and that they are degrees F. E6 said that the the first floor probably because ance from the boiler to the 1st e boiler temperatures for April, it shows that the temperatures and 125 degrees F. E6 was a calibrates his thermometer water temperatures. E6 said the same thermometer for about never calibrated his alibrated his thermometer. The thermometer read 0 that because of the zero meter was accurate.	F99	999			

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145818	B. WII			07/(	C 02/2007
AME OF PROVIDER OR SUPPLIER ASTA CARE CENTER OF ROCKFORD				7	REET ADDRESS, CITY, STATE, ZIP CODE 07 WEST RIVERSIDE BOULEVARD COCKFORD, IL 61103		72.2007
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	take water temperal shower rooms, or the Facts & Prevention devices on faucets a water temperate that a water temperate that a water temperate shower shower shower shower temperate that a water tem	that he has never seen E6 tures in resident rooms, he boiler.  Ity called in an outside agency the boiler system for defective he technicians report was out states, "Found boiler ature at 130 degrees, he degrees. Aquastat set at 105 hing 110 degrees. Boiler he down prior to my hew stat for controller and also he facility plumbing system he partment of Human he Department of Human he Department of Human he difficulty uses as their guideline heres states"install mixing he difficulties agency give her positive temperature control he burns & Scalding Alert: hit says to, "install anti-scald hand showerheads"  d Sciences Division of the human facility uses as their guideline her product Safety here agency give here agency g	F9:	999			