STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		PLETED
		IL6000129	B. WING		C 01/10/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	•	
ALPINE F		ENTER				
	SUMMARY STA		DRD, IL 61114	PROVIDER'S PLAN OF C		(NE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 12/30/24 / IL18345	cility Reported Incident of 5				
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	300.610a) 300.1210b) 300.1210d)6)					
	Section 300.610 R	esident Care Policies				
	procedures governi 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 shal by this committee, o and dated minutes	advisory physician or the committee, and representatives er services in the facility. The ly with the Act and this Part. a shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting.	,			
	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	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				
BORATÓRY	tment of Public Health ′ DIRECTOR'S OR PROVIE cally Signed	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 01/25/2

If continuation sheet 1 of 7

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6000129	B. WING		C 01/10/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	FIRESIDE HEALTH C	ENTER	ORTH ALPINE F ORD, IL 61114			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
S9999	Continued From pa	ge 1	S9999			
		resident to meet the total nursing and personal care needs of the resident.				
	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:					
	to assure that the re as free of accident nursing personnels	ry precautions shall be taken esidents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.				
	These requirement by:	s were not met as evidenced				
	review the facility fa was served at a sat residents (R1) revie supervision in the s	ion, interview, and record ailed to ensure resident coffee fe temperature for 1 of 4 ewed for safety and ample of four. This failure aining second degree burns to				
	The findings include	e:				
	showed R1 spilled (12/29/24). The rep nurse practitioner h	nt report dated 12/31/24 coffee on herself on a Sunday ort showed the physician and ad been notified. The report /3 (Director of Nurses).				
	an admission date date of 12/30/24. R					

OTATEMEN		Health			I	
STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	IL6000129		B. WING			C 10/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
ALPINE	FIRESIDE HEALTH CE	ENTER	RTH ALPINE F DRD, IL 61114	ROAD		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S9999	impairment and sta assistance required On 1/9/25 at 4:32 P Aide) stated he was shift of 12/29/24. V& working that unit an was lying in bed and around 4:30 PM. V& had dementia and " coffee" by herself. V in a covered, styrofd her room about 30 r coffee stains on her to the side to prepa V8 said he saw blis thigh. The area was football and he coul alerted the nurse w (V3-DON-Director of area, applied ointmo off the area. On 1/9/25 at 11:22 f working the evening by V8 around 4:30 I spilled coffee on he went to the room ar back of R1's upper good amount" sized was open and the fi back. V3 said R1 re touched. R1 said sh said R1's cognition R1 had been having	showed severe cognitive ff supervision or touch I for eating. 2M, V8 (CNA-Certified Nurse is assigned to R1 the afternoon B said it was his first time ad caring for R1. V8 said R1 d asked for coffee sometime B said he did not realize R1 I'she seemed okay to have /8 said he brought R1 coffee oam cup. V8 said he went into minutes later and saw brown r sheets. V8 said he rolled R1 re her for transfer out of bed. ters on the back of her upper is blistered about the size of a ld tell it was a burn. V8 said he		DEFICIENC		

