(X6) DATE

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMP	SURVEY LETED
			A. BUILDING:	A. BUILDING.		,
		IL6007090	B. WING		01/0	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	STATE, ZIP CODE		
PARIS H	EALTH AND REHAB (	CENTER 1011 NO PARIS, II	RTH MAIN ST - 61944	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 23610622/IL168023					
S9999	Final Observations		S9999			
	a) The facility of procedures governing facility. The written be formulated by a Committee consisting administrator, the amedical advisory confined facility and other policies shall composite facility and shall by this committee, and dated minutes	esident Care Policies shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the idvisory physician or the emmittee, and representatives or services in the facility. The ly with the Act and this Part. Is shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting.  General Requirements for				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				

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

01/29/24 **Electronically Signed** 

TITLE

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
						c
		IL6007090	B. WING		01/0	05/2024
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
PARIS H	EALTH AND REHAB	CENTER 1011 NOI PARIS, IL	RTH MAIN ST . 61944	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 1	S9999			
	care needs of the r	esident.				
	nursing care shall i following and shall seven-day-a-week  6) All necessa	ry 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 300.3120	Mechanical Systems				
	h) Heating, Ventilating, and Air Conditioning Systems					
	residents of the nur conditioned and he air-conditioning and areas subject to thi requirement include or common areas s rooms, living rooms	nursing home used by rsing home shall be air atted by means of operable d heating equipment. The is air-conditioning and heating e, without limitation, bedrooms such as sitting rooms, activity is, community rooms, and tion 3-202(8) of the Act)				
	These Regulations	are not met as evidenced by:				
	review, the facility f for fire and burn ha space heaters in re facility and intention emergency exit doo doors do not open, not be used to disc	ion, interview, and record railed to prevent the potential szards by installing portable esident rooms throughout the nally labeling working ors with signs declaring the are out of order, and should ourage or prevent use by nts. These failures affect all 74				

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STATE FORM 1USC11 If continuation sheet 2 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6007090	B. WING		01/0	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
PARIS H	EALTH AND REHAB (	CENTER 1011 NOR PARIS, IL	TH MAIN ST 61944	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	residents residing in	n the facility.				
	Findings include:					
		portable electric space heaters ughout the facility in the poms:				
	located in R74's roc surface of the heate approximately four	erating space heater was om and the front radiating er was positioned inches away from R74's the perimeter of R74's room.				
	located in R73's roo surface of the heate approximately three	erating space heater was om and the front radiating er was positioned e inches away from R73's rtain at the perimeter of R73's				
		erating space heater was R72's shared room.				
		erating space heater was R70's shared room.				
	located in R67 and radiating surface of	erating space heater was R68's shared room. The front the heater was located nches away from R67's				
	-at 11:58AM, an opelocated in R62's roo	erating space heater was om.				
	located in R15's roo of the heater glowin	erating space heater was om with the heating elements ng orange in color. The front the heater measured 370				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					_ c	
		IL6007090	B. WING		01/0	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PARIS H	EALTH AND REHAB	CENTER 1011 NOR PARIS, IL	TH MAIN ST 61944	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	degrees Fahrenhei thermometer.	t by the State Agency				
	-at 1:45PM, an ope located in R1's roor	rating space heater was n.				
	- at 1:52PM, an operating space heater was located in R4's room. R4 reported the heater had been in place for two months.					
	-at 2:25PM, an operating space heater was located in R5's room.					
	located in R8's roor immediately in the curtain would be possible to be a corange in coloration the bottom of the homovable when light bed and reported faprivacy curtains become staff curtains when they to request other staff avoid contact with the was attached to the "WARNING Risk of material such as full curtains as least 3 in the curtain such as full curtains as least 3 in the curtain such as full curtains as least 3 in the curtain such as full curtain such as	rating space heater was in facing R8's bed and pathway where R8's privacy ositioned when closed. The fithe heater were glowing in. Wheels were attached to eater which was easily the staff keep pushing R8's ck away from the heater (to fall for accidental fire.) R8 fi automatically reposition the are in R8's room, but R8 has fif to reposition the curtains to the heater. A warning label is space heater stating: Fire - Keep Combustible rniture, papers, clothes, and feet (0.9M) away from the front way from the sides and rear."				
		nt radiating surface of R8's ured 440 degrees Fahrenheit y thermometer.				
	-at 2:28PM, an ope located in R9's roor	rating space heater was n and positioned				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		II 6007000	B. WING		04/0	
		IL6007090	· L		01/0	5/2024
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S RTH MAIN ST	STATE, ZIP CODE		
PARIS H	EALTH AND REHAB	CENTER PARIS, IL		REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	approximately eigh	t inches away from R9's bed.				
		e heater (turned off) was R11's shared room.				
	-at 2:34PM, an ope located in R12's roo	rating space heater was om.				
	-at 2:40PM, an ope located in R62's roo	rating space heater was om.				
		e heater (turned off) was R64's shared room.				
	-at 2:54PM, an operating space heater was located in R67 and R68's shared room.					
		rating space heater was R70's shared room.				
	-at 2:55PM, an operating space heater was located in R71 and R72's shared room.					
	-at 2:55PM, an operating space heater was located in R73's room and the front radiating surface of the heater measured 227 degrees Fahrenheit by the State Agency thermometer.					
	-at 2:55PM, an ope located in R74's roo	rating space heater was om.				
	located in R59 and the perimeter of the were resting in bed heater were glowing front radiating surfa 380 degrees Fahre thermometer. A wi	rating space heater was R60's shared room towards eir room. Both R59 and R60. The heating elements of the g orange in coloration and the ace of the heater measured nheit by the State Agency eley four inches away from the				

