

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

Printed: 06/05/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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 - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>35119</p> <p>Based on observation, interview, and record review the facility failed to monitor temperatures of hot beverages prior to serving to residents, resulting in R1 sustaining full thickness (third degree) and partial thickness (second degree) burns to her thighs. This failure had the potential to affect 50 out of 75 residents residing in the facility that drink hot beverages and resulted in Immediate Jeopardy to their health and safety.</p> <p>The Immediate Jeopardy began on 9/15/24 when R1 sustained burns to her inner thighs from hot coffee. V1 Administrator was informed of the Immediate Jeopardy on 10/1/24 at 3:29 PM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on 10/2/24 but compliance remains at a Level 2 because additional time is needed to evaluate the implementation and effectiveness of the in-service training.</p> <p>The findings include:</p> <p>The facility's Residents who drink hot liquids form dated 9/30/24 shows 50 out of 75 residents drink hot liquids.</p> <p>On 9/30/24 at 8:25 AM, residents were observed drinking coffee at the breakfast meal.</p> <p>On 9/30/24 at 8:27 AM, V3 (Dietary Manager) showed this surveyor the hot water machine. The digital temperature reading on the hot water machine showed 155 degrees Fahrenheit (F).</p> <p>On 9/30/24 at 8:27 AM, V3 (Dietary Manager) said the facility uses instant coffee packets which are put into a carafe, hot water from the machine is poured into carafe, and then the carafe is sent out to the dining room to serve the residents. V3 said hot water for tea is put into a carafe as well and served.</p> <p>On 9/30/24 at 9:50 AM, V4 (Dietary Aid) said the coffee is pre-made in a packet which is dumped into a carafe and then you pour water from the machine into the carafe. V4 said all coffee for the facility is made from this machine. V4 said the coffee temperature is not checked before putting the carafes out in serving area for staff to serve the residents. V4 said there is no temperature log for hot beverages.</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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On 9/30/24 at 9:55 AM, V3 (Dietary Manager) said they do not check temperature of coffee or hot water before it is served to the residents. V3 said she has never temped the coffee since she started at the facility in July of 2024. V3 said she was not aware of any issues with the hot water machine and there were no work orders for it. At 10:05 AM, V3 said a resident (R1) recently got burned from the coffee and V1 (Administrator) had her turn the machine down to 135 degrees F. V3 said prior to the resident getting burned the machine was set at 165 degrees F. V3 said after she turned it down to 135 degrees F the residents complained and so she turned it back up to 155 degrees F. V3 said she doesn't have a owner's manual for the hot water machine, she just Googled what temperature to set the machine to. V3 was not aware of what temperature to serve hot liquids at. V3 said when R1 got burned it was a Sunday, and she came in and temped the coffee but she didn't document it. V3 said there was no process change for making coffee after the incident and she did not start temping the coffee or hot water before serving.</p> <p>On 9/30/24 at 9:55 AM, V3 (Dietary Manager) poured hot water from the machine and temped the water. The thermometer read 146.9 degrees F.</p> <p>On 9/30/24 at 10:15 AM, V5 (Assistant Maintenance Director) with this surveyor, calibrated his thermometer with ice water and got a temperature of 33 degrees F. V5 then poured hot water from the hot water machine into a coffee cup (used to serve residents) and got a temperature of 143.2 degrees F. V5 said he is not aware of any problems with the hot water machine.</p> <p>On 9/30/24 at 11:05 AM, V6 (Licensed Practical Nurse/LPN) said on 9/15/24, R1 had coffee in an insulated metal to go cup that her family supplied and had spilled the coffee on her lap. V6 said V7 (Certified Nursing Assistant/CNA) had brought R1 from the dining room to the resident hallway outside of R1's room. V6 said she heard R1 yell it's burning! V6 said she had V15 (CNA) lay R1 down in bed to remove her pants. V6 said R1 had redness to her left inner thigh area. V6 said R1's family was at the facility and wanted R1 to get back up to her chair and go the the dining room. V6 said she notified V2 (Director of Nursing), V9 (Nurse Practitioner), and V11 (hospice nurse). V6 said she worked on R1's section for the morning shift and then worked in another section for the PM shift. V6 said V10 (LPN) (who was taking care of R1's section for the PM shift) called her over to look at R1's legs. V6 said both legs around the inner thigh were blistered. V6 said she didn't measure the burns at the time, but the left inner thigh was about the size of a softball and the right inner thigh had multiple blisters of all sizes from just below the groin down her thigh to about 4 inches above her knee.</p> <p>On 9/30/24 at 11:22 AM, V7 (CNA) said she had brought R1 back from the dining room to her hallway and R1 started pulling on her pants and yelling it's hot! V7 said at that time she noticed R1's pants were wet on her inner thighs.