STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6012835	B. WING		06/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
DENIMIO	K NUROINO AND DEL	3401 HFN	INEPIN DRIV	•		
RENWIC	K NURSING AND REF	JOLIET, I	L 60435			
(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)		(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investigation: 2474582/IL174207					
S9999	Final Observations		S9999			
	a) The facility sprocedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformities shall complicies shall complicies the facility and shall by this committee, or	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy				
		isaster Preparedness				
	policies and proced provide for the heal of all residents whe temperature (see S established by the N Atmospheric Admin exceeds 80°F.	r shall establish and implement ures in a written plan to th, safety, welfare and comfort in the heat index/apparent ection 300.Table D), as National Oceanic and istration, inside the facility Mechanical Systems				

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

Electronically Signed 06/20/24

STATE FORM 6899 If continuation sheet 1 of 14 WHEF11

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		II 6042925	B. WING		C 06/17/2024	
		IL6012835			06/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RENWIC	K NURSING AND RE	HAB JOLIET, II	NEPIN DRIV L 60435	'E		
(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 APPROL DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	h) Heating, Ventilating, and Air Conditioning Systems					
	residents of the nur conditioned and he air-conditioning and areas subject to this requirement include or common areas s rooms, living rooms dining rooms. (Sect	nursing home used by sing home shall be air ated by means of operable I heating equipment. The sair-conditioning and heating e, without limitation, bedrooms such as sitting rooms, activity s, community rooms, and tion 3-202(8) of the Act)				
	capable of maintain temperature of between	veen 75 degrees Fahrenheit hrenheit, pursuant to the				
	These Regulations	are not met as evidenced by:				
	review the facility fathe building remain for residents when functioning properly follow their hot weatemperatures and honditioning was no	on, interview, and record alled to ensure temperatures in ed within a comfortable range the air conditioning was not v. The facility also failed to ther policy and measure room numidity levels when the air of functioning properly to at safety could be maintained.				
	as 91 degrees Fahi	d in room temperatures as high renheit in areas occupied by ents complaining of feeling				
1	This applies to all 9 facility.	8 residents residing in the				

Illinois Department of Public Health STATE FORM

WHEF11 If continuation sheet 2 of 14

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					С		
		IL6012835	B. WING		06/1	7/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RENWIC	K NURSING AND REI	HAB 3401 HEN JOLIET, II	NEPIN DRIV L 60435	E			
(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 CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	The findings include	е:					
		heet dated June 12, 2024, ensus as 98 residents.					
	V2 (DON-Director of still working on the	not present in the building. If Nursing) stated, "They are air conditioning situation. We air conditioners in the					
	the facility was condification. V3 stated Director of the facilic continued to say, "Tof the cooling tank fair conditioning does not have a dehumidity readings. In not have a thermon readings and uses for reading surface infrared temperatur temperatures of wathe general tour of the gun into the air outside of the buildiwould not display of gun, and no air tempotatined. During the resident rooms and thermostats were ptemperature in the interest of the proper temperature in the resident rooms.	at 12:00 PM, a general tour of ducted with V3 (Maintenance III he has been the Maintenance II he has been the bottom for the air conditioning, so the II so not work." V3 stated he wice to measure and obtain V3 continued to say he does neter to obtain air temperature an infrared temperature gun temperatures. V3 used the e gun to obtain surface IIs, floors, and ceilings during the facility. When V3 pointed inside the building, and ng, a temperature reading ould be net our, V3 showed multiple resident areas where resent showing the air room. Those readings were as tures in degrees Fahrenheit):					
	Tour of facility June	12, 2024, with V3:					
	12:15 PM, R8 and F	R9's room: 86 degrees. R8					

