

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010136</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>12/12/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HIGHLIGHT HLTHCR OF WOODSTOCK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</b>
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(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) COMPLETE DATE
S 000	Initial Comments  First Probationary Licensure Survey	S 000		
S9999	Final Observations  Findings: 1. 300.615e), 300.615f) 2. 300.696d)2) 3. 300.1060a)b) 4. 300.1210d)2) 5. 300.1210d)5) 6. 300.1210d)6) 7. 300.2030 8. 300.2090a) 9. 300.2100  Statement of Licensure Violagtions (1 of 9):  300.615e)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)	S9999	<b>Attachment A Statement of Licensure Violations</b>	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure all resident background checks, including Criminal History Information Response registry (CHIRP), Illinois Sex Offender Registry, National Sex Offender Registry, and Illinois Department of Corrections (IDOC), were completed within 24 hours of a resident's admission to the facility. These failures apply to 10 of 10 residents (R12-R21) reviewed for resident background checks in the sample of 26.</p> <p>The findings include:</p> <p>The facility's Room Census dated December 11, 2023, shows the facility's census was 72.</p> <p>On 12/12/23 at 12:10 PM, R12-R21's background checks and medical records were reviewed with V3 Business Office Manager (BOM), which showed the following:</p> <p>1) R12's Admission Record showed R12 was admitted to the facility on 11/21/23. R12's records showed no Illinois Sex Offender Registry or National Sex Offender Registry background checks had been completed on R12.</p> <p>2) R13's Admission Record showed R13 was admitted to the facility on 12/4/23. R13's records showed no National Sex Offender Registry or IDOC background checks had been completed</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>on R13.</p> <p>3) R14's Admission Record showed R14 was admitted to the facility on 10/9/23. R14's records showed no Illinois Sex Offender Registry or National Sex Offender Registry background checks had been completed on R14.</p> <p>4) R15's Admission Record showed R15 was admitted to the facility on 9/6/23. R15's records showed no Illinois Sex Offender Registry or National Sex Offender Registry background checks had been completed on R15.</p> <p>5) R16's Admission Record showed R16 was admitted to the facility on 10/7/23. R16's records showed no Illinois Sex Offender Registry or National Sex Offender Registry background checks had been completed on R16.</p> <p>6) R17's Admission Record showed R17 was admitted to the facility on 9/18/23. R17's records showed no CHIRP or Illinois Sex Offender Registry background checks had been completed on R17.</p> <p>7) R18's Admission Record showed R18 was admitted to the facility on 10/12/23. R18's records showed no CHIRP, Illinois Sex Offender Registry, National Sex Offender Registry, or IDOC background checks had been completed on R18.</p> <p>8) R19's Admission Record showed R19 was admitted to the facility on 10/31/23. R19's records showed no National Sex Offender Registry background check had been completed on R19.</p> <p>9) R20's Admission Record showed R20 was admitted to the facility on 9/19/23. R20's records showed no Illinois Sex Offender Registry or IDOC background checks had been completed on R20.</p> <p>10) R21's Admission Record showed R21 was admitted to the facility on 9/23/23. R21's records showed no CHIRP, Illinois Sex Offender Registry, or National Sex Offender Registry background</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>checks had been completed on R21.</p> <p>On 12/12/23 at 12:30 PM, V3 BOM stated all resident background checks should be done within 24 hours of a resident's admission. V3 stated she was "unsure" as to why all the background checks had not been completed on R12-R21.</p> <p>On 12/12/23 at 10:30 AM, V1 Administrator was asked for a facility policy on resident background checks. No policy was provided to this surveyor during the survey. (C)</p> <p>Statement of Licensure Violations (2 of 9): 300.696d)2)</p> <p>Section 300.696 Infection Prevention and Control</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>2) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their infection control policy and procedures by not changing their gloves and performing hand hygiene for one of 26 residents (R2) reviewed for infection control</p>	S9999		

