PRINTED: 10/04/2018 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003792 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 MAPLE STREET** PIPER CITY REHAB & LIVING CENTER PIPER CITY, IL 60959 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations 300.3130c)3)4) Section 300.3130 Plumbing Systems Water Supply Systems Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times. Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain water temperatures between the required 100 degrees Fahrenheit and 110 degrees Fahrenheit. This failure has the potential to affect all 43 residents Attachment A residing in the facility. Statement of Licensure Violations Findings include: On 9/11/18 at 1:06 pm, the water from the hand sink of resident room 102 measured 122.5 degrees Fahrenheit (F). V3, Interim Maintenance Director, stated, "That's way too hot." The water from the hand sink in resident room Illinois Department of Public Health

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

TITLE

(X6) DATE

PRINTED: 10/04/2018 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003792 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 MAPLE STREET** PIPER CITY REHAB & LIVING CENTER PIPER CITY, IL 60959 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$9999 Continued From page 1 S9999 109 measured 121.1 F. The water from the hand sink in resident room 107 measured 121.6 F. The water from the hand sink in resident room 117 measured 116.4 F. The water from the shower in the facility's 100 hall shower room measured 118.7 and was still rising when V3, Interim Maintenance Director, stated, "It doesn't matter, its already too hot." The water from the hand sink in resident room 203 measured 90.5 F. and the faucet handle loosely rotated in all directions and did not control the water temperature, V3, Interim Maintenance Director, stated "The handle is stripped." The water from the hand sink in room 215 measured 118.7 F. The water from the hand sink in room 214 measured 120.5 F. The water from the shower in the facility's 200 hall shower room, and from the hand sink in the 200 hall shower room, measured 120.5 F. The water from the hand sink in resident room 208 measured 120.2 F. On 9/12/18 at 3:48 pm, V4, V5, V6, and V7, Certified Nursing Assistants, stated that every resident in the facility goes in the shower, each resident in the facility has scheduled shower days

either on day shift or evening shift.

On 9/13/18 at 12:08 pm, V3, Interim Maintenance Director, stated, "The whole facility only has two

PRINTED: 10/29/2018 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: ___ COMPLETED IL6003792 B. WING_ 09/13/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **600 MAPLE STREET** PIPER CITY REHAB & LIVING CENTER PIPER CITY, IL 60959 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 water heaters, one goes to all of the resident rooms, and one goes to the kitchen and dishwasher." The facility's Resident Census and Conditions of Residents dated 9/11/18 documents 43 residents reside in the facility. (B)