Illinois Department of Public Health

STATE FORM 6899 WHEF11 If continuation sheet 3 of 14

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 20.25 vo.			С
		IL6012835	B. WING			17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
RENWIC	K NURSING AND REI	HAR	NNEPIN DRIV IL 60435	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
S9999	provided with a fres water cup on R8's t "6/11/24." R8 state "warm." R9 stated, because it is so hot 12:20 PM, R2 was sleeveless shirt and very warm in her roroom showed 84 de 12:35 PM, Main din the dining room showed to the dining room showed the wall across the thermostat, approx. The surface tempe degrees on the infra 12:35 PM, V6 (LPN stated, "I am not tal anyone or checking water with medicati water." 1:19 PM, R36 state feel uncomfortable. 1:27 PM, R37 said, conditioning for day our rooms are very 1:44 PM, R3 was ly had a fan blowing to very hot even with a conditioning unit is	ty, and he had not been sh cup of water today. The table showed the date at the water was "old" and put is too hard to sleep to in our room." sitting in her room wearing a dishorts. R2 stated she felt from. The thermostat in R2's regrees. Ining room: The thermostat in the dining room eating the infrared temperature gun at room from the wall-mounted imately 20 to 30 feet away. The regree of the wall showed 84.4 ared temperature gun. I-Licensed Practical Nurse) king frequent vital signs on generative and output. We pass ion administration but no extra red, "It is very warm in here. I "" "We haven't had air yes. It feels so hot in here, and				

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STATE FORM 6899 WHEF11 If continuation sheet 4 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			71. BOILBING.		С	
		IL6012835	B. WING		I	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
RENWIC	K NURSING AND RE	HAB 3401 HEN JOLIET, I	NNEPIN DRIV IL 60435	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	999 Continued From page 4		S9999			
	showed 86 degrees here. Our rooms ar 6:20 PM, Main dinimounted on the wa 91 degrees. R10, F present in the dinin within reach. No sta R11, R12, and R14 "hot." R12 stated, have to sit here untelse." V1 (Administration of the dining room of the state of	ng room. The thermostat all in the dining room showed R11, R12, and R14 were g room and did not have water aff were present with R10, R10-R14 stated they felt "We don't have a choice, we til they take us somewhere trator) was immediately reyor of the high temperature and residents sitting in the				
	dining room without water. 6:21 PM, R8 and R9's room showed 86 degrees on the thermostat in the room. R9 was standing at his bedside and had removed his clothing from the waist down. R9 stated he felt hot and was trying to cool off by removing clothing. R8 stated he felt very hot and asked if this surveyor could get a fan in their room to make the room feel cooler. 6:22 PM, R15 and R16's room, the thermostat in room showed 84 degrees. 6:23 PM, R13's room, the thermostat in the room showed 87 degrees. On June 12, 2024, at 3:34 PM, V7 (VP-Vice President of Service-HVAC Contractor) stated, the facility's air conditioning problems were related to the mechanical issues the facility experienced with the lack of heat earlier in the year. V7 continued to say, "You cannot measure					

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PRINTED: 08/31/2024 FORM APPROVED

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Illinois Department of Public Health							
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COIVIP	LEIED	
)	
		IL6012835	B. WING			7/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE			
IVAIVIL OI I	TROVIDER OR OUT LIER		NEPIN DRIV				
RENWIC	K NURSING AND REI	HAB JOLIET, II		-			
			L 60435				
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROI		DATE	
		·		DEFICIENCY)			
S9999	Continued From pa	ige 5	S9999				
00000	•		03333				
		hose devices only measure					
		e. For instance, point it at the					
		ne temperature of the floor.					
		and you get the temperature of					
		if you point it at the floor, you					
		iding than the actual air					
		room. We have been talking to					
		r facilities in their group. They					
		entative service agreements					
		nonths. At least a couple of					
		entified an issue with their					
		ng and air conditioning system					
		ney were not going to have air					
		ar. We told them some major taken and they have called us					
		ions to try to fix different					
		is not able to operate because					
	, ,	erground. If the system is					
		ne system circulates water to					
		ith the pipes broken					
		r just pours out of the cooling					
		ground, never reaching the					
		ility. We cannot fill that piping					
		of the leaks, and we cannot					
	locate the broken p	iping unless we break up					
	concrete and concr	ete floors in the facility. They					
	were notified on Ap	ril 12, 2024, about the piping					
	issues, and just aut	thorized isolating the leak on					
		tried to identify where the					
		y, and we found that multiple					
		By the end of that day, they					
		e fixed. We proposed we					
		porary cooling that day. We					
		norization to move forward with					
		ng until just about an hour				 	
		horized temporary cooling for					
		ngs. We will obtain outside					
		emporarily place them outside				 	
		d of their four resident wings.					
	it snould be enough	n cooling to temper the					

