

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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
S 000	Initial Comments Complaint Investigation 2310336/IL155295	S 000		
S9999	Final Observations Statement of Licensure Violations (two parts to one violation) A) 300.610a) 300.1210b) 300.1210d)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023	
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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:</p> <p>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 and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to serve hot beverages in a safe manner resulting in full thickness burns to an extensive area of skin which have required advanced and continuing treatment for the past 11 weeks to 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 6.</p> <p>Findings include:</p> <p>On 1/17/23 at 10:26 AM, V5 (Certified Nursing Assistant/CNA) said the staff take mugs to the hot water dispenser on the unit and get the hot water for tea and take the tea to the residents. V5 showed the coffee maker with the incorporated hot water dispenser (coffee brewing system) on the unit kitchenette which staff use to make hot tea. V5 said she does not check the temperature of the tea prior to serving it to the residents.</p> <p>On 1/17/23 at 10:56 AM, V6 (Registered</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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 2 Nurse/RN) said carafes of coffee are made in the kitchenette and the CNA comes and gets the carafe for their unit and the CNA also gets the hot water for the tea from the kitchenette hot water dispenser. On 1/17/23 at 11:06 AM, V4 (Maintenance Director) checked the hot water dispensed from the hot water dispenser on the brew machine located in the kitchenette on the unit where R1 resides, and it was steaming and measured 180 degrees F. V4 said, "That's a problem, it should not exceed 120 degrees F." V4 said the kitchen director is responsible for these machines. V4 said he was not aware of anyone getting burned from the tea made from the water dispensed or he would have done something about it. V4 said if they can't turn down the temperature on the machine, he will remove the machines. On 1/17/23 at 2:09 PM, V4 measured the temperature of the water dispensed from the coffee brewing system on a different unit and it was 166.9 degrees F and on 1/17/23 at 2:23PM, V4 measured the temperature of the water dispensed from the coffee brewing system located in the kitchen and it was 176.5 degrees F. On 1/17/23 at 12:00 PM, V8 (Dietary Manager) said she was aware R1 had spilled some tea and burned herself. V8 said the facility has coffee machines on the units and dietary and the CNAs have access to the coffee machines. V8 said dietary or the CNA can make the coffee in the kitchenette, put it in the carafe, and take it to the units. V8 said there is a spout on the coffee machine for hot water to make tea. V8 said they don't make a carafe of tea because there are only a few residents who drink it. V8 said the CNA or dietary aide would put the tea bag in a cup and use the hot water dispenser on the coffee	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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 3 machine and add it to the mug for the residents who want tea. V8 said there is another coffee machine on another unit with a hot water dispenser and a main one in the kitchen. V8 said all three machines are the same except the kitchen one can brew larger quantities. V8 said the temperature on the machines cannot be changed or recalibrated. V8 said the hot water in the machine needs to be 155 degrees F or less. V8 said she believes she checked the water temperature on each of the three machines after R1 burned herself. V8 said she believes the temperature was safe but cannot be 100% sure if the hot water was less than 155 degrees F. V8 said she does not remember what the temperatures were when she checked them or if she recorded them anywhere. V8 said the CNA would need to check the temperature of the tea before giving it to the resident, same with the coffee. V8 said the CNAs know that and have all received competencies to check the hot beverage temperatures. V8 said there is no specific temperature log for the hot water dispensers on the units. On 1/17/23 at 12:12 PM, V9 (Licensed Practical Nurse/LPN) said she was the nurse for R1 when she spilled hot tea on her lap. V9 said R1 was in the dining room and no staff saw the incident. R1 told staff that she spilled tea on her lap. V9 said she assessed R1 and noticed redness to R1's inner thighs and on a thumb and a finger. V9 said if a resident requests hot tea, they were getting the hot water from the hot water dispenser on one of the units to make the tea. V9 said after R1 was burned she stopped using the hot water dispensers, but she is not sure why. V9 said the hot water dispensers were not removed from the units.