STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145480	A. Building B. Wing	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mattoon Rehab & Hcc	2121 South Ninth Mattoon, IL 61938

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20892 Based on interview and record review the facility failed to remove an electric space heater from a resident's room for one of three residents (R1) reviewed for accidents in the sample list of three residents. This failure resulted in R1 burning R1's leg (fluid filled blister) when R1's leg came in contact with the space heater while R1 was getting out of bed. This past non compliance occurred on 5/29/24. The Current Physician Order Sheet (POS) documents the following diagnoses for R1: Central Cord Syndrome at Unspecified Level for Cervical Spinal Cord, Subsequent Encounter, Myasthenia Gravis without (Acute) Exacerbation and Chronic Obstructive Pulmonary Disease, Unspecified. The Minimum Data Set (MDS) dated [DATE] documents R1 is cognitively intact. The same MDS documents R1 requires a wheelchair to move about the facility and R1 requires staff assistance with transfers, bathing, toileting and all activities of daily living. The facility submitted an incident report on 5/30/24 to Illinois Department of Public Health (IDPH) stating R1 received a fluid filled blister on the left lower extremity due to touching a space heater R1 had in his room. The Progress note dated 5/29/24 documents This writer (V7, Licensed Practical Nurse (LPN)) was notified by nurse tending to (facility) hall that R1 had burned his left lower extremity on a heater that he had in his room that he had bought and had delivered from (department store). This writer went to assess situation. MD (Medical Doctor) was notified by attending nurse on the hall. New order was received for silvadene cream to burn area. R1 denies any pain to area and states it doesn't hurt. Will continue to monitor. The Weekly Wound Evaluation dated 6/3/24 documents R1 has a burn to R1's left lower leg acquired on 5/29/24. The Evaluation documents Burn to left lower extremity remains. Fluid filled blister remains measuring 1.0 cm (centimeters) x (by) 5.5 cm. Burn area above blister is scabbed measuring 2.0 cm x 2.5 cm. (continued on next page)

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145480	A. Building B. Wing	06/11/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	R1 stated in interview on 6/11/24 at 10:05 AM I had bought the heater one week after my admission to the facility. R1 stated he thought the staff knew he had the heater because he would ring his light for them to turn the heater up or down. R1 stated on 5/29/24 when he burned his leg the heater was left on the floor. R1 stated he does not remember who left it on the floor. R1 stated R1 was getting up from bed and he touched the heater with his left leg and burned his left lower extremity. R1 stated he did not know he was doing anything wrong. R1 stated I have asked them to turn the air condition off. They told me it was central air and they could not control the air conditioner. V1, Administrator stated on 6/6/24 at 10:30 am When I was told about this incident I immediately removed the space heater and had staff do an audit on all rooms in this building to see if there were any more space heaters. V1 stated I also implemented an inservice for all staff members letting them know no electric heaters are allowed in the building. V1 stated Apparently the staff did not know electric heaters were not allowed. Prior to the survey date, the facility took the following actions to correct the noncompliance. 1. The electric space heater was removed for R1's room. Completed on 5/29/24. 2. An audit of all resident rooms was completed to ensure no one had an electric space heater in their room. Completed on 5/29/24. 3. Immediate inservice was held with all staff available and was repeated for the staff not available that day. Completed on 5/29/24. 4. The Facility Admission Contract was changed to say No electric space heaters are allowed in residents rooms. Completed on 5/29/24. 5. All [NAME] of Attorney and families were contacted with the update about electric space heaters not allowed in resident rooms. Completed on 5/29/24. 6. Audits are being performed three times a week for 60 days to ensure there are no electrical space heaters in residents rooms.