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STATE FORM 6899 WHEF11 If continuation sheet 6 of 14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6012835	B. WING			C 17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RENWIC	K NURSING AND RE	HAB 3401 HEN JOLIET, II	NEPIN DRIV L 60435	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE
\$9999	resident rooms end cooling capacity will On April 12, 2024, wand notified them the conditioning this year pipe leaks. We did month later we tout reminding them we conditioning for the never told them we They wanted us to told them we could We tried to explain problem." An email dated April Manager HVAC Cofacility Administrato Operations), and Vindanager) shows: "Issues - [Facility] Hon site today to assolop/broken piping. piping is in a dire nearing or cooling or suggest that we have a plan of action to go timeliest manner positions." An email dated May (Account Manager addressed to facility (VP Plant Operation Facilities Manager) Critical Issues - [facological Issues - [ugh. We are hoping the I make the rooms comfortable. We sent an email to the facility ney would not have air ar due to the underground not hear from them, and a ched base with them again, could not turn on the air m due to the pipe leaks. We would fix the leaking pipe. The repair the cooling tower and I try to repair the cooling tower and I try to repair the would not fix the leaking tower. The to them that would not fix the repair the cooling tower. The conductor of the result of the repair the conclusion is that the result of the result of the repair of	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6012835	B. WING	B. WING		; 7/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	172024
RENWIC	K NURSING AND REI	HAB 3401 HEN JOLIET, II	NEPIN DRIV	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CORRECTION (CROSS-REFERENCE)	D BE	(X5) COMPLETE DATE
\$9999	Thank you." On June 12, 2024, Operations) stated water from the cool building due to brostated, "There are fix. I want to say are started to have trout. The facility provides systems dated June not have any other were obtained for reduced to have trout. On June 12, 2024, stated, "We were taken infrared temperature could infrared guns. We as shown in the poltemperatures and helieve we felt we were a lot of different conversation about units until Monday, the facility's air conversation about units until Monday, the facility's air conversed to the Deput on June 13, 2024, continued to feel very (Maintenance Direct proper device to me humidity and had not the memoratures of humidity and had not the policy to obtain a policy to obtain the memoratures of humidity and had not the memoratures of humidity to obtain the memorature of the has a policy to obtain the memora	at 1:55 PM, V4 (VP Plant the facility has problems with ling tower getting to the ken pipes underground. V4 too many leaks in the pipes to ound early May 2024 we able with the system." If a quote for rental cooling to 11, 2024. The facility does documentation to show quotes documentation to show quotes ental cooling units prior to at 4:06 PM, V1 (Administrator) aking room temperatures with fature gun. I did not know air not be checked using those were not measuring humidity licy. We were not checking numidity every two hours. I were doing everything we a complicated problem. There is layers. We did not have a renting temporary chilling June 10." V1 continued to say ditioning concerns were not partment of Public Health.	S9999	DEFICIENCY)		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 20.22			С
		IL6012835	B. WING			17/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RENWIC	K NURSING AND REI	HAB 3401 HEN JOLIET, I	INEPIN DRIV L 60435	Æ		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 8	S9999			
	conditioning is malfunctioning.					
	checked, beginning temperature readin the thermostats mo facility not having the	room temperatures were g at 10:50 AM and the following gs were obtained based on bunted in the rooms, due to the ne equipment to measure air emperatures in Fahrenheit):				
	June 13, 2024: 10:50 AM, Main dining room, the thermostat on the wall showed 87 degrees. V15 (Activity Aide) was playing a board game with 16 residents. V15 stated the following residents were present in the room: R3, R8, R6, R7, R9, R11, R18, R19, R25, R26, R27, R28, R31, R32, R35, and R40. V15 continued to say, "Some residents have complained of feeling hot. No one told me to pass water to the residents or juice. I have not given them anything to drink." The 16 residents did not have water or fluids in front of them, or water visible and available in the room.					
	,	R7's room, the thermostat s. R6 stated she felt "hot."				
		om, the thermostat showed 82 present in the room.				
	stated the room felthot in the facility sin push fluids. These dehydration. Reside have input and outphot in the facility."	rdiology NP-Nurse R38 and R39's room. V14 t "very hot." "It has been very nce last week. They have to people are more prone to ents with cardiac issues should out monitored when it is this s lying in bed. Her room felt				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			B. WING		С	
		IL6012835	D. WING		06/1	7/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RENWIC	K NURSING AND RE	HAB 3401 HEN JOLIET, I	INEPIN DRIV L 60435	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	very warm. No ther room to measure the holding an empty puritying, "Water, wate meal tray on her belemonade. R29 stallemonade because continued to call outurn on her call light of R29's room to he staff were observed to residents. 11:20 AM, R13's room showed 85 defeeling hot. 11:23 AM, R32's room showed 85 defeeling hot. 11:25 AM, R33 and the room showed 85 defeeling hot. 11:25 AM, R33 and the room showed 85 defeeling hot. 11:27 AM, R34 state the night and the warm and "old." A bedside table was a R22) was present. showed 88 degrees interviewed due to stated R22's room.	mostat was present in the ne air temperature. R29 was lastic cup in her hand and er, I need water." R29 had a edside table with a cup of ted she does not like to drink e, "It is too sweet." R29 at for water and was unable to it. No staff were in the vicinity ear R29 calling for water. No id passing supplemental water from, the thermostat in the egrees. R13 complained of feeling and complained of feeling ated he was given water during fater at his bedside was now foam drinking cup on the dated "6/12/24 NOC (Night)." Is lying in bed and V13 (Son of The thermostat in R22's room is R22 was not able to be his medical condition. V13 had felt "hot the last two days." I R24's room, the thermostat is Both residents were present in R24's room, the thermostat is Both residents were present in R24's room, the thermostat is Both residents were present in R24's room, the thermostat is Both residents were present	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6012835	B. WING			C 17/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DENIMIC	K NITERING AND BEI	3401 HEN	NEPIN DRIVI	Ξ		
RENWIC	K NURSING AND REI	JOLIET, I	L 60435			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	degrees. On June 13, 2024, Director) stated, "I I with the air condition reach out to the own problem, it is not moreoms that are 86 cayou. No one called am hearing about the state of th	at 1:15 PM, V10 (Medical know they found a problem ning in April 2024. You need to ners of the building about the y job. I am hearing they have legrees for the first time from me to tell me. This is the first I	\$9999	DEFICIENCY)		
	On June 14, 2024, PM, temperature an obtained with V2 (D Director) (all tempe	36.9 percent humidity, 83.2 between 1:20 PM and 1:50 nd humidity readings were OON) and V16 (Admissions ratures in Fahrenheit): ercent humidity, 84.0 degrees				