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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 4 On 1/17/23 at 1:03 PM, V10 (Wound Care Nurse) said she was in the facility on 10/29/22 and was called by V9 (LPN) and informed that R1 had a thermal wound. V10 said they had already pulled down R1's pants, and she noted that R1's upper inner thighs bilaterally and a couple of her fingers were pink, slightly red, and intact. V10 said R1's burns progressively worsened and R1 is still receiving wound care. On 1/17/23 at 2:42 PM, V11 (Family Nurse Practitioner/FNP) said R1 was having tea and she spilled it on herself. V11 said initially it was redness and she ordered more first aid, symptomatic care, labs and preventive care. V11 said she saw R1 a couple days later and blisters were forming so she initiated more treatments and dressing changes. V11 said R1's wound progressed from redness to blisters. V11 said the damage won't initially show up with how R1 sustained her burn. V11 said they got a wound specialist to optimize R1's care. V11 said burns can progress from first degree to full thickness. V11 said R1 did develop cellulitis during the first week from her burns, so she started antibiotics so it did not become systemic. V11 said the burn caused the cellulitis. On 1/17/23 at 11:46 AM, V1 (Administrator) said the investigation completed on the incident when R1 sustained burns after she spilled hot tea on herself concluded the root cause was that R1 spilled the tea on herself. V1 said he is not sure if there were any changes implemented as a result of the incident. On 1/18/23 at 11:07 AM, V1 said off meal "on demand" beverages should not be prepared by staff in the kitchenettes on the units. V1 said there are no temperature logs for the "on demand" hot beverages whether they come from the kitchen or were made on the units.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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	<p>Continued From page 5</p> <p>On 1/18/23 at 12:20 PM, V1 said they do not have a specific policy on using the coffee brewing system, it would just fall under the Food Temperature Maintenance Policy. V1 said nursing staff is not supposed to use the brew machine at all.</p> <p>On 1/17/23 at 10:36 AM, R1 said she had a cup of hot tea and went to remove the teabag from the cup, and it snagged and the tea spilled all over her lap. R1 said she was burned between her thighs and was getting daily wound care. R1 said the tea is always hot, and she is still drinking it when she has a taste for it.</p> <p>R1's Admission Record dated 1/17/23 shows she was admitted to the facility on 10/29/21 and her diagnoses include, but are not limited to, pulmonary embolism, diabetes mellitus type 2, pulmonary hypertension, atelectasis, respiratory failure, congestive heart failure, gastrointestinal hemorrhage, history of falling, abnormal posture, transient cerebral ischemic attack (TIA), hypertension, gastroesophageal reflux disease, hyperlipidemia, chronic obstructive pulmonary disease, osteoarthritis and osteoporosis. R1's Minimum Data Set (MDS) dated 1/6/23 shows she is cognitively intact and requires supervision with eating/drinking. R1's care plan initiated on 11/8/22 shows she is on antibiotic therapy for cellulitis to her thighs. R1's Wound Assessment Details Report shows she sustained burns acquired in the facility which were first identified on 10/29/22 to her right front thigh and her left front thigh. The burn injuries were both described as superficial on that day and R1' right thigh burn measured (Length x Width x Depth (L x W x D) 18.0 cm (centimeter) x 12.2 cm x unknown and her left thigh burn measured 17.0 cm x 25.0 cm x</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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	<p>Continued From page 6</p> <p>unknown. R1's Wound Assessment Details Report dated 11/5/22 shows R1's right and left front thigh burns had progressed to full thickness injuries and her right thigh burn measured 18.0 cm x 15.0 cm x 0.10 cm (L x W x D) and her left thigh burn measured 17.0 cm x 29.0 cm x 0.10 cm (L x W x D). R1's Progress Notes show an Incident Note written on 10/29/22 at 12:45 PM which describes that R1 told staff she had spilled hot tea on her lap. Staff took her to her bathroom, removed her clothes, and the nurse noted redness to R1's right and left thighs both front and inner, left thumb, right middle finger and her left lower quadrant. R1's provider was notified, and treatment orders were received for what was described as first degree burns.</p> <p>On 1/18/23 at 9:22 AM, V12 (Wound Care Specialist/Nurse Practitioner/NP) said R1 sustained full thickness (3rd degree) burns (thermal injury) to her right and left thighs after she spilled hot tea on herself. V12 said a thermal injury can progressively get worse after first presenting as a superficial injury. V12 said the damage is not immediately visible, but the damage has been done. V12 said R1's thigh burns began as superficial injuries, then blisters formed, then quickly became necrotic tissue. V12 said the higher the temperature of the tea, the deeper the damage. V12 said the patient will develop an infection 100 percent (%) of the time due to contaminated skin, and cellulitis development is part of the burn progression. V12 said he used "very advanced treatment" to treat (R1's) thermal wounds including use of a skin substitute which is like a skin graft. V12 said he began treating R1's burn wounds on 11/7/22 and her wounds were 75-100% necrotic tissue. V12 said R1 had an extensive, huge area of burns. V12 said he evaluates and treats R1's burn</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
