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:** COMPLETED A. BUILDING: ___ B. WING IL6001119 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3705 DEERFIELD ROAD **BRENTWOOD NORTH HC &REHAB CTR** RIVERWOODS, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b)

Section 300.1210 General Requirements for Nursing and Personal Care

300.1210d)6) 300.3130c)3)4)5) 300.3240a)

- The facility shall provide the necessary b) 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. Restorative measures shall include, at a minimum, the following procedures:
- 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

Attachment A Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 07/24/15 Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(3) DATE SURVEY COMPLETED	
		11 0001110					
		IL6001119			07/1	16/2015	
	PROVIDER OR SUPPLIER	3705 DEF		STATE, ZIP CODE			
BRENTWOOD NORTH HC &REHAB CTR 3705 DEERFIELD ROAD RIVERWOODS, IL 60015							
(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	Continued From page 1		S9999				
	nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.					The manual distribution is a various and the second of the	
	Section 300.3130 Plumbing Systems						
	arranged to provide degrees Fahrenheit times. 4) Hot water availabe bathing and handware exceed 110 degrees 5) Protective measure to, installation of a montrols, and checking at various points, shifthat the temperature residents at shower, facilities shall not experience facilities shall not experience. Section 300.3240 At a) An owner, license	ation systems shall be hot water of at least 100 at each hot water outlet at all alle to residents at shower, ashing facilities shall not as Fahrenheit. Ires, such as but not limited nixing valve, limited access to ng water temperatures daily all be implemented to insure a of hot water available to bathing and handwashing ceed 110 degrees Duse and Neglect se, administrator, employee or all not abuse or neglect a					
	These Regulations v by:	vere not met as evidenced					
777000	review the facility fail water at 110 degrees. This applies to 17 re	en, interview and record led to maintain access to hot is Fahrenheit (F) and below. esidents (R1-R12, R15, R16, lewed for accident hazards 24					

Illinois Department of Public Health

VEM911

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED		
		IL6001119	B. WING _		07/	/16/2015		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY	STATE 710 CODE				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BRENTWOOD NORTH HC &REHAB CTR 3705 DEERFIELD ROAD RIVERWOODS, IL 60015								
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(3/5)		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	HOULD BE COMPLETE		
S9999	9999 Continued From page 2		S9999					
	and 59 residents (F	R26-R85) in the supplemental	7	many de la company de la compa				
	sample.	teo reogniture supplementar	OT THE REAL PROPERTY AND THE PROPERTY AN	DEFINITION OF THE PROPERTY OF				
	The findings includ	le:		Addresses as				
	On July 13, 2015 at	t 11:15 AM, surveyor's		The state of the s				
		erified as accurate to 32						
	degrees Fahrenheit			America and an analysis of the second analysis of the second analysis of the second and an analy				
	On July 13, 2015 between 1:15 PM and 2:20 PM,			No. in Control of the				
	water temperatures in resident sinks on the 300 and 400 wings of the facility were measured at a range of 113 degrees F to 133.5 degrees F. E4 (Maintenance Supervisor) was present during the water temperature checks on 300 and 400 wings. E4 checked his facility thermometer which was accurate. During the same time frame the shower					and the same of th		
						and the state of t		
11000	rooms of the 300 and 400 wing temperatures ranged from 115.3 degrees F to 122.6 degrees F. On the 200 wing Room 224's temperature was 114 degrees F., and room 225's temperature was 122.4 degrees F. On July 13, 2015 at 1:50 PM, E4 stated "let me do the baby test". E4 placed his wrist under the running water, pulled back quickly, and stated, "That's hot!" After checking the water heater, E4							
10000								
				The second secon				
						-		

		is wrong. The return is 100						
		going (hot water) is measuring be the thermometer (in the		· ·				
	plumbing circuit) is t							
		10:30 AM, E4 (Maintenance						
	Director) stated duri			and the state of t				
	temperatures are ta	ken daily in the morning. Two		And a second sec				
		checked on each wing. This						
		eing checked so all the rooms				1		
	will get checked eve							
		nce Checklist reviewed from				No.		
		1 July 13, 2015, shows always taken between 7:45				Management		
		emperatures during this time						
		108 degrees F to 112 degrees						
İ		of temperatures were done						
American		here the temperatures were			- Chargement			

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 07/16/2015	
		IL6001119			07/		
	PROVIDER OR SUPPLIER	EHAB CTR 3705 DEE	RFIELD RO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	over 110 degrees a water temperature (330, 408, 409, 410, recorded water tem 13, 2015. The Center for Med Operations Manual, 17, 2007 has a Time Relationship to Seri water temperature of exposure time of on	t other times of day. High rooms 302, 303, 317, 327, 417, and 420 had no peratures from July 1 to July icare and Medicaid's State appendix PP, as of August	S9999				

Illinois Department of Public Health



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Imposed Plan of Correction

Brentwood North HC & Rehab Annual Health Survey date: 7/16/15

Attachment B
Imposed Plan of Correction

300.1210b) 300.1210d)6) 300.3130c)3)4)5) 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. Restorative measures shall include, at a minimum, the following procedures:
- 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:
 - 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 and assistance to prevent accidents.

Section 300.3130 Plumbing Systems

- c) Water Supply Systems
- 3) 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.
- 4) Hot water available to residents at shower, bathing and hand washing facilities shall not exceed 110 degrees Fahrenheit.
- 5) Protective measures, such as but not limited to, installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and hand washing facilities shall not exceed 110 degrees Fahrenheit.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

Compliance with the above Regulations will be accomplished by:

- The facility will exchange the mixing valves in the areas affected by high water temperatures.
- The facility will in-service staff on the requirements to maintain water temperatures and the procedures if water temperatures exceed 110 degrees F.
- Water temperatures are to be taken at different times of day and documented appropriately.

Results of audits and training are to be documented and reviewed by the facility. Quality Assurance Committee Monthly and for review and recommendations.

Completion date: 10 Days from Receipt of Notice