

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>146133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY<br>COMPLETED<br><br>02/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Sandwich Living & Rehab Center                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>902 East Arnold Street<br>Sandwich, IL 60548 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                 |
| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</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. The Immediate Jeopardy began on 2/2/26 when the water temperatures on the South Hall measured between 145 and 153.5 degrees Fahrenheit. V1 (Administrator) was notified of the Immediate Jeopardy on 2/3/26 at 12:30PM. The surveyor confirmed by observation and interview that the Immediate Jeopardy was removed on 2/2/26 but noncompliance remains at Level Two because additional time is needed to evaluate the effectiveness of changing the settings on the hot water heater, scheduling repairs on the hot water heater to prevent reoccurrence of extreme temperature fluctuations, evaluating the process by which water temperatures are taken and educating the staff regarding monitoring of water temperatures. The findings include: 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. 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. Surveyor then went to the South Shower Room (next to R3's room). The water from the shower head measured 146.5 degrees. 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. 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 temperatures last week (1/26/26). I switch halls each week. I try to keep them at 100-110 degrees. 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. 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. 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. On 2/2/2026 at 12:37 PM (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.

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

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| <p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>              | <p>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. 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. 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. 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) 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. The facility presented an abatement plan to remove the immediacy on 2/3/26. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned 2/4/26 at 9:45AM and a revised abatement plan as presented by the facility on 2/4/26 at 10:45AM. The abatement plan was accepted on 2/4/26 at 11:15AM. The Immediate Jeopardy that began on 2/2/26 was removed on 2/2/26 when the facility took the following actions to remove the immediacy. When the hot water temperatures were identified on 2/2/26, the hot water heater was turned off and drained immediately. After the hot water heater was drained, the temperature valve was readjusted, temperatures were tested thereafter throughout the day. Contractor has been called and will be there on 2/5/26 to inspect the Facility's hot water heater and mixing valves and immediately correct any issues he finds at that time. Staff on duty were immediately in-serviced by the Maintenance Director (see sign-in sheet). All staff will be in-serviced by the Maintenance Director on the Facility's Hot Water Policy on or before 02/06/26. Residents will be kept safe with water temperatures in all resident accessible areas kept at 100 F - 110 F. Facility's Hot Water Temperature Policy will be followed: 1. The water temperature to residents' rooms, washrooms and showers will be taken daily and logged on the water temperature log form. 2. The water temperature must be maintained at the acceptable range of 100 F - 110 F. 3. The hot water temperature that exceeds 110 F, the following steps must be taken: the mixing valve will be adjusted and temperature retaken before residents' use of water. 4. The hot water temperature that's below the acceptable range of 100 F, the following step must be taken: the hot water tank will be adjusted and temperatures retaken before resident use of water. 5. The retaken water temperature will be reflected on the temperature log form. 6. If water is unable to be sustained at acceptable range, Administrator or designee will refer to emergency plan if needed. Charge Nurses and/or their designees (as the persons responsible for the safety of the residents) will perform spot checks every Friday for three months (and longer if any issues identified in these spot checks) to determine level of staff compliance with temperature logs and Facility's Hot Water Policy. Maintenance Consultant will review temperature logs and any maintenance issues weekly for three months. Any irregularities will be clarified and noted on a Quality Assurance report. QAPI will review these reports and others at its next regularly scheduled meeting (to be held 04/22/26) and make any further changes to policies or procedures it deems necessary. The Medical Director will be advised of this issue and the corrections that have been and are being undertaken. Administrator and/or his designee will monitor for overall compliance through his general supervision and reports from Charge Nurses and staff compliance. Completion Date: 02/02/2026</p> |                                                                                           |                                                 |