**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 IL6003529 02/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 304 S.W. 12TH STREET **ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 FRI of 1/26/2024/IL169515 & Complaint Survey: 24209/IL169395 S9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)6 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each 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: 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. These Requirements were NOT MET as evidenced by:

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

**Electronically Signed** 

TITLE

(X6) DATE 03/15/24

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6003529	B. WING		C 02/29/2024
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  304 S.W. 12TH STREET  ALEDO, IL 61231					
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S9999	Based on observati review, the facility fa supervision for one reviewed for accide 13. This failure resusecond degree burn FINDINGS INCLUIT. The manufacture growth beverage machine documents, "Careful on the brewer. They protection. Brewer that where it can be overwhere it can be overwhere. Incident of the nurse (V12/Register area to the right upp how the incident occurrence it can be overwhere it can be overwhere. The physician were received to reful clinic and to cleans or normal saline soli and protective band needed. R12/Regist wound treatment permedications with religible. Upon interview that (R8) approache (A.M.) or 7:30 A.M. for the facility for the physician were received to reful clinic and to cleans or normal saline soli and protective band needed. R12/Regist wound treatment permedications with religible.	on, interview and record ailed to provide adequate of three residents (R8), nts/incidents, in a sample of alted in R8 sustaining a from unattended hot coffee.  DE:  uidelines for the facility hot (Name brand coffee machine) and read and follow all notices of were written for your obe installed at a location reseen by trained personnel.	S9999		

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 02/29/2024 IL6003529 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **304 S.W. 12TH STREET ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 (V12/RN) proceeded to assist with cares and upon returning to the area, (R8) had gone back to her room. (V1/Administrator in training) and (V9/Food Service Supervisor) interviewed (R8) regarding the incident. (R8) states she got her coffee and went back to her room. (R8) set her coffee on her tray next to her bed, sat down, moved the tray (with coffee) closer to her causing the cup to fall over, lid pop off and spill on her right thigh. When asked why she didn't notify the nurse, she stated she didn't think it was that bad. Conclusion: (R8) poured a cup of coffee and accidentally spilled it on her right thigh causing a burn from upper thigh to top of knee area. New intervention: Hot beverages are to be locked in the nurse's station while staff are performing cares. Staff educated to add 3-4 ice cubes to warm beverages. (R8) referred to the Burn Clinic on 2/5/24 and is being followed by the contracted wound vendor." R8's current Physician Order Sheet, dated February 2024 includes the following diagnoses: Altered Mental Status, HX (History) Seizures, Acute Encephalopathy, HX Head Injury, Aphasia. R8's AIM (Assess, Intercommunicate, Manage) form, dated 1/26/24 and signed by V12/Registered Nurse documents, "Burn to right thigh. Physician and Family notified. Orders received from wound center." R8's Physician Order, dated 1/26/24 documents, "Cleanse wound on right upper thigh with sterile water or normal saline solution. Apply TAO (Triple Antibiotic Ointment) and protective bandage twice daily and as needed."

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R8's Nurses Notes, dated 1/26/24 at (1:45 P.M.) document, "Initial order received form physician

X20911

PRINTED: 04/28/2024 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003529 02/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 S.W. 12TH STREET ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 for Silvadene cream and protective dressing. Pharmacy was consulted due to resident's mild sulfa allergy. Because the severity of allergy cannot be determined, Physician and Pharmacy concluded that TAO (Triple Antibiotic Ointment) and protective dressing would be the safest treatment order at this time. This RN (registered Nurse) changed bandage; moderate amount of serous drainage and one small blister containing fluid (0.5 CM X 0.5 CM). Peri wound is blanchable, bright red and painful to touch. Protective dressing applied as ordered. Tylenol given for pain." R8's (facility) Wound Management note, dated 2/1/24 documents, "(R8) seen today for reports of a burn to her right thigh after (R8) dropped hot coffee on herself. Etiology: Burn; Wound size: 9 X 7 X 0.1 CM (centimeters). Exudate amount: Scant; Exudate Type: Sero-sanguineous: Tissue Type: 100 % granulation, Treatment Plans: Apply (Mesh, occlusive) Sterile Gauze- every 3 days. Notes: Treatment orders updated 2/1/24. (R8) presents with second degree burns with 2% TBSA (Total Body Surface Area). Discussed with (R8) and nursing staff that I do not think (R8) needs Wound Clinic appointment at this time. Nutritional consult recommended if not already completed in the presence of a new burn wound." On 2/28/24 at 8:30 A.M., (R8) was in bed. A healing burn was present to (R8's) right, anterior thigh, extending from (R8's) upper thigh to the top of (R8's) knee. The area was pink and measured 9 CM (centimeters) X 7 CM (centimeters). (R8) stated the area was very painful, is better, but is

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still tender.

On 2/28/24 at 9:10 A.M., an observation of the (facility) kitchen coffee machine with V9/Food

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 02/29/2024 IL6003529 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **304 S.W. 12TH STREET ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (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 4 Services Supervisor (FSS). A temperature test of coffee coming from the machine registered 182.7 degrees Fahrenheit. At that time, V9/FSS stated, "Hot water and coffee that comes from our machine is very hot. It is poured into a white carafe and placed on a food cart and taken to (locked) unit and placed outside of the unit dining room for the CNAs (Certified Nursing Assistants) to pour." On 2/28/24 at 10:17 A.M., V12/Registered Nurse (RN) stated, "I was the nurse working the day that (R8) was burned by the hot coffee. When the food cart and beverage cart come from dietary, the dietary staff place it outside of the dining room and left the unit. The nurse and the assigned CNA (Certified Nursing Assistant) are responsible for serving the food and drinks. The coffee is always very hot, so is the hot water for tea. You have to be very careful with it. (R8) and (R13) like to help themselves to coffee. We always tell them not to, but they do anyway. On that day, I was helping (V10/Certified Nursing Assistant) with another resident, that required both of us. The coffee cart was outside of the dining room and (R8) had been told to wait until I got back. I left to go help (V10). Later that morning, we noticed (R8) was walking funny and she complained of pain to her leg. We undressed her and found a reddened area that was approximately 9 CM (Centimeters) X 7 CM. (R8) said it was very painful. There was no blistering at the that time. I called her doctor and got an order for a treatment, and I tried to call her sister. Her sister is not her POA (Power of Attorney) but will take updates on her condition. I honestly can't remember if I ever got hold of her." On 2/28/24 at 10:17 A.M., V10/Certified Nursing Assistant (CNA) stated, "I was working the

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X20011

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003529 02/29/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **304 S.W. 12TH STREET ALEDO REHAB & HEALTH CARE CENTER ALEDO, IL 61231** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 morning that (R8) was burned by the coffee. It was breakfast time and I needed (V12's) (V12/Registered Nurse) help getting another resident up. The food cart and beverage cart were outside of the dining room. Later that day, we noticed that (R8) was walking funny and when we took her pants off, we noticed the red area on her leg. It was pretty big, and she was complaining of a lot of pain. Her and (R13) always try to help themselves to coffee and we tell them to leave it alone. Now, after R8 was burned, when the kitchen staff bring out the coffee, they lock it up in the nurse's station until we can pour it." (B)

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