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STATE FORM 6899 WHEF11 If continuation sheet 11 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	СОМ	(X3) DATE SURVEY COMPLETED	
		IL6012835	B. WING		06/17/2024	
	PROVIDER OR SUPPLIER	3401 HFN	DRESS, CITY, ST INEPIN DRIVE L 60435			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
\$9999	R41 and R42's roomedegrees R23 and R24's roomedegrees R43's roomedegrees R44 and R45's roomedegrees R46 and R47's roomedegrees On June 17, 2024, humidity readings we (Maintenance Direct Fahrenheit): R22's room, 50.7 p R22 was lying on to with no sheet cover uncomfortable. R21's room, 49.8 p Main dining room, 49.8 p Main dining room, 49.8 p Main dining room, 80 degrees. Eight reside dining room. R38 and R39's roomedegrees. On June 17, 2024, the main dining room was being served to the R8, R9, R11, R15, R27, R28, R30, R3 R51, and R52. R2, R50 were asked if they replied they we	inge 11 Im, 36.4 percent humidity, 86.3 Im, 41.8 percent humidity, 85.8 Incercent humidity, 83.7 degrees Im 38.6 percent humidity, 84.3 Im 36.8 percent humidity, 85.6 Incercent humidity, 85.6 Incercent humidity, 85.6 Incercent humidity, 85.6 Incercent humidity, 82.9 degrees. Incercent humidity, 82.9 degrees. Incercent humidity, 82.9 degrees. Incercent humidity, 82.2 degrees. Incercent humidity, 82.2 degrees. Incercent humidity, 82.2 degrees. Incercent humidity, 83.0 Incercent humidity, 82.2 degrees. Incercent humidity, 83.0 Incercent humidity, 83.0 Incercent humidity, 82.2 degrees. Incercent humidity, 83.0 Incercent humidity, 82.2 degrees. Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 82.9 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 82.9 Incercent humidity, 83.0 Incercent humidity, 83.	S9999			