If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C		
		IL6000129	B. WING		01/	10/2025
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
ALPINE	FIRESIDE HEALTH CI	ENTER	RTH ALPINE R DRD, IL 61114	ROAD		
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S9999	Continued From pa	qe 3	S9999			
	R1's progress note dated 12/29/24 and authored by V3 showed: "Alerted by CNA around 0500pmish (sic) that resident has spilled coffee on herselfUpon rolling the resident towards the wall skin peeling is noted. Rt (right) leg thigh-posterior (back) side was red and skin was noted measuring 14 cm x 5.5 cm (centimeters)". On 1/9/25 at 3:25 PM, V6 (WCN-Wound Care Nurse) stated she cared for R1 the day after the coffee burn on 12/30/24. V6 said she assessed and measured the burns, which had progressed from the assessment done the evening prior. V6 said there were open blisters to the back of her right thigh, knee, and calf. V6 said R1 was also seen by the nurse practitioner and her physician after her assessment.					
	signed by V6 (WCN coffee-wound asses two areas on the ba 14.0 x 5.5 cm and 4 One area on the ba 2.5 cm x 2.0 cm. Tw	ck form dated $12/30/24$ and N) showed: "burns from ssments". The form showed ack of right thigh measuring 4.0 x 2.0 cm (centimeters). tok of the right knee measuring wo areas on the back of the g 11.0 x 3.0 cm and 3.0 x 1.0	9			
	stated she saw R1's agreed with the skin wound care nurse (recommended R1 k emergency room fo said R1's daughter physician first, who time. V5 said the ph after and diagnosed	be sent out to the local or evaluation and treatment. V wanted R1 to be seen by the was also in the building at tha hysician did see R1 shortly d second degreed burns on s were given for wound				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	FIRESIDE HEALTH CI	INTER	RTH ALPINE R DRD, IL 61114	ROAD		
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S9999	Continued From pa	ge 4	S9999			
	states: "Burn of sec thigh, initial encoun by spilling coffee or Several blisters pre ruptured on the pos subcutaneous tissu acute inflammatory Silvadene to apply a consult; close moni symptoms of infecti	ed 12/30/24 by her physician cond degree of unspecified ter. Patient sustained a burn a her right leg yesterday. sent, with the largest one terior right thigh, exposing e with pink color. No other changes. Recommend silver as directed: wound care toring for any early signs and on; notify MD/NP (medical itioner) with any concerns or				
	stated R1 was burn coffee in bed. V2 ve (Sunday) and he was same day via the fa system. V2 stated t checked every day the facility seven day weekends. V2 said between 175-190*F comes out of the m by pouring the coffee stem thermometer be at the 175-190 d "distribution" temper does not record any there is an occurrent experienced. V2 said temperatures for ab	oout one week then stops. V2	Ł			
	based on the mach drops to the proper leaving the kitchen. V2 tested the hot w	es the coffee is at a safe level ine temperature and that it serve temperature prior to At 9:46 AM, this surveyor and ater coming out of the coffee ermometer that had been				

Illinois D	epartment of Public	Health				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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ALPINE	FIRESIDE HEALTH CI	INTER	RTH ALPINE F RD, IL 61114	ROAD		
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S9999	Continued From pa	ge 5	S9999			
	water registered 17	l to 32*F in an ice bath. The 8.5*F. V2 said it was the same to make resident coffee.				
	coffee temperature requested. The only 12/29/24 to 1/7/25 (AM, the last three months of monitoring logs were y log available was dated from week following R1's thigh es ranged from 176*F to				
	facility kitchen and ' was at the coffee m said he was just ca lower the water tem said it's running too	PM, this surveyor entered the V7 (outside service technician) achine with hand tools. V7 lled that day to come in and aperature on the machine. V7 hot and they want it turned a lower temperature.				
	the technician was the coffee was bein temperatures. At th manager gave entir levels and testing p should be tested wh machine, again after third time after pour temperatures should	M, V2 (Dietary Manager) said called in today even though g served at the proper is interview, the dietary rely different temperature rocedure. V2 said the coffee nen it comes out of the er resting in the carafes, and red into the serving cups. The d be 175-190 at the machine, fes, and 145-150 in the serve				
	were taken by V2 p meal. At 4:50 PM, t machine was 153*F carafes was at 135 be left open and all temperature drops.	M, temperatures of the coffee rior to serving for the dinner he coffee coming out of the F. At 5:05 PM, coffee in the *F. V2 stated the carafes will owed to rest until the At 5:30 PM, coffee was cups and was at 129*F. V2				

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IAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
	FIRESIDE HEALTH C	ENTER	RTH ALPINE F DRD, IL 61114	ROAD		
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S9999	Continued From pa	age 6	S9999			
	recorded like this g temperatures will be documented on the higher than allowed it cools down. V2 si on the procedure. T already, the evening training will be train The facility's undate procedure section: member will monitor is operating within r The facility's undate under the guideline of hot liquids will be range by the dietary hot liquids while lyin The facility was una related to normal co facility was unable	e taken at every meal and e log. Any coffee temperatures d with be left in the kitchen unti aid every cook will be trained The day cook has been trained g cook and any cooks in red tomorrow. ed Coffee Machine oring Policy states under the "Designated dietary staff or coffee machine to assure it normal temperature limits." ed Hot Liquid Policy states e section: "2. The temperatures e checked that they are in y department3.e. Disallow				