FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6006522 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **203 SOUTH JOHNSON STREET** NEW ATHENS HOME FOR THE AGED **NEW ATHENS, IL 62264** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.675 Section 300.675 COVID-19 Training Requirements EMERGENCY a) Definitions. For the purposes of this Section. the following terms have the meanings ascribed in this subsection (a): 1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov. 2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators. assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

3) "Management staff" means any facility staff

also considered frontline clinical staff.

A) Assign and direct nursing activities;

consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and services to residents on behalf of the facility are

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6006522 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **203 SOUTH JOHNSON STREET NEW ATHENS HOME FOR THE AGED NEW ATHENS, IL 62264** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 B) Oversee comprehensive assessment of residents' medical needs and care planning: C) Recommend numbers and levels of nursing personnel: D) Plan nursing service budgeting: E) Develop standards of nursing practice; **ILLINOIS REGISTER 19565 20 DEPARTMENT** OF PUBLIC HEALTH NOTICE OF EMERGENCY **AMENDMENT** F) Supervise in-service education and skill training for all personnel; or G) Participate in the screening of prospective residents and resident placement. b) Required Frontline Clinical Staff Training 1) All frontline staff employed by facilities shall complete the following portions of CMMS Training: A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; C) Module 3: Cleaning the Nursing Home; D) Module 4: Cohorting; and E) Module 5: Caring for Residents with Dementia in a Pandemic. 2) Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by December 31, 2020. 3) Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by January 31, 2021. 4) Facilities shall require, within 14 days after

Training:

hiring, CMMS Training for all frontline clinical staff

1) All management staff employed by facilities shall complete the following portions of CMMS

hired after January 31, 2021.

c) Required Management Staff Training

A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; ILLINOIS REGISTER 19566 20 DEPARTMENT OF PUBLIC HEALTH NOTICE OF EMERGENCY

Illinois D	epartment of Public	Illinois Department of Public Health										
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY						
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED							
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE								
NEW ATHENS HOME FOR THE AGED 203 SOUTH JOHNSON STREET												
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S 99 99	Continued From pa	ge 2	S9999									
	AMENDMENT											
		ing the Nursing Home;										
	D) Module 4: Coho											
		g for Residents with Dementia										
	in a Pandemic; E) Module 6: Infect	ion Prevention and Control:										
	F) Module 6: Infection Prevention and Control; G) Module 7: Emergency Preparedness and Surge Capacity;											
	H) Module 8: Addre	ssing Emotional Health of										
	Residents and Staff											
	I) Module 9: Telehealth for Nursing Homes; and J) Module 10: Getting Your Vaccine Delivery System Ready. 2) Facilities shall ensure at least 50% of management staff have completed the CMMS Training by December 31, 2020.					-						
		sure 100% of management										
		ed the CMMS Training by										
	January 31, 2021.											
		quire, within 14 days after										
	hired after January	ing for all management staff										
		I, 2020, all facilities shall										
	certify compliance,	in the form and format										
		partment, with subsections (b)										
	(2) and (c)(2).	021 all facilities shall certify										
e) By January 31, 2021, all facilities shall certify compliance, in the form and format specified by												
		h subsections (b)(3) and (c)										
	(3).											
		emergency rulemaking at 44 ctive December 2, 2020, for a										
	maximum of 150 da											
		NT is not met as evidenced by:										
	Based on interview	and record review the Facility										
	failed completed the	e CMS targeted COVID-19										
		Nursing and Intermediate										
	Care Facilities. This	has the potential to affect all										

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training.

taken that training yet."

and 6 Managerial staff are employed here. No staff have taken the training. We have a couple of new hires since January 31, 2021. No one has

Employee Training in-services were reviewed and does not document any staff members had completed any CMMS Targeted COVID-19

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Section 300.2930 Plumbing Systems

- c) Water Supply Systems
- 4) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times.
- 5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.
- 6) Each hot water system serving resident areas shall include at least one of the following equipment requirements to insure that the water temperature does not exceed 110 degrees Fahrenheit:
- A)A thermostatically controlled mixing valve, or
- B) An aquastat which limits the water temperature in the water heater to a maximum temperature of 110 degrees Fahrenheit and a solenoid operated