</p> <p>On 9/30/24 at 1:48 PM, V1 (Administrator) said when she was notified of R1's burns on 9/15/24, she had V3 (Dietary Manager) tell her the temperature that the hot water machine was set at, and had her lower it. V1 said she didn't have any one check temperatures of the hot water at that time or have had kitchen staff monitoring the temperatures of the hot water since.</p> <p>R1's most recent Care Plan shows R1 has diagnoses of spinal stenosis, unspecified dementia, Parkinson's disease with dyskinesia, and unspecified neuropathy of lower limbs. This same Care Plan shows R1 has severe impaired cognitive function related to dementia, has Parkinson's with tremors, neck contracture, and decreased safety awareness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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 - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R1's Progress Note dated 9/15/24 at 9:14 AM, by V6 (LPN) shows resident spilled coffee on her left leg, redness and irritation.</p> <p>R1's Wound Summary dated 9/16/24 by V8 (Wound LPN), shows right medial thigh, burn, 2nd degree, facility acquired, measuring 13.0 x 6.0 x 0.1 cm (centimeters). R1's Wound Summary dated 9/16/24 by V8 shows left medial thigh, burn, second degree, facility acquired, measuring 18.0 x 18.0 x 0.1 cm.</p> <p>R1's Physician Wound Evaluation and Management Summary dated 9/18/24 (3 days after sustaining burns) shows: Burn of the left anterior thigh full thickness (3rd degree), etiology: hot liquid, wound size: 2.7 x 7.5 x 0.1 cm. Burn of the right medial thigh partial thickness (2nd degree), etiology: hot liquid, wound size: 7.5 x 6.0 x 0.1 cm. Burn of the left medial thigh, etiology hot liquid, wound size: 2.5 x 4.0 x not measurable cm, fluid filled blister.</p> <p>The facility's undated Hot Beverage Policy shows hot beverages are provided to the clients in a safe manner. There is no specific temperature at which hot beverages should be served. Palatability versus the risk of scalding are factors the community takes into consideration when serving hot beverages.</p> <p>On 10/1/24 at 1:12 PM, V1 (Administrator) said she reached out to the kitchen provider for safe temperatures for serving hot liquid and the preferred temperature for consuming is 120-135 degrees F, which they will be implementing.</p> <p>10/1/24 at 1:05 PM, V17 (Dietitian) said she didn't know the safe temperature range to serve hot beverages at, she would need to consult her manual. V17 said the kitchen should have a policy on temperatures, how to monitor temperatures and by whom.</p> <p>The Immediate Jeopardy that began on 9/15/24 was removed on 10/2/24 when the facility took the following actions to remove the immediacy:</p> <ul style="list-style-type: none"> -Procedure developed and implemented to ensure safety with hot beverages, including checking and logging temperatures prior to the beverages leaving the kitchen and beverages not being served if they do not meet the appropriate temperature range of 120 F to 135 F. -Preferred temperature for consuming coffee/tea is 135 F +/- 15 F. (120 F to 135 F). Procedure includes acceptable temperature range. -100% of kitchen staff in-serviced on procedure to check hot beverage temperatures. Hot beverages are only prepared by kitchen staff. -100% of kitchen staff in-serviced on safe temperature range for consuming hot beverages. -Appropriate thermometer present in kitchen with ability to be calibrated. Temperature range 0 F to 220 F. -Four additional thermometers were ordered with the ability to be calibrated with a temperature range 0 F to 220 F to be delivered on 10/2/24. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145990	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Symphony Maple Crest		STREET ADDRESS, CITY, STATE, ZIP CODE 4452 Squaw Prairie Road Belvidere, IL 61008	
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 - Immediate jeopardy to resident health or safety Residents Affected - Some	<p>-The fifty residents currently residing in the facility that were identified to prefer hot beverages had screening completed to assess for safe handling of hot beverages.</p> <p>-The remaining twenty five residents in the facility that were not identified to prefer hot beverages will have screening completed to assess for safe handling of hot beverages in case of preference change.</p> <p>-Effective 10/2/24, all residents will be screened by therapy/nursing using the Interdisciplinary therapy screening tool to determine safe handling of hot beverages. Diet order, diet tray card and individualized care plan will be updated accordingly.</p> <p>-Staff training to be 100% completed by 10/2/24.</p> <p>-Screening for safe handling of hot beverages audit tool to be completed by DON/designee: 3 x/wk [times per week] for 2 weeks, then 2 x/wk for 2 weeks then weekly times 2 weeks and results reviewed at QAPI [Quality Assurance and Performance Improvement] with Interdisciplinary Team (IDT) and Medical Director.</p> <p>-Hot beverage temperature audit tool to be completed by Dietary Manager/Administrator: 5 x/wk for 2 weeks, then 3 x/wk for 2 weeks then 2 x/wk for 2 weeks, then weekly times 2 weeks and results reviewed at QAPI with Interdisciplinary Team (IDT) and Medical Director.</p>		