

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>3000461</b> |  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                               |                                                                                                                          | (X3) DATE SURVEY COMPLETED<br><b>02/05/2026</b> |                            |
| NAME OF PROVIDER OR SUPPLIER<br><b>SANDWICH LIVING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>902 EAST ARNOLD STREET , SANDWICH, Illinois, 60548</b> |                                                                                                                          |                                                 |                            |
| (X4) ID<br>PREFIX<br>TAG                                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         |  | ID<br>PREFIX<br>TAG                                                                                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                 | (X5)<br>COMPLETION<br>DATE |
| S0000                                                                     | <p>Initial Comments</p> <p>Statement of Licensure Violations:</p> <p>300.610a)</p> <p>300.2210b)2)</p> <p>300.2930c)5)</p> <p>300.3130c)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.</p> <p>Section 300.2930 Plumbing Systems</p> <p>c) Water Supply Systems</p> <p>5) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>Section 300.3130 Plumbing Systems</p> |                                                                         |  | S0000                                                                                              |                                                                                                                          |                                                 |                            |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| NAME OF PROVIDER OR SUPPLIER<br><b>SANDWICH LIVING &amp; REHAB CENTER</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>902 EAST ARNOLD STREET , SANDWICH, Illinois, 60548</b>                       |  |                                                 |  |
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| S0000                                                                     | <p>Continued from page 1</p> <p>c) Water Supply Systems</p> <p>5) Protective measures, including but not limited to installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to insure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure water in resident rooms and a shower room used by residents was at a safe temperature. On 2/2/26 at 10:42 AM the bathroom sink in R3's room had a water temperature measuring 149.5 degrees. The South Shower Room shower water measured 146.5 degrees and the water in R17's bathroom sink measured 145.5 degrees. This has the potential to affect all 13 of 13 residents (R1, R3, R4, R5, R7, R13, R15, R17, R19, R21, R24, R30, R36) residing on the South Hall of the facility reviewed for safety.</p> <p>The findings include:</p> <p>On 2/2/26 the facility roster/census showed 13 residents residing on the South Hall of the facility, R1, R3, R4, R5, R7, R13, R15, R17, R19, R21, R24, R30 and R36.</p> <p>On 2/2/2026 at 10:42 AM R3 asked Surveyor to check the handles on his bathroom sink as he feels they are difficult to turn on. Surveyor turned on the hot water and let the water run for about 2 minutes. The water began to steam. R3 stated, "The shower is the same- it gets really hot and then it gets cold. My skin is pretty sensitive. The water is hotter than it should be I know that. 104-105 should be pretty good." The Surveyor left the room and returned a short time later with a thermometer. The temperature of the water measured 149.5 degrees.</p> <p>Surveyor then went to the South Shower Room (next to R3's room). The water from the shower head measured 146.5 degrees.</p> <p>At 10:50 AM Surveyor went to the other end of the hall and checked the water in R17's room. The water measured 145.5 degrees.</p> <p>On 2/2/2026 at 11:17 AM V3 (Maintenance Director) stated, " We got a brand-new gas fired water heater on March 8, 2025. I tested this hall (South) water</p> |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |

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| S0000                                                                     | <p>Continued from page 2<br/>temperatures last week (1/26/26). I switch halls each week. I try to keep them at 100-110 degrees. "</p> <p>V3 then accompanied Surveyor to R3's room with a facility thermometer. V3 turned on the hot water, waited a few seconds and then put the thermometer under the water, it read 106 degrees. Surveyor asked V3 to keep the thermometer under the water longer. V3 stated, "Oh, that is hot, 108 degrees." Surveyor asked V3 when was last time V3 calibrated his thermometer. V3 stated it was brand new. V3 left the room to get another thermometer. Surveyor turned the water back on and let it run. V3 returned with another thermometer and put it under the running water. The thermometer read 153.5 degrees. The water was steaming and visibly hot. Surveyor asked V3 if he was able to put his hand in the running water and V3 stated "No, it is too hot." V3 left the room and returned in a minute or two.</p> <p>V3 stated, "The Water Heater is set to hot- I turned it down to blank notch (medium) I may even have to turn it to low. It may be a bad mixing valve. It may take about 5 minutes to cycle through. "</p> <p>At 11:30AM Surveyor and V3 went to the Hot Water Heater Room on the South Wing and observed the Hot Water Heater. The Water Heater was set to "Hot" and the thermometer on the Hot Water Heater pipe was reading 150 degrees.</p> <p>On 2/2/2026 at 12:37 PM V3 stated, "Each building is independent. No one has looked at the water heater. I adjust it sometimes based on the temperature outside, but I don't know what would account for the 40 degrees jump in temperature in a week. I was going to call my supervisor and see if he wants me to call the vender and have him come out and take a look at it. I have it set now to Low- I figured I would start at the baseline and work my way up. "</p> <p>On 2/3/26 at 9:05AM V3 stated that he last adjusted the hot water heater on the south hall (prior to 2/2/26) about 6 months ago. V3 also stated that he contacted his Maintenance Consultant, and he is going to come and change the mixing valve when he can as he is a licensed plumber.</p> <p>The facility policy entitled Hot Water Temperature dated 1/2025 states, "The water temperature to residents' rooms, washrooms and showers will be taken daily and logged on the water temperature log form." and "The water temperature must be maintained at the acceptable range of 100 degrees- 110 degrees Fahrenheit."</p> | S0000                                                                   |                                                                                                                          |                                                                                                    |  |                                                 |  |

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| S0000                                                                     | Continued from page 3<br><br>The facility Water Temp Log shows the last time the South Hall water temperatures were checked was on 1/26/26. (7 days prior to findings of high temps)<br><br>The Facility Floor Plan shows that the facility has 4 water heaters. One for each hall, North and South, one for the kitchen and one for the laundry room.<br><br>(B) |                                                                         | S0000               |                                                                                                                          |  |                                                 |  |