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ B. WING IL6006522 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 203 SOUTH JOHNSON STREET **NEW ATHENS HOME FOR THE AGED NEW ATHENS, IL 62264** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 shut off valve activated by a sensing element in the water line which shuts off the water and activates an alarm at the nurses station when the water temperature exceeds 110 degrees Fahrenheit. These Requirements were not met evidenceed by: Based on observation, interview, and record review, the Facility failed to ensure hot water temperatures are maintained at safe levels in areas that are accessible to residents. On 4/19/21, the water temperatures were taken in areas accessible to residents and ranged from 125 degrees Fahrenheit (F) to 138 degrees F throughout the Facility. Residents in long-term care facilities have conditions that may put them at increased risk for burns caused by scalding. These conditions include decreased skin thickness, decreased skin sensitivity, peripheral neuropathy, decreased agility (reduced reaction time), decreased cognition or dementia, decreased mobility, and decreased ability to communicate. Findings include: On 4/19/2021 from 8:03 AM- 4:15 PM, water temperatures were monitored throughout the Facility using a calibrated digital metal stemmed thermometer. R31's Minimum Data Set (MDS) dated 3/14/2021

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documents R31 was cognitively intact for

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ IL6006522 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **203 SOUTH JOHNSON STREET NEW ATHENS HOME FOR THE AGED NEW ATHENS, IL 62264** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 decisions of daily living. On 4/19/2021 at 8:12 AM, R31 stated "The water in my sink is very hot and when I wash my hands I have to get in and out. The showers vary depends on the day and it can be hot one day and cold the next. The showers are the same way, but I take a shower down the hall." On 4/19/2021 at 8:22 AM, the hot water temperature was taken with a calibrated metal thermometer at R31's sink and registered 137.1 degrees Fahrenheit (F). The water was steaming and hot to the touch. R31 shares the sink with R40, R38, and R15. R38's MDS dated 3/9/2021 document R38 was cognitively intact for decision making. On 4/19/2021 at 8:30 AM, a calibrated metal thermometer was used to take a water temperature of the sink in R28's room. The temperature at the sink registered at 128.9 F. R28 shares a sink with R16, R11, and R32. On 4/19/2021 at 8:32 AM, R20 stated "Be careful with the hot water because it gets really hot really fast. I have to make sure I have the cold water on full blast, so I don't burn myself. It was really hot this morning, so I go fast when I need to wash my hands." On 4/19/2021 at 8:32 AM, a calibrated metal thermometer was used to take a water temperature of the sink in R30's room. The temperature at the sink registered 133.5 degrees

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R33.

F. The water was steaming and extremely hot to the touch. R30 shares a sink with R92, R17, and

PRINTED: 06/01/2021 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006522 04/23/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **203 SOUTH JOHNSON STREET NEW ATHENS HOME FOR THE AGED NEW ATHENS, IL 62264** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 On 4/19/2021 at 8:34 AM, a calibrated metal thermometer was used to take a temperature of the sink in R10's room. The temperature at the sink registered 128.3 F. R10 shares the sink with R29, R39 and R12. On 4/19/2021 at 8:37 AM, a calibrated metal thermometer was used to take a temperature of the sink in R7's room. The temperature at the sink registered 131.0 F. The water was steaming and extremely hot to the touch. R7 shares the sink with R9, and R41. On 4/19/2021 at 8:39 AM, a calibrated metal thermometer was used to take a temperature of the sink in R142's room. R142's room was private with a shower and sink. The sink's water temperature registered a 131.5 F and the shower registered a 131.1 F. The water was steaming and extremely hot to the touch. On 4/19/2021 at 8:41 AM, a calibrated metal thermometer was used to take a temperature of the sink in R193's room. The temperature at the sink registered 135.5 F. R193 shares the sink with R18 and R23. On 4/19/2021 at 8:43 AM, a calibrated metal thermometer was used to take a temperature of the sink in R3's sink. The temperature at the sink registered 135.5 F. The water was steaming and hot to the touch. R3 shares a room with R24, R25, and R26.