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STATE FORM 6899 WHEF11 If continuation sheet 12 of 14

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED COMPL								
IL6012835 B. WING 06/17/202								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	IL6012835							
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
3401 HENNEPIN DRIVE								
RENWICK NURSING AND REHAB JOLIET, IL 60435								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMING CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL							
Continued From page 12 "If the air conditioning is not functioning appropriately; follow the following procedure: 1) Temperature and humidity should be measured in several rooms on each floor on unit that has been identified as being the warmest area of each floor or unit. This should be done approximately every two (2) hours during the day and evening. These rooms should include day rooms (activity), dining rooms and hallways. 2) If the facility temperature and humidity combined value falls within the shaded region of the chart for Relative Humidity and Temperature, proceed with the following: I. Fluids (water) should be easily accessible at all timesFor additional information, please refer to the Extreme High Temperature Procedure policy." The facility's Extreme High Temperature Guideline revised "04/03/2024" shows: "Purpose: To provide guidance to facility in times of unseasonably hot weather and/or cooling system malfunction. Responsible Party: Facility staff. Should the temperature index for relative humidity and temperature in this facility rise above 80 degrees, the facility shall implement the appropriate high temperature procedures. Should a specific area of the facility rise above 80 degrees, it may be necessary to relocate residents to a cooler section of the facility. If the high temperature procedures do not sufficiently maintain resident safety, the facility shall consult with the Department of Public Health regarding the advisability of resident evacuation. Maintenance: Monitor air temperatures at least every 2 hours between 8:00 AM and 10:00 PM in resident areas and every 4 hours between 10:00 PM and 8:00 AM. Temperatures should be taken at the warmest point identified through baseline monitoring on each floor or wing. Include day	"If the air conditioning appropriately; follow to Temperature and hunseveral rooms on each identified as being the or unit. This should be two (2) hours during to trooms and hallways, and humidity combines shaded region of the eand Temperature, professional formsFor addition to the Extreme High Topolicy." The facility's Extreme Guideline revised "04. To provide guidance to the Extreme High Topolicy." The facility's Extreme Guideline revised "04. To provide guidance to the Extreme High Topolicy." The facility's Extreme Guideline revised "04. To provide guidance to the Extreme High Topolicy." The facility's Extreme Guideline revised "04. To provide guidance to the Extreme High Topolicy." The facility's Extreme Guideline revised "04. To provide guidance to the guidance to the guidance to the guidance to the facility significance and temperature professional to a cooler shigh temperature professional to a co							

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		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		A. BUILDING.			,		
IL6012835		B. WING		06/17/2024			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
RENWICK NURSING AND REHAB 3401 HENNEPIN DRIVE JOLIET, IL 60435							
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG 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		
roomsAssure that water lines to the are working appropriately." The facility's undated Summer Temporal Monitoring Policy shows: "Purpose to comfortable, safe environment for all To determine if the Hot Weather Polici implemented. Procedure: a. Routine temperature and humidity monitoring facility will occur at a minimum of two day during the daylight hours. For ex 10:00 AM and 4:00 PM. These temperatures/humidities are to be tak warmest areas of facility identified the baseline monitoring. These values at recorded on the bottom of the Tempe Humidity Chart provided by Public He temperature and humidity combined whe determined and circled on the chat the combined value fall in the shaded chart the Hot Weather Policy must be implemented. Should the combined with the right of the heavily darkened line with shaded area, you must immediately of VP of Physical Plant Operations and yoperations. b. Should it be determined high temperature procedures do not similar the maintain resident safety for an extendime determined by facility Administration concert with the VP of Plant Operation Regional Operations and the Chief Of Officer, the facility will consult with Puregarding the advisability of resident etc"	erature o provide a residents. cy is to be of the times per ample, en in the ough re to be rature and alth. The value is to rt. Should area of the value fall to within the contact the your VP of ed that the sufficiently led period of tor in ns, VP of perating blic Health	\$9999					

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