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S9999	<p>Continued From page 4 in the sample of 26.</p> <p>The findings include:</p> <p>R2's Admission Record shows he was admitted to the facility on 3/4/21 with diagnoses including hemiplegia, chronic pain, and personal history of covid, anxiety disorder, Alzheimer's disease, and dysphagia.</p> <p>On 12/11/23 at 9:23 AM, V12 and V13 CNAs (Certified Nursing Assistants) performed incontinence care for R2. V13 wiped R2's front peri area after folding down his brief, which was soiled with urine. V13 then turned R2 over to his left side. V13 wiped R2's buttocks. V13 then touched R2's side rail of his bed, the clean incontinence brief, R2's body to help him turn, and R2's clean pants. V13 did not change her gloves or perform hand hygiene.</p> <p>On 12/12/23 at 12:20 PM, V15 CNA said gloves should be changed and hand hygiene should be done when going from clean to dirty surfaces so you don't contaminate anything.</p> <p>The facility's Hand Hygiene policy implemented on 9/1/23 shows all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Either soap and water or alcohol-based hand rub should be performed after handling contaminated objects. When, during resident care, moving from a contaminated body site to a clean body site. (C)</p> <p>Statement of Licensure Violations (3 of 9):</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>300.1060a) 300.1060b)</p> <p>Section 300.1060 Vaccinations</p> <p>a) A facility shall annually administer or arrange for administration of a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213(a) of the Act)</p> <p>b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to administer an annual influenza vaccine by 11/30/23 and failed to document the vaccine was administered or refused for 1 of 5 residents</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>(R7) reviewed for vaccinations in the sample of 26.</p> <p>The findings include:</p> <p>R7's vaccination records were reviewed on 12/11/23. R7's electronic medical record (EMR) did not include documentation of an influenza vaccination having been given to R7 in 2023. There was no signed consent or refusal for the influenza vaccination in R7's EMR.</p> <p>On 12/12/23 at 11:42 AM, V17, Director of Clinical Excellence, said they do annual clinics for immunizations and just had their influenza clinic on 10/19/23. V17 said they obtain consents and provide education ahead of time prior to October when the flu season starts. A third party comes into the facility and administers the vaccines. V17 said the Director of Nursing, V2, and the nursing staff are responsible for obtaining the vaccine consents ahead of the clinic. Once they obtain the consent or refusal, they scan it into the resident's EMR. V17 said she does not know anything about R7's vaccines.</p> <p>V2 was not available during this survey.</p> <p>The facility was not able to provide a record of R7 receiving the annual influenza vaccine and/or consent or refusal for the annual influenza vaccine.</p> <p>The facility's Influenza Vaccination Policy (implemented 9/11/23) shows the following: The resident's medical record will include documentation that the resident and/or the resident's representative was provided education regarding the benefits and potential side effects of immunization, and that the resident received or</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>did not receive the immunization due to medical contraindication or refusal. (C)</p> <p>Statement of Licensure Violations (4 of 9): 300.1210d)2)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure treatment orders were administered as ordered for 2 of 2 residents (R3, R5) reviewed for wound treatments in the sample of 26.</p> <p>The findings include:</p> <p>1. On 12/11/23 at 9:45 AM, R5 was sitting at the bedside. R5 was dressed in pants but did not have socks on his feet. R5's feet and lower legs were red in color, swollen, and had patches of dry flaky skin.</p> <p>On 12/11/23 at 12:23 PM, R5 was in bed watching TV. R5's legs did not have any dressings or wraps on them. R5 said the nurses don't put any cream or anything on his legs.</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>On 12/12/23 at 8:47 AM, R5 was sitting at the bedside eating breakfast. R5 did not have any wraps on his legs.</p> <p>On 12/12/23 at 9:17 AM, V10 RN said she was not aware of any treatment to R5's legs. V10 said if there was a treatment order it would show in the Treatment Administration Record (TAR). V10 reviewed R5's TAR with this surveyor and there were no treatment orders for R5's legs. V10 reviewed R5's Physician Orders and said the treatment listed for R5's legs for ammonium lactate and wrap with kerlix is an active order.</p> <p>R5's Physician Orders dated 11/22/23 shows, "Bilateral Lower extremities apply ammonium lactate and wrap in kerlix every shift and as needed."</p> <p>R5's Medication Administration Record (MAR) and TAR for November and December 2023 do not show orders or documentation for R5's bilateral lower extremities from 11/22/23 (when previous treatment orders were discontinued) to current (19 days without treatment).</p> <p>R5's Wound Physician Note dated 12/6/23 shows R5 has xerosis cutis to his bilateral lower extremities which is "not resolved," and to "apply ammonium lactate 12% every shift and as needed."</p> <p>R5's Physician Progress Notes dated 12/1/23 shows, "chronic bilateral lower extremity lymphedema with elephantiasis. Non pressure chronic ulcer of the leg limited to breakdown of skin. Cleanse right lower leg with normal saline and apply ammonium lactate and wrap in kerlix every shift and as needed. Follow up with wound</p>	S9999		