--	---

(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	<p>Continued From page 7</p> <p>wounds every week and saw her last for continuing treatment two days ago.</p> <p>On 1/17/23 at 11:16 AM, V2 (Director of Nursing/DON) said the CNA gets hot water from the hot water dispenser on the resident unit to prepare tea for the residents when they request it. V2 said back in October (10/29/22) V9 (LPN) called to notify him that R1 spilled hot tea on herself and had redness to both of her thighs. V2 said he asked V9 if the tea was made with hot water from the unit's hot water dispenser, and she confirmed it was. V2 said he told V9 not to use the hot water dispenser until it was recalibrated so no one else would get burned. V2 said he remembers R1's burns progressed to blisters, then became full thickness burns on 11/5/22.</p> <p>On 1/18/23 at 1:57 PM, V13 (Restorative Nurse) said she helps V2 (DON) with some of the clinical type of investigations. V13 said she and V2 investigated R1's burn and it happened on a weekend. V13 said on the following Monday, 10/31/22, they spoke to R1 about what happened, and R1 told them she was in the dining room waiting for lunch, she was served the hot tea and she spilled it when she was pulling the tea bag out of the cup onto herself. V13 said she did a hot beverage evaluation of R1 and R1 did not want her hot beverage privilege taken away. V13 said R1 was found to be able to continue drinking hot beverages while supervised. V13 said the investigation included the incident report, the hot beverage evaluation, and the education she provided to R1 which she documented in an assessment in R1's chart. V13 said she is not aware of any other outcomes/changes following their investigation of R1's hot tea burn incident.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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	<p>Continued From page 8</p> <p>The user guide for the facility's coffee brewing system (undated) provided by the facility documents " ...Temperature - sets the brewing temperature of the water held in the water tank (the factory default is 200 degrees F). The range is 170 degrees F to 206 degrees F...choose the desired temperature...to set and exit."</p> <p>The facility's Food Temperature Maintenance Policy (revised 7/11/22) documents " ...Hot beverage items will be served at 140-150 degrees F for safety..."</p> <p>No documentation was provided to show the nursing staff received competencies on checking hot water beverage temperatures prior to serving them to the residents, and no documented in-services were provided regarding using the facility's coffee brewing system.</p> <p>B) 300.690b) 300.690c)</p> <p>Section 300.690 Incidents and Accidents</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069
---	---

(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	<p>Continued From page 9</p> <p>phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report a serious accident to the Department and Regional Office for 1 of 3 residents (R1) reviewed for safety and supervision in the sample of 6.</p> <p>Findings include:</p> <p>On 1/17/23 at 11:16 AM, V2 (Director of Nursing/DON) said he was informed via phone on 10/29/22 by V9 (Licensed Practical Nurse/LPN) that R1 spilled hot tea on herself and had redness to both of her thighs. V2 said he did not report it to the state since it was just a first degree burn. V2 said he remembers R1's burns progressed to blisters, then became full thickness burns on 11/5/22.</p> <p>On 1/17/23 at 11:46 AM, V1 (Administrator) said he was informed R1 had been served hot tea and had spilled it on herself. V1 said R1 had some redness, and her provider was informed. V1 said clinical did the investigation. V1 said he did not report the incident to the State.</p> <p>On 1/18/23 at 9:22 AM, V12 (Wound Care Specialist/Nurse Practitioner/NP) said R1 had a thermal skin injury after spilling hot tea on her</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/19/2023
NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE		STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069		
(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 10 thighs. V12 said she had full thickness (3rd degree) burns to both of her thighs. V12 said R1's burns covered an extensive, "huge" area of her thighs. The facility's Incident Reporting Policy (revised 7/28/22) shows, "Procedures 1. Any serious injury sustained by a resident...will be reported to IDPH Regional Office ..." (A)	S9999		