STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6005615	A. BUILDING: _____ B. WING _____	C 10/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUTHERAN HOME, THE	6901 NORTH GALENA ROAD PEORIA, IL 61614

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision	S9999		

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S9999	Continued From page 1 and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidenced by: Based on interviews, observation and record reviews the facility failed to safely serve coffee to one of three sampled residents. (R1) On 9/13/14 R1 spilled coffee on his legs, which resulted in second degree burns on both posterior thighs. Findings include: R1's Minimum Data Set dated 6/20/14 notes R1 to have a Diagnosis of Lewy Body Dementia and to be moderately cognitively impaired with poor decision making and supervision required. Incident report dated 9/13/14 at 7:30 A.M. notes that R1 had spillled coffee on both legs. Incident report reads, "Resident (R1) spilt coffee on his left upper thigh, Resident was given 650 mg of Tylenol for the pain and cold compress for 15 minutes to left upper thigh. Has some redness to it but no blisters or welps present at this time. Skin intact. Will continue to monitor." Note on incident report at 4:27 P.M. reads, "Daughter here and noticed a blister to left back upper thigh and opened blisters to the right upper back thigh."	S9999		

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S9999	Continued From page 2	S9999		

Patient Wound Care Sheet dated 9/16/14 notes R1 to have a 9.5 centimeter x 3.0 centimeter full thickness burn to the right posterior thigh and a 9.3 centimeter x 5.2 centimeter partial thickness burn to the left posterior thigh.

On 10/2/14 at 9:05 A.M. Z2 (R1's Daughter) stated that R1 has been having an issue with spilling his drinks for the past several months. Z2 stated the facility staff and herself tried sippy cups and cups with lids on them, but R1 was not receptive to these ideas. Z2 stated she then told staff R1 should have an ice cube in his coffee and only fill it half way. This way if he was to spill it on himself he would not burn himself. Z2 stated she assumed that the information had been passed on to all departments. Z2 stated that she was surprised to find out that R1 had second degree burns to the backs of both thighs.

On 10/3/14 at 9:53 A.M. E6 (Homemaker) stated that she was told about a month ago that R1 was to have an ice cube in his coffee and only half full. E6 stated that R1 has had trouble with spilling his coffee and that's when they first tried the cups with lids on them. E6 said she thought all the staff knew this information.

On 10/2/14 at 10:18 A.M. E4 (Household Coordinator) stated that she is the Coordinator of the Unit in which R1 resides. E4 stated that she was not made aware of the intervention of putting an ice cube in a half cup of coffee for R1. E4 stated the information needs to be passed on to management in order to get on R1's care plan and Dietary card.

On 10/2/14 at 1:57 P.M. Z1 (R1's Attending Physician) stated that R1 did acquire second

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S9999	Continued From page 3 degree burns to both posterior thighs as a result of spilled coffee on 9/13/14. (B)	S9999		