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S9999	<p>Continued From page 9 care team."</p> <p>The facilities Wound Treatment Management Policy dated 9/2023 shows, "wound treatments will be provided in accordance with the physician orders, including the cleansing method, type of dressing, and frequency of dressing change."</p> <p>2. On 12/11/23 at 9:15 AM, R3 was up in a reclining wheelchair in his room with his heels resting on the foot rest. R3 had a padded heel boot on his left heel only. There was another padded heel boot on the bed. R3 did not have compression hose on, only socks.</p> <p>On 12/11/23 at 12:54 PM, V11 Certified Nursing Assistant (CNA) assisted R3 to transfer to bed from the reclining wheelchair. R3 did not have and abdominal binder or compression hose on. V11 removed R3's left sock and there was a large brown band-aid on the outside edge of R3's left foot below R3's fifth toe. There was visible dark dried blood under the band-aid. V11 said R3 does still wear his abdominal binder sometimes.</p> <p>On 12/12/23 at 8:47 AM, R3 was in bed. V11 removed R3's left foot sock. R3 had a brown band-aid on the outside edge of R3's left foot below his fifth toe. R3's band-aid had bloody drainage visible under the band-aid.</p> <p>On 12/12/23 at 8:50 AM, V10 Registered Nurse (RN) said R3's treatment should be xeroform with a bordered foam dressing.</p> <p>On 12/12/23 at 9:17 AM, V10 stated, "I just changed R3's dressing and put the correct treatment on."</p> <p>R3's Physician Orders shows orders dated</p>	S9999		

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S9999	Continued From page 10  4/15/23 shows, "abdominal binder when out of bed in the morning for orthostatic hypotension when out of bed," an order dated 4/16/23 "compression stockings on in AM and off in PM every day shift," and an order dated 12/7/23 "left lateral and medial foot: cleanse with normal saline. Cover with xeroform and bordered foam every day shift Mon, Wed, and Fri."  R3's Wound Physician Progress Note dated 12/6/23 shows, "R3 has a non-pressure chronic foot ulcer to the left lateral and left medial food. Plan of Care: Dressing, Off Loading-Heels offload with heel protectors or pillow." (B)  Statement of Licensure Violations (5 of 9):  300.1210d)5)  Section 300.1210 General Requirements for Nursing and Personal Care  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.	S9999			

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S9999	<p>Continued From page 11</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure pressure ulcer treatment intervention/wound vacuum was patent and functioning for a resident with a pressure ulcer/wound. This applies to 1 of 3 residents (R7) reviewed for pressure wounds in the sample of 26.</p> <p>The findings include:</p> <p>On 12/11/23 at 9:19 AM, R7 was sitting in his wheelchair in the hall. Tubing was running beneath his gown to a wound vac machine. The wound vac was secured to a handle bar on the back of R7's wheelchair and it was not powered on. The wound vac was not within reach of R7.</p> <p>On 12/11/23 at 9:22 AM, V6, Registered Nurse (RN), said R7 has a pressure ulcer of his sacrum. V6 said R7 has a wound vac to the pressure ulcer and it should be always turned on. V6 said R7's wound vac dressing is changed every other day and as needed. V6 turned R7's wound vac on and it immediately began alarming.</p> <p>On 12/11/23 at 9:29 AM, V7 and V8, both CNAs (Certified Nursing Assistants) put R7 into his bed. The film covering R7's pressure ulcer to his left buttock was not intact and not patent, there was a moderate to large amount of serous sanguineous (exudate composed of red blood cells and serous fluid, known as blood serum) drainage and a saturated wad of material fell out from under the film. R7's wound vac continued to alarm.</p> <p>On 12/11/23 at 9:43 AM, V6 came into R7's room and looked at the continuously alarming wound</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>vac machine. V6 turned the wound vac off and back on and/or adjusted the machine and declared that it was then working. V6 did not assess R7's pressure wound site. V6 left R7's room and closed the door behind her. R7's wound vac resumed alarming and could be heard in the hall outside the door.