Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C ND PLAN OF CORRECTION IDENTIFICATION NUMBE			E CONSTRUCTION		E SURVEY PLETED
					С	
		IL6012835	B. WING			01/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RENWIC	K NURSING AND REI	HAB	NNEPIN DRIV IL 60435	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Compliant Investiga 2470629/IL169060					
S9999	Final Observations		S9999			
	Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 300.2920g)1)					
	Section 300.610 R	Section 300.610 Resident Care Policies				
	procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed	9			
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	care and services t practicable physica well-being of the re each resident's con plan. Adequate and care and personal	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				
	tment_of Public Health / DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIG	GNATURE	TITLE		(X6) DATE
	ically Signed					02/16/24
ATE FORM	N		6899 X	HBC11	lf continu	ation sheet 1

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED
		IL6012835	B. WING			C 01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
RENWIC	K NURSING AND REI	IΔR	NNEPIN DRIVE IL 60435	E		
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S9999	Continued From pa	ge 1	S9999			
	care needs of the re	esident.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, 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 and assistance to prevent accidents.					
	Section 300.2920 I	Mechanical Systems				
	g) Heating, Ve Systems	ntilating, and Air Conditioning				
	the nursing home s heated by means o heating equipment. air-conditioning and without limitation, b such as sitting room	ing home used by residents of hall be air conditioned and f operable air-conditioning and The areas subject to this I heating requirement include, edrooms or common areas ns, activity rooms, living rooms, and dining rooms.				
	These Regulations are not met as evidenced by:					
	review the facility fa by not monitoring s system failure and the residents during in the facility having	ion, interview and record ailed to ensure residents safety pace heaters during a heating failed to ensure the safety of g a loss of heat. This resulted g cold temperatures in the ity utilizing unmonitored space				

STATEMEN	Department of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED
	IL6012835 B. WI		B. WING	B. WING		C 01/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
		3401 HE	NNEPIN DRIVE			
RENVIC	K NURSING AND REI	JOLIET,	IL 60435			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999			
	The findings includ	e:				
	The facility roster d residents resident	ated 1/21/24 showed 111 the facility.				
	facility air felt very of Residents were am jackets and or swea	, during tour of the facility, the cold to this surveyor. bulating in the hall wearing aters. Some staff were also sweaters and or jackets.				
	stated, "The heats about a couple of w	am V3 Housekeeping Director been going out off and on for /eeks. They started handing aters to help about a week				
	stated, the dining ro only have one boile company we were the problem fixed s company. I do not v when I take them. heat. The problem now off and on. I ar cold weather and w think 68 degrees Fa	am V4 Maintenance Director bom is closed right now. We er that is working. The working with was not getting o we started using a new write the temperatures down If it is cold, I just turn up the has been about a week or so m not sure about the policy for where the heat should be. I ahrenheit is okay. I am not ed using the space heaters.				
	temperatures of the main dining area 63 68 degrees Fahren Fahrenheit, lobby 6 conference room (1 62 degrees Fahren Fahrenheit and hall	30am through 10:30am e environment were as follows: 3 degrees Fahrenheit, 200 hall heit, 100 hall 68 degrees 5 degrees Fahrenheit, used by families for gatherings heit, hall 500 68 degrees I 400 66 degrees Fahrenheit. e identified in 20 resident he facility.				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 02/01/2024	
		IL6012835	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
RENWIC	K NURSING AND REI	HAB				
		JOLIET,	IL 60435			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	on and running in th	ents had space heaters turned ne rooms, R1 and R3-R31.				
	with V3 it was noted temperatures as the don't write it down. heat". The facility h	am during tour of the facility d that he was not writing down ey were taken. V3 stated, "I If it is cold, I just turn up the nad no documentation since				
		little inconsistent ne air temperatures in the e log for air and water				
	the hall near his roo a blanket on his lap stated, "Mostly we s I have to eat in my is closed". 1/21/24 heater in his room a closed. R1 said tha R1's MDS (Minimur	am R1 was in his wheelchair in om. R1 had on a sweater with o and over his shoulders. R1 stay in our room to stay warm. room because the dining room at 9:48am R1 has a space and the door to his room was at it stays warmer that way. m Data Set) dated 1/08/24 not cognitively impaired.				
	her wheelchair. R2 blanket over her sh stated, "We are sup The MDS dated 12 cognitively impaired	5am R2 was in the hallway in 2 had on a sweater with a oulders with a sweater on. R2 oposed to stay in our rooms." /20/23 showed that R2 is not d. R2 did not have a space The room was 69 degrees				
	There was a space sweater on and is c stated, "It's better th cold in here. My ro	7am R3 was lying in her bed. heater in the room. R3 has a covered in blankets. R3 he last couple of days. It is ommate (R4) is still cold". 12/24 showed that R3 is not				

