

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2007
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CHAMPAIGN COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH ART BARTELL DRIVE URBANA, IL 61802
--	--

(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) COMPLETION DATE
--------------------	--	---------------	---	----------------------

<p>F 000</p> <p>F9999</p>	<p>INITIAL COMMENTS</p> <p>First Probationary Licensure Survey.</p> <p>FINAL OBSERVATIONS</p> <p>300.2220d) All cleaning compounds, insecticides, and all other potentially hazardous compounds and agents shall be stored in locked cabinets or rooms.</p> <p>This requirement was not met as evidence as the following:</p> <p>Based on observation and interview, the facility failed to ensure that 3 of 9 group bathing areas did not have spray bottles of disinfectant assessable to cognitively impaired residents.</p> <p>The finding is:</p> <p>During General Observation tour accompanied by E3, Maintenance Director on 6-11-07 and 6-12-07, the group bathing areas were observed. A spray bottle of the disinfectant, "Germ-O-Kill 400" was observed in the group bathing rooms 335, 235, and 436. E3 stated that the chemicals are to be stored in a locked area. Cognitively impaired residents were observed on each of the 4 units.</p> <p>-----</p> <p>300.2930c)5) Water Supply Systems: Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit.</p> <p>This requirement was not met as evidence by the following:</p>	<p>F 000</p> <p>F9999</p>		
---------------------------	---	---------------------------	--	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/13/2007																							
NAME OF PROVIDER OR SUPPLIER CHAMPAIGN COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH ART BARTELL DRIVE URBANA, IL 61802																									
(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) COMPLETION DATE																								
F9999	<p>Continued From page 1</p> <p>Based on observation and interview, the facility failed to ensure that hot water assessable to residents on 3 of 4 wings (100, 300, and 400) did not exceed 110 degrees Fahrenheit (F).</p> <p>The finding is:</p> <p>During General Observations and resident room reviews on 6-11-07, hot water accessible to residents on 3 of 4 wings (100, 300, and 400) exceeded 110 degrees F. Interview with E5, Maintenance Director stated that each of the 4 wings has its own hot water heater, distribution system, mixing valve, and return line. The hot water supply systems were observed and the inline thermometer recorded temperatures that were within 2 degrees of the temperatures recorded by the surveyor. E5 stated he had been off and he was not aware of problems with the hot water. E5 stated hot water temperatures are to be checked weekly.</p> <p>Cognitively impaired residents which are ambulatory and wheelchair bound were observed each of the three wings.</p> <p>The following are the findings.</p> <table border="0"> <thead> <tr> <th>Temperature</th> <th>Time</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>121 degrees F.</td> <td>12:37 P.M.</td> <td>Lavatory 401</td> </tr> <tr> <td>116 "</td> <td>1:15 P.M.</td> <td>Lavatory 400 shower room</td> </tr> <tr> <td>117 "</td> <td>12:40 P.M.</td> <td>Lavatory 320</td> </tr> <tr> <td>126 "</td> <td>1:55 P.M.</td> <td>Lavatory 300 shower room</td> </tr> <tr> <td>123 "</td> <td>12:42 P.M.</td> <td>Lavatory 104</td> </tr> <tr> <td>121 "</td> <td>12:48 P.M.</td> <td>Lavatory 106</td> </tr> <tr> <td>126 "</td> <td>1:55 P.M.</td> <td>Lavatory 100 shower room</td> </tr> </tbody> </table>	Temperature	Time	Location	121 degrees F.	12:37 P.M.	Lavatory 401	116 "	1:15 P.M.	Lavatory 400 shower room	117 "	12:40 P.M.	Lavatory 320	126 "	1:55 P.M.	Lavatory 300 shower room	123 "	12:42 P.M.	Lavatory 104	121 "	12:48 P.M.	Lavatory 106	126 "	1:55 P.M.	Lavatory 100 shower room	F9999		
Temperature	Time	Location																										
121 degrees F.	12:37 P.M.	Lavatory 401																										
116 "	1:15 P.M.	Lavatory 400 shower room																										
117 "	12:40 P.M.	Lavatory 320																										
126 "	1:55 P.M.	Lavatory 300 shower room																										
123 "	12:42 P.M.	Lavatory 104																										
121 "	12:48 P.M.	Lavatory 106																										
126 "	1:55 P.M.	Lavatory 100 shower room																										