</p> <p>R7's wound care physician's note dated 12/6/23 shows R7 has a Stage 4 Pressure Ulcer of his left buttock.</p> <p>R7's Admission Record dated 12/12/23 shows his diagnoses include, but are not limited to, osteomyelitis, paraplegia, protein-calorie malnutrition, local infection of the skin and subcutaneous tissue, and Alzheimer's disease. R7's Order Summary Report dated 12/12/23 shows an order for negative pressure wound therapy at 125 mm/Hg continuous suction to his pressure wound of his left ischium to be changed every Monday, Wednesday, and Friday and reinforced as needed. Verification that the wound vac is functioning at the ordered settings, the dressing is intact without leakage and the canister is evaluated for drainage is ordered every four hours.</p> <p>The facility's Wound Treatment Management Policy (implemented 9/2023) shows wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. Dressing changes may be provided if the dressing has dislodged, is soiled or wet.</p> <p>(B)</p> <p>Statement of Licensure Violations (6 of 9):</p>	S9999		

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S9999	<p>Continued From page 13 300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure the facility remained free of accident hazards. This failure has the potential to affect all residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Room Census dated December 11, 2023, shows the facility's census was 72.</p> <p>1. On 12/11/23 at 10:35 AM, there was "Employee Only" double swinging doors. On the left side of the double swinging doors, there was a wander guard cover that was broken off. There were exposed wires and electrical work. There was nothing stopping these wires and electrical work from any person touching the wires.</p> <p>On 12/12/23 at 10:55 AM the wires were still</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>exposed. V16 Maintenance/Housekeeping said he did not know if the wires were live. V16 was not sure where the cover was but thought that the maintenance director may have it.</p> <p>2. On 12/12/23 at 10:45 AM, R4 had a surge protector that was on the floor next to her bed. The surge protector was full of plug ins. R4 oxygen concentrator and nebulizer was plugged into the surge protector. V16 said medical equipment should not be plugged into surge protectors just in case the facility loses power. V16 said the facility does not have enough outlets. R4 says she wears oxygen every night.</p> <p>3. On 12/12/23 at 11:01 AM, R23 had a surge protector that was laying on the floor. R23's electric bed, oxygen concentrator, and nebulizer was plugged into the surge protector.</p> <p>4. On 12/12/23 at 11:05 AM, R26 had her specialty air mattress that was plugged into a surge protector.</p> <p>On 12/12/23 at 1:45 PM, V1 Administrator said he had ordered medical grade surge protectors.</p> <p>The facility Electrical Safety policy revised September 2023 shows, "It is our policy to provide a safe and healthful environment. Safety is a responsibility of all staff, residents, visitors, and the general public. Power strips used in patient care vicinity must be UL approved in accordance with NFPA99. Must be tested by the maintenance department prior to use. Tests shall include the equipment to be powered by the power strip. Maintenance personnel shall test power strips and approve attached equipment prior to use. Power strips shall be mounted off the floor."</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>5. On 12/11/23 at 10:04 AM, R6 had a free-standing bug zapper plugged in and turned on sitting on a shelf in his room. R6 said his brother-in-law brought it in for him as he had flies in his room in the summer time. R6 said he likes to socialize a lot and leaves his room frequently.</p> <p>On 12/12/23 at 10:44 AM, V16, Maintenance/Housekeeping, said he does not know anything about a bug zapper in R6's room, but wouldn't think it's dangerous as long as he doesn't stick his fingers in it. V16 said he does not know if it is an approved item for a residents' room.</p> <p>6. On 12/11/23 at 10:45 AM, in R5's bathroom there was a white blanket spread out on the floor in front of the toilet and sink. The blanket had a very large brownish colored ring in front of the toilet area. R5 stated, "The nurses put that down for me, so I don't trip when I go to the bathroom."</p> <p>On 12/11/23 at 10:55 AM, V10 Registered Nurse said she didn't know why the blanket was on the bathroom floor. V10 stated, "R5 does ambulate to the bathroom by himself, and the blanket shouldn't be there, R5 could trip on it."</p> <p>R5's Physician Orders shows R5 has diagnoses of: muscle weakness, need for assistance with personal care, lymphedema, unspecified abnormalities of gait and mobility, and unsteadiness on feet.</p> <p>(B)</p> <p>Statement of Licensure Violations (7 of 9):</p> <p>300.2030</p>	S9999		



