

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001929</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/01/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SAUK VALLEY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 DIXON AVENUE ROCK FALLS, IL 61071</b>
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(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
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S 000	Initial Comments  Complaint Investigation  1711179/IL92124	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.670a) 300.670i)2)  Section 300.670 Disaster Preparedness  a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility.  i) 2) If the disaster will not require direct Departmental assistance, the facility shall provide a preliminary report within 24 hours after the occurrence. Additionally, the facility shall submit a full written account to the Department within seven days after the occurrence, which includes the information specified in subsection (i)(1) of this Section and a statement of actions taken by the facility after the preliminary report.  This REQUIREMENT was not met as evidenced by:  Based on observation, interview and record review, the facility failed to notify IDPH (Illinois Department of Public Health) of the malfunction of the building heat (boiler) unit for 5 days.	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>03/17/17</b>
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S9999	<p>Continued From page 1</p> <p>This had the potential to affect all 27 residents residing in the building.</p> <p>The findings include:</p> <p>According to the Facility Data Sheet completed by the facility on February 28, 2017, 27 individuals currently reside in the facility.</p> <p>On February 29, 2017 at 8:30 AM, 3 residents were in common areas wearing winter coats. At 9:00 AM, the dining room wall thermometer read 69 degrees Fahrenheit. At that time, there were 21 space heaters in operation in the facility. There were running space heating units placed (1 each) in the dining room, nurses station (open to the dining room), common television area, activity room and therapy room. The remaining 15 running units were in individual resident rooms. One resident room contained a space heating unit plugged into the wall but not turned on (in addition to the 21 units in operation.) At 9:45 AM, 7 residents (R3-R6, R8, R9 &amp; R12) were lying in their beds with multiple blankets on and pulled up under their chins. At 10:00 AM the boiler unit was observed with no front control panel in place and wires freely hanging. The boiler was actively being worked on by E10 Corporate Maintenance Director.</p> <p>On February 28, 2017 at 3:08 PM, E1 Administrator stated she did not notify IDPH of the loss of heat as "I thought I had it under control by using space heaters."</p> <p>On February 28, 2017 at 6:40 PM, E10 stated it didn't make sense to evacuate residents from the facility when temperatures could be maintained with the use of space heaters. E10 said the</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>facility maintained comfortable temperatures, using the space heaters, all weekend when IDPH was not aware of their use. E10 said the facility would be fine if IDPH had not been made aware of the use of space heaters.</p> <p>Review of records showed no department notification was sent or received. The facility's Cold Weather Policy and Procedure (undated), showed: "in the event the facility power source becomes non-operational or the facility heating and furnace systems fail during periods when unseasonable cold outside temperatures are present...The Department, Physicians, Families, and Responsible parties will be notified as required by statute."</p> <p>(B)</p>	S9999		