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STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		IL6007090	B. WING		01/0	5/2024
NAME OF PROVIDER OR S	UPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PARIS HEALTH AND I	REHAB	CENTER 1011 NOF PARIS, IL	RTH MAIN ST 61944	TREET		
PREFIX (EACH DI	EFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
upholstered inches awa opposite sid attached to TO REDUC COMBUST FURNITUR CURTAINS THE FRON FROM THE On 12/28/2 Nurse) report had failed at heat source month and heaters by heat. V9 resupplied to positioned it towards the any potential On 12/29/2 Nurse) report space heat 12/28/2023 On 12/29/2 Director) rewas not funt the facility if ducted into supply while permanently reported the	ng surfall chair vy from the space THE IBLE M. IE, PAP AT LEA IT OF TE SIDES 1023 at 20 orted the resident request reported the resident sported the residen	age 5 ace of the heater. An was located approximately six he front of the heater on the the coat. A warning label was ace heater stating "WARNING - RISK OF FIRE, KEEP ATERIAL SUCH AS ERS, CLOTHES, AND AST 3 FEET (0.9M) FROM HE HEATER AND AWAY AND REAR."  2:44PM, V9 (Licensed Practical efacility's main heating system facility has used alternate main and into hallways for over a test have also received space for additional resident room the space heaters the facility dents are supposed to be iddle of their rooms and not exter of their rooms or against abustible items.  1:09AM, V5 (Registered efficiency) winter coat placed beside the 9 and R60's room on refinitely a fire hazard."  1:2:31PM, V6 (Maintenance the facility's heating system at the beginning of autumn so do outdoor heat exchangers ways for a temporary heat lual resident heaters are red in each resident room. V6 replaced space heaters in the same time the heat	S9999			

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place for "about one and a half months." V6

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		SURVEY PLETED	
			7 t. BoileBirto.			c
		IL6007090	B. WING			05/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY,	STATE, ZIP CODE		
PARIS HEALTH AND REHAB CENTER PARIS, IL			ORTH MAIN ST IL 61944	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	reported all space is supplied and not reinstructing staff to it from combustible it was asked about the immediately adjaces space heater on 12 believe it's (the resifront surface of the V6 was asked if V6 heaters were a burn V6 was asked if V6 resident rooms were "they (the heaters) anybody."  2. On 12/28/2024 a horizontal sign station of order!!" was taped hallway emergency yellow-colored octainches in size was stated, "STOP TUF octagonal sign was stating "STOP."  On 12/28/2023 at 1 sign that stating "Dorder!!" was taped hallway emergency red-colored octago AROUND" was also On 12/28/2023 at 1 Practical Nurse) redoors on the deme are not out of order	neaters in the facility are facility sident property and reported seep the space heaters away tems in resident rooms. V6 ne winter coat located ent to R59 and R60's operating 2/28/2023 and V6 stated "I dident coat near the glowing his space heater) an issue."  If thought the resident space in hazard and V6 replied "I do to thought the space heaters in the after a fire hazard and V6 stated are always a concern with at 11:44AM, an 8.5"x11" ing, "Door does not open!!! of the dementia unit East of exit door. A second agonal sign approximately six attached to the door and RN AROUND." A third is also present on the door.  1:47AM, an 8.5"x11" horizon oor does not open!! Out Of to the dementia unit West of exit door. A second nal sign stating "STOP TURN to taped to the door.  1:49AM, V3 (Licensed ported the emergency exit not unit do work properly and to but the facility placed the exit seeking residents from the exit seeking residents from the door.	g ot ut			

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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	IL6007090		B. WING		1	5/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
PARIS H	EALTH AND REHAB (	CENTER 1011 NOR PARIS, IL	TH MAIN ST	REET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	exiting through the	doorways.				
	exit doors are the o	d West hallway emergency nly doorways providing on the dementia unit.				
	On 12/28/2023 at 11:58AM, a red-colored octagonal sign stating "Stop" was attached above the door handle on the North hallway emergency exit door at the East end of the hallway. This doorway is the only emergency exit located on the East end of the North hallway.					
	On 1/5/2024 at 3:02AM, V8 (Regional Nurse Consultant) reported the facility began placing space heaters in resident rooms on November 28, 2023.					
	Development) repo door signs have be weeks." The facility Midnigh documents R1, R5, R19, R21, R23, R2 R58, R59, R60, R6 R68, R69, R70, R7 cognitively impaired documents R11, R2	12, R14, R15, R16, R20, R23, 5, R67, R68, and R74 are for mobility.				
		(B)				

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