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S9999	<p>Continued From page 16</p> <p><b>Section 300.2030 Hygiene of Dietary Staff</b></p> <p>Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record the review the facility failed to ensure kitchen staff wore gloves when handling pureed foods for 4 of 4 residents (R22-R25) reviewed for pureed diets in the sample of 26.</p> <p>The findings include:</p> <p>On 12/11/23 at 12:18 PM, V5 Cook began pureeing fried rice. Once V5 had completed pureeing the rice, he poured the mixture into a metal pan. As V5 transferred the rice into the pan, pureed rice spilled onto the rim of the metal pan. V5 used his index finger, of his bare (no glove) right hand, to push the pureed rice (on the rim of the pan), into the pureed mixture of fried rice in the pan. V5 covered the pan with foil and placed the pan on the steam table to serve for lunch.</p> <p>On 12/12/23 at 8:30 AM, V4 Dietary Manager stated staff must wear gloves, when handling resident food, because "it's not sanitary if they don't."</p> <p>The facility's Maintaining a Sanitary Tray Line policy dated 9/2023 showed, "This facility prioritizes tray assembly to ensure foods are handled safely and held at proper temperatures in order to prevent the spread of bacteria that may</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>cause food borne illness... Wear gloves when handling food items, particularly when direct contact between the hands and foods occurs..."</p> <p>The facility's Food Safety Requirements policy dated 9/2023 showed, "Staff shall adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects... Staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas..."</p> <p>(C)</p> <p>Statement of Licensure Violations (8 of 9):</p> <p>300.2090a)</p> <p>Section 300.2090 Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow recipes to prepare pureed foods in a pureed form/consistency to meet the needs of the residents and to conserve nutritive value for 4 of 4 residents (R22-R25) reviewed for pureed diets in the sample of 26.</p> <p>The findings include:</p> <p>A facility roster dated 12/11/23 showed R22-R25</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>were on pureed diets.</p> <p>On 12/11/23 at 11:15 AM, V5 Cook began preparing purees for lunch which consisted of pureed chicken, fried rice, mandarin oranges, and steamed broccoli. V5 stated his "goal was to get to a pudding consistency" when making purees. At 11:25 AM, V5 added four, 4-ounce scoops of shredded, cooked chicken to the food mixer. V5 mixed the chicken, stopped the mixer, added an unmeasured amount of water to the chicken, and proceed to restart the mixer. V5 repeated this process two more times (adding an unmeasured amount of water to the chicken mixture). Once V5 had completed pureeing the chicken, he poured the mixture into a metal pan. Visible chunks of chicken were noted in the chicken puree. V5 followed no recipe when preparing the pureed chicken.</p> <p>On 12/11/23 at 12:18 PM, V5 Cook added four, unmeasured, spoonful's of fried rice to the mixer. V5 mixed the rice, stopped the mixer, added an unmeasured amount of hot water to the rice, and proceed to restart the mixer. V5 repeated this process one more time. Once V5 had completed pureeing the rice, he poured the mixture into a metal pan. Visible chunks of rice were noted in the rice puree. V5 followed no recipe when preparing the pureed rice.</p> <p>On 12/11/23 at 12:30 PM, V13 Certified Nursing Assistant (CNA) fed pureed chicken to R25. It appeared R25 was attempting to chew her pureed chicken prior to swallowing the food. V13 scooped a small amount of pureed chicken onto a plate and spread it out across the plate. Visible pieces of chicken were noted on the plate. V13 stated, "There are clumps (of food) in there. I can't feed you that." V13 stopped feeding R25</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>the pureed chicken.</p> <p>On 12/12/23 at 8:30 AM, V4 Dietary Manager stated facility cooks must follow pureed recipes when preparing pureed foods to "make sure we guarantee the nutritional value." V4 stated water should not be added to purees unless a recipe instructs a cook to do so. V4 stated a pureed consistency should "be like pudding and not lumpy."</p> <p>The facility's Pureed Chicken without Green Onion recipe printed 10/3/23 showed chicken broth, not water, should be added when pureeing the chicken.</p> <p>The facility's Pureed Fried Rice recipe printed 10/3/23 showed hot broth and margarine, not water, should be added to blend the rice to a smooth consistency.