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On 4/19/2021 at 8:45 AM, a calibrated metal thermometer was used to take a temperature of

the sink in R21's room. The temperature registered a 131.9 F. The water was steaming and hot to the touch. R21 shares a sink with R20.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/\$UPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6006522 04/23/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **203 SOUTH JOHNSON STREET NEW ATHENS HOME FOR THE AGED NEW ATHENS. IL 62264** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ın (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 On 4/19/2021 at 8:49 AM, a calibrated metal thermometer was used to take a temperature of the sink in R8's room. The temperature at the sink registered 137.0 F. The water was steaming and hot to the touch. The shower room registered at 125.9. On 4/19/2021 at 8:51 AM, calibrated metal thermometer was used to take a temperature of the sink in R13's room. The temperature at the sink registered 123.9 F. The shower room registered at 135.5. R13 shares a sink and shower with R22. On 4/19/2021 at 8:54 AM, a calibrated metal thermometer was used to take a temperature of the sink in R35's room. The temperature at the sink registered 135.1 F. The water was steaming and hot to the touch. The shower in R35's room registered 132.5 F. On 4/19/2021 at 8:58 AM, a calibrated metal thermometer was used to take a temperature of the sink in R8's room. The temperature at the sink registered 137.1 F, the shower registered 133.5. The water was steaming and hot to the touch. R8 shares a sink and shower with R19. On 4/19/2021 at 8:57 AM, R13's water temperature at the sink was taken with a calibrated metal thermometer at R13's sink and registered 129.5 degrees. R13's shower registered 135.5 F. R13 shares a sink and shower with R22. On 4/19/2021 at 8:59 AM, R27's water temperature at the sink was taken with a calibrated metal thermometer at R27's sink and registered 131.4 F degrees. The water was

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steaming and hot to the touch. R27 shares a sink

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On 4/19/2021 at 10:31 AM, V12, Licensed Practical Nurse (LPN) stated "No staff or anyone else told me to watch the water temperatures or that the water was extra hot today. It's fine as far as I know we are not having any problems."

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Practical Nurse (LPN) stated. "Nobody told me anything about the water. It's fine as far as I know. It takes longer to get the water hot sometimes in the shower room you have to let it run for it to get hot. I am not aware of any issues with the water temperatures."

On 4/19/2021 at 10:39 AM, V18, CNA stated. "Nobody told me anything about the water today. I know it's good and it takes a bit to warm up. We let it run in the sink to warm up the water. I am not aware of any issues with the water."

On 4/19/2021 at 10:42 AM, V19, Activity Director stated, "I am not aware of any complaints from residents about the water. I am not aware of any issues with the water."

On 4/19/2021 at 10:43 AM, V20, Housekeeping stated, "I know the water is hot sometimes. The water can get really hot."

On 4/19/2021 at 10:48 AM, V1, Administrator stated, "We are having issues with the water temperatures, you will have to talk with (V15, Maintenance Director). We identified some issues few weeks ago because the water temperatures were cold, we then contacted the plumber. We tried to adjust the water temperatures but that did not work. We are monitoring the water temperatures."

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The Facility's Water Temperatures Log were reviewed for the Month of April 2021 were

reviewed and only document 2 days 4/5/2021 and 4/6/2021 of water temperatures that taken and document 90 degrees for the shower room on 4/5/2021 and 91 degrees for the shower room on 4/6/2021. No temperatures were over 100

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
IL6006522		IL6006522	B. WING		04/23/2021		
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, STATE, ZIP CODE				
NEW AT	HENS HOME FOR TH	F AGED	ENS, IL 622				
(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 SHOUL) CROSS-REFERENCED TO THE APPROPRIESES OF THE PROPRIESES OF T	D BE	(X5) COMPLETE DATE	
S9999	Continued From page 12		S9999				
	degrees for these two days.						
:	On 4/19/2021 V1 stated there was no Policy on hot water or water temperatures.			io.			
	Water. Journal of A 1219-1222), docum long-term care faciliput them at increasiscalding. These conskin thickness, decreperipheral neuropat reaction time), decreased mobility, communicate." "Studies of Thermal Importance of Time the Causation of Cu Moritz and A.R. Her documents the damadegree burn in relativater and the length follows: 155 degree degrees F for 2 sec degrees F for 15 se (min); 124 degrees degrees F for 5 min	ent Census and Conditions of 2, dated 4/18/21, documented n the facility.			9		
	8						