

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER Alpine Fireside Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3650 North Alpine Road Rockford, IL 61114	

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)
<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34891</p> <p>Based on observation, interview, and record review the facility failed to ensure resident coffee was served at a safe temperature for 1 of 4 residents (R1) reviewed for safety and supervision in the sample of four. This failure resulted in R1 sustaining second degree burns to her thigh and calf.</p> <p>The findings include:</p> <p>The facility's incident report dated 12/31/24 showed R1 spilled coffee on herself on a Sunday (12/29/24). The report showed the physician and nurse practitioner had been notified. The report was completed by V3 (Director of Nurses).</p> <p>R1's undated record of admission form showed an admitted [DATE] and a discharge date of [DATE]. R1's facility assessment dated [DATE] showed diagnoses including but not limited to fracture of the right femur, hypertension, anemia, and osteoporosis. The same assessment showed severe cognitive impairment and staff supervision or touch assistance required for eating.</p> <p>On 1/9/25 at 4:32 PM, V8 (CNA-Certified Nurse Aide) stated he was assigned to R1 the afternoon shift of 12/29/24. V8 said it was his first time working that unit and caring for R1. V8 said R1 was lying in bed and asked for coffee sometime around 4:30 PM. V8 said he did not realize R1 had dementia and she seemed okay to have coffee by herself. V8 said he brought R1 coffee in a covered, styrofoam cup. V8 said he went into her room about 30 minutes later and saw brown coffee stains on her sheets. V8 said he rolled R1 to the side to prepare her for transfer out of bed. V8 said he saw blisters on the back of her upper thigh. The area was blistered about the size of a football and he could tell it was a burn. V8 said he alerted the nurse working the floor (V3-DON-Director of Nurses). V3 assessed the area, applied ointment, and told him to keep her off the area.</p> <p>On 1/9/25 at 11:22 AM, V3 (DON) stated she was working the evening of 12/29/24 and was alerted by V8 around 4:30 PM or 5 PM that R1 had spilled coffee on herself while in bed. V3 said she went to the room and assessed R1 in bed. The back of R1's upper thigh had a big, long, and good amount sized burn on it. V3 said the skin was open and the first layer of skin was peeling back. V3 said R1 reported pain when it was touched. R1 said she spilled coffee on herself. V3 said R1's cognition was poor. Earlier in the day, R1 had been having difficulty opening her right hand fully and was not able to firmly grasp items. V3 said R1 was on isolation for covid and was eating all her meals in her room.</p> <p>(continued on next page)</p>

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
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 12/29/24 and authored by V3 showed: Alerted by CNA around 0500pmish (sic) that resident has spilled coffee on herself .Upon rolling the resident towards the wall skin peeling is noted. Rt (right) leg thigh-posterior (back) side was red and skin was noted measuring 14 cm x 5.5 cm (centimeters).</p> <p>On 1/9/25 at 3:25 PM, V6 (WCN-Wound Care Nurse) stated she cared for R1 the day after the coffee burn on 12/30/24. V6 said she assessed and measured the burns, which had progressed from the assessment done the evening prior. V6 said there were open blisters to the back of her right thigh, knee, and calf. V6 said R1 was also seen by the nurse practitioner and her physician after her assessment.</p> <p>R1's body skin check form dated 12/30/24 and signed by V6 (WCN) showed: burns from coffee-wound assessments. The form showed two areas on the back of right thigh measuring 14.0 x 5.5 cm and 4.0 x 2.0 cm (centimeters). One area on the back of the right knee measuring 2.5 cm x 2.0 cm. Two areas on the back of the right calf measuring 11.0 x 3.0 cm and 3.0 x 1.0 cm.</p> <p>On 1/9/25 at 3:08 PM, V5 (Nurse Practitioner) stated she saw R1's burns on 12/30/24 and agreed with the skin assessment done by the wound care nurse (V6). V5 said she recommended R1 be sent out to the local emergency room for evaluation and treatment. V5 said R1's daughter wanted R1 to be seen by the physician first, who was also in the building at that time. V5 said the physician did see R1 shortly after and diagnosed second degree burns on the right leg. Orders were given for wound treatments and a referral to wound care.</p> <p>R1's chart note dated 12/30/24 by her physician states: Burn of second degree of unspecified thigh, initial encounter. Patient sustained a burn by spilling coffee on her right leg yesterday. Several blisters present, with the largest one ruptured on the posterior right thigh, exposing subcutaneous tissue with pink color. No other acute inflammatory changes. Recommend silver Silvadene to apply as directed: wound care consult; close monitoring for any early signs and symptoms of infection; notify MD/NP (medical director/nurse practitioner) with any concerns or changes; monitor.</p> <p>On 1/9/25 at 9:27 AM, V2 (Dietary Manager) stated R1 was burned on her thigh while drinking coffee in bed. V2 verified it occurred on 12/29/24 (Sunday) and he was notified of the incident the same day via the facility's interoffice email system. V2 stated the coffee temperatures are checked every day by himself. V2 said he is at the facility seven days a week, including weekends. V2 said he checks that the coffee is between 175-190°F (degrees Fahrenheit) when it comes out of the machine. V2 said he checks it by pouring the coffee into a cup and placing a stem thermometer into it. The temperature should be at the 175-190 degree range for the proper distribution temperature to serve it. V2 said he does not record any coffee temperatures unless there is an occurrence, like the burn R1 experienced. V2 said he records the temperatures for about one week then stops. V2 said he just assumes the coffee is at a safe level based on the machine temperature and that it drops to the proper serve temperature prior to leaving the kitchen. At 9:46 AM, this surveyor and V2 tested the hot water coming out of the coffee machine using a thermometer that had been observed calibrated to 32°F in an ice bath. The water registered 178.5°F. V2 said it was the same water source used to make resident coffee.</p> <p>On 1/9/25 at 10:05 AM, the last three months of coffee temperature monitoring logs were requested. The only log available was dated from 12/29/24 to 1/7/25 (week following R1's thigh burns). Temperatures ranged from 176°F to 189°F.</p> <p>(continued on next page)</p>

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