</p> <p>The facility's Puree Food Preparation policy dated 9/2023 showed, "Each resident must receive and the facility must provide food that is prepared by methods that conserve nutritive value... Puree foods should be prepared in such a manner to prevent lumps or chunks. The goal is a smooth, soft, homogenous consistency similar to soft mashed potatoes... If the food item requires chewing, it will be excluded from the puree diet... Do not use water as an additive to prepare puree foods..."</p> <p>(C)</p> <p>Statement of Licensure Violations (9 of 9):</p> <p>300.2100</p> <p>Section 300.2100 Food Handling Sanitation</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure all kitchen floors and walls were maintained in good repair. The facility failed to ensure staff washed dishware in a manner to prevent cross contamination. The facility failed to ensure dry food storage was maintained in a manner to prevent cross contamination. The facility failed to ensure the kitchen was maintained in a clean manner and free of debris. These failures have the potential to affect all 72 residents in the facility.</p> <p>The findings include:</p> <p>The facility's Room Census dated December 11, 2023, shows the facility's census was 72.</p> <p>On 12/11/23, from 8:50 AM-9:10 AM, an initial tour of the facility's kitchen was conducted. During the tour, the following conditions were observed:</p> <ol style="list-style-type: none"> <li>1) Grease was actively dripping, onto the floor, in front of the stove, from the stove grease trap.</li> <li>2) The prep sink faucet was continuously dripping.</li> <li>3) A large plastic scoop was lying in a container of dried cereal.</li> <li>4) Frozen, bloody drainage/drippings was noted on the bottom shelf of the kitchen's meat freezer.</li> <li>5) Food debris and one clear plastic glove</li> </ol>	S9999		

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S9999	<p>Continued From page 21</p> <p>was noted on the bottom shelf of the vegetable freezer.</p> <p>6) A large area of missing floor tile was noted by the entrance of the kitchen's walk-in cooler. The area was covered with a large wooden board. Under the board, the floor was down to dirt and rocks.</p> <p>7) Multiple areas of missing wall tiles throughout the kitchen along the entire south wall, under the hand and prep sinks, and behind appliances.</p> <p>On 12/11/23 at 9:35 AM, V15 Kitchen Aide operated the kitchen dishwasher alone. V15 loaded a tray of dirty plates into the dishwasher. Once the wash was completed, V15 unloaded the dishwasher. At no time did V15 wear gloves or wash her hands after loading the dirty dishes into the washer.</p> <p>On 12/12/23 at 8:30 AM, V4 Dietary Manager stated staff should wear gloves when loading the dishwasher and remove the dirty gloves prior to touching clean dishware to prevent contamination of the dishware. V4 stated, "We usually have one staff loading the dishwasher and another staff member unloading the washer." V4 stated scoops are not to be stored in containers of dry cereal as it was not sanitary. V4 stated, "The hole in the floor by the cooler had been like that since September 2023. We had a leak under the cooler and had to dig under the floor to fix it."</p> <p>The facility's Food Safety Requirements policy dated 9/2023 showed, "All equipment used in the handling of food shall be cleaned and sanitized, and handled in a manner to prevent contamination...Staff shall follow facility procedures for dishwashing and cleaning fixed cooking equipment... Staff shall wash hands prior</p>	S9999		

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S9999	<p>Continued From page 22 to handling clean dishes..."</p> <p>The Food Service Sanitation Code (77 Ill. Adm. Code 750) showed, "Section 750.120 General - Food Protection a) At all times, including while being stored, prepared, displayed, served or transported, food other than whole, unprocessed raw fruits and unprocessed raw vegetables shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage, and overhead leakage or overhead drippage... Section 750.1200 General - Floors a) Floors and floor coverings of all food preparation, food storage, and utensil washing areas, and the floors of all walk-in refrigerating units, dressing rooms, locker rooms, toilet rooms and vestibules shall be constructed of smooth durable material such as sealed concrete, terrazzo, ceramic tile, durable grades of linoleum or plastic, or tight wood impregnated with plastic, and shall be maintained in good repair... Section 750.1210 General - Walls and Ceilings a) Walls and ceilings, including doors, windows, and similar enclosures shall be maintained in good repair..."</p> <p>(C)</p>	S9999		