(X6) DATE

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	IL6008049		B. WING		C 05/22/2024			
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE				
ROCK R	ROCK RIVER HEALTH CARE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
S 000	Initial Comments		S 000					
	Complaint Investiga 300.2930c)5)	ntion #2413938/IL173368-						
S9999	Final Observations		S9999					
	Statement of Licens	sure Violations:						
	Section 300.2930c)	5)						
	Section 300.2930 P	lumbing Systems						
	c) Water Supply Sys	stems						
		ole to residents at shower, rashing facilities shall not s Fahrenheit.						
	These REQUIREMI evidenced by:	ENTs are not met as						
	review the facility fa temperatures were degrees Fahrenheit	on, interview and record iled to ensure water maintained below 100 for 4 of 12 residents (R6, R7, red for water temperatures in						
	The findings include	9 :						
	Director) said he go is there and takes resident rooms and had gone around al water temperatures Fahrenheit (F). At 8:30 AM, V3 broad	AM, V3 (Maintenance less around every day when he andom water temperatures in shower rooms. He said he ready that morning and took and all were around 105 lught in the facility water testing m 5/20/23 thru 5/21/24 and						

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

Electronically Signed 06/05/24

TITLE

STATE FORM 6899 If continuation sheet 1 of 4 D8U311

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		IL6008049	b. WING		05/2	2/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROCK R	IVER HEALTH CARE		RIVERSIDE RD, IL 61103	BOULEVARD		
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 1		S9999			
	had at least weekly testing logs inside. All the random testing's done in the building showed ranges from 105.1-105.9 in every room on every date tested. On 5/21/24 from 8:45 AM through 9:09 AM, the following sinks in resident rooms were randomly tested by V3 with the surveyor present and using the facility thermometer. The temperatures were as follows: Room 213-120 F, Room 211- 117.5 F, Room 204- 114.2 F, Room 206- 114.6 F, Room 218- 117.5 F, Room 222- 116.4 F, Room 227- 117.6 F, Room 222- 116.4 F, Room 227- 117.6, The resident shower water temperature was 106.1 F, The South hallway bathroom sink was 116.4, and the East hallway bathroom sink was 116.2. V3 let the water run for approximately 2 minutes prior to putting the thermometer under the running streams of water. V3 did not calibrate the thermometer prior to testing any of the water temperatures. Prior to starting he told the surveyor "I do not calibrate the thermometer we used to when we had a different thermometer but this one has a battery so I am not sure if I can put it in ice water."					
	water temperatures weekly in random re should not exceed	O AM, V1 (Administrator) said in resident rooms are tested coms and the temperature 110 F according to policy. And ald be calibrated prior to testing				
	Assistant (CNA) sa staff just adjust the residents. V8 said h about water being t	'AM, V8 Certified Nursing id if the water seems hot the water temperature for the ne does not get complaints oo hot from residents because prior to putting it on residents.				

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	(X3) DATE SURVEY COMPLETED
A. Bolebino.	С
IL6008049 B. WING	05/22/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ROCK RIVER HEALTH CARE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLÉTE HE APPROPRIATE DATE
On 5/21/24 at 2:55 PM, V1 (Administrator), V3 (Maintenance Director), V12 (VP of Clinical Operations) and this surveyor reviewed the thermometer product information and there was no information listed for calibration of that thermometer. The thermometer that was used for the room testing was placed in an ice bath and the thermometer temperature stopped at 76.4 F and did not go any lower. V1 said he was sending V3 to the store to obtain a thermometer that can be calibrated and will recheck the water temperature in the resident rooms. On 5/22/24 at 8:48 AM, V3 said he had gotten a new thermometer and went back around taking random water temperatures last evening and no water temperatures were above 120. On 5/22/24 from 9:05 AM through 9:42 AM, water temperatures were retaken in the resident rooms and bathrooms using the new facility thermometer and this surveyor's thermometer. Both thermometers were calibrated in an ice bath prior to tempting the water. There was less than a 5-degree difference between the surveyor thermometer and the facility thermometer in every room. The following findings are using the new facility thermometer. Room 213-111.6 (R6's room), Room 211- 109.2, Room 204-107.4, Room 206-109.9, Room 217- 114.1 (R7 and R15's room, was substituted in place of 218 due to cares on going in room 218) Room 222- 109.6, Room 227- 113.5 (R8's room), The shower temperature in the shower room was 99.9, East hallway bathroom 108.9, and South hallway bathroom was 108.0. On 5/22/24 at 9:41 AM, V3 said he had been using the other thermometer for 3-4 months and it	

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STATE FORM 6899 D8U311 If continuation sheet 3 of 4

Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER ROCK RIVER HEALTH CARE TOT WEST RIVERSIDE BOULEVARD ROCKPORD, IL 61103 PRETRIX TAG Summary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Syspss Continued From page 3 asked what the temperature should be in a resident room V3 said below 110. The facility provided Water Temperature Policy states, "Purpose: To maintain accurate record of water temperatures." Tomperature should not exceed 110 degrees in residential use areas, Refer to Section 300.2930." (B)	AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
ROCK RIVER HEALTH CARE TOT WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103 X44) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3 S9999			IL6008049	B. WING					
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	S9999	asked what the tem resident room V3 sa The facility provided states, "Purpose: To water temperatures exceed 110 degrees	apperature should be in a aid below 110. d Water Temperature Policy o maintain accurate record of a Temperatures should not s in residential use areas, 0.2930."	S9999					

Illinois Department of Public Health

STATE FORM 6899 D8U311 If continuation sheet 4 of 4