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION				(X3) DATE SURVEY COMPLETED C	
					01/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
RENWIC	K NURSING AND REI	HΔR	NNEPIN DRIVE IL 60435	E		
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S9999	Continued From pa	ige 4	S9999			
	cognitively impaired	J.				
	On 1/21/24 at 10:19am R4 was sleeping in bed. R4 had on a heavy robe with several blankets covering her. R4 had a portable heater in the room. R4's MDS dated 11/6/23 showed that R4 is cognitively impaired. On 1/21/24 at 11:00am V1 Administrator stated, "We have been having trouble with the boilers for a couple of weeks now. I am not sure when corporate sent the space heaters out. I am not sure how many heaters we put in residents' rooms." V1 confirmed that 20 space heaters were in use and that there was no policy for using or monitoring space heaters.					
	boiler repairs stated Saturday (1/19/24 a not working. Making causing the probler service that takes a Someone is always underneath the boil	am V4 Vendor company for d, "I was here Friday and and 1/20/24). The boilers are g some repairs today that are m. We have an answering all of the calls. We work 24/7. s on call. Something is leaking lers." V4 would not answer specifics as to what was ers.				
	Practical Nurse) sta with the heat since	om V6 LPN (Licensed ated, "We have had problems before Christmas. I want to aters were around since the				
		om V7 CNA (Certified Nursing londay was very cold. We eaters.				
		om V8 RN (Registered Nurse) t about 26 residents. I don't				

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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	K NURSING AND REI	3401 HEN	INEPIN DRIVI	E		
RENVIC	K NUKSING AND KEP	JOLIET, I	L 60435			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	think I could monitor space heaters and do everything I have to do. I would have to check at least 3 or 4 residents for space heaters.					
	According to the National Oceanic and Atmospheric Administration, National Weather Service at:https://www.weather.gov/lot/2023_08_2324_He					
	a%20high,was%20 temperatures were Minir	num Maximum				
	Temperature Fahre           1/12/24         28           1/13/24         22           1/14/24         -10           1/15/24         11	33 38 37				
	1/15/24         -11           1/16/24         -11           1/17/24         -11           1/18/24         6	-9 0 6 21				
	1/19/24 8 1/20/24 -4 1/21/24 -1	29 29 28				
	1/22/2401/23/2432	25 36				
	did not show that st	or Cold Weather dated 1/2014 taff were to use space heaters guidelines for safe use of a				
	space heaters show can cause burns	from the manufacturer of the wed that touching the heater keep paper, combustibles, from heater, do not place				
	towels on top of hea away from high traf It tells the user not	ater. It instructs user to keep fic area to prevent trip hazard. to block areas of air intake or				
linois Denar		fire. The insert showed to not flammable liquids may be				

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6012835	B. WING			C 01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
RENWIC	K NURSING AND RE	HΔR	NNEPIN DRIVE IL 60435			
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S9999	used and to use ex	age 6 treme caution around children hen leaving unattended.	S9999			
	On 1/24/24 at 9:00 trucks from the hea at the facility. Resi indoor clothing, no jackets or blankets facility showed all to	am it was noted that several ating and cooling vendor were dents were observed in regular residents were wearing to keep warm. Tour of the emperatures to be within 70 to enheit. No space heaters were				