

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>IL6006282                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>02/13/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>GENERATIONS AT MCKINLEY PLACE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2530 NORTH MONROE STREET<br>DECATUR, IL 62526 |                                                                                                                          |  |                                                 |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ID<br>PREFIX<br>TAG                                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                        |
| S 000                                                             | Initial Comments<br><br>Annual Health Survey<br><br>Statement of Licensure Violations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | S 000                                                                                  |                                                                                                                          |  |                                                 |
| S9999                                                             | Final Observations<br><br>Statement of Licensure Violations<br><br>300.610a)<br>300.2090b)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall<br>be formulated by a Resident Care Policy<br>Committee consisting of at least the<br>administrator, the advisory physician or the<br>medical advisory committee, and representatives<br>of nursing and other services in the facility. The<br>policies shall comply with the Act and this Part.<br>The written policies shall be followed in operating<br>the facility and shall be reviewed at least annually<br>by this committee, documented by written, signed<br>and dated minutes of the meeting<br><br>Section 300.2090 Food Preparation and Service<br><br>b) Foods shall be attractively served at the<br>proper temperatures and in a form to meet<br>individual needs. | S9999                                                                                  |                                                                                                                          |  |                                                 |
|                                                                   | Based on observation, record review, and<br>interview, the facility failed to rapidly cool<br>potentially hazardous food to a safe internal<br>temperature of 41 degrees Fahrenheit (F) or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                        |                                                                                                                          |  |                                                 |

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>IL6006282                 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>02/13/2018 |
| NAME OF PROVIDER OR SUPPLIER<br><br>GENERATIONS AT MCKINLEY PLACE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2530 NORTH MONROE STREET<br>DECATUR, IL 62526 |                                                                                                                          |  |                                                 |
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| S9999                                                             | Continued From page 1<br><br>below within the maximum permitted six hours to prevent food borne illness on 2-5-18. This failure resulted in the facility preparing to serve unsafe food without recognizing the potential for food borne illness to all 149 residents.<br><br>Findings include:<br><br>According to the menu for the noon meal on 2-6-18, Roast Beef was the protein source for all residents. On 2-6-18 at 9:20 A.M., V8, Day Cook was preparing to puree roast beef for the noon meal. V8 stated that the roast beef was cooked on 2-5-18. V8 stated V8 prepared six, 12 to 14 pound beef flat roasts on 2-5-18. V8 stated that the beef roasts were placed into the oven around 11:00AM on 2-5-18. V8 was off duty at 3:00 P.M. on 2-5-18. V8 told V11, Evening Cook to remove the roasts from the oven at 5:45 P.M., remove from the pans, drain the broth, and cool the beef. V8 stated V8 did not specify to V11 how the beef was to be cooled, under what conditions, and within what time frames. On 2-6-18 at 1:10 p.m. V11 stated that the cooked beef was removed from the oven at 6:15 p.m. on 2-5-18 at which time it was permitted to rest on the counter. V11 stated the beef roasts internal temperature was 186 degrees F. when V11 tightly covered it with foil and placed it into the walk-in refrigeration unit. V11 stated at this time that no rapid cooling measures were used. V11 stated that V11 did not recall being trained on any rapid cooling measures to be taken.<br><br>On 02/06/18 V8 further stated that when V8 got the roast beef out of the walk in refrigerator, the beef was tightly covered with foil and internal temperatures were taken at that time. V8 stated that there were no time or temperatures recorded regarding any rapid cooling measures taken for | S9999                                                                                  |                                                                                                                          |  |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>GENERATIONS AT MCKINLEY PLACE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2530 NORTH MONROE STREET<br>DECATUR, IL 62526                          |                    |                                              |
| (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 |                                              |
| S9999                                                             | Continued From page 2<br><br>the cooked roast beef. V8 stated that the facility has a policy and procedure for cooling potentially hazardous that includes monitoring, time and temperature.<br><br>The facility's undated policy "Cooling Cooked PHF/TCS Foods (Potentially Hazardous Food/Time Temperature Control For Safety)" states "Hot foods are cooled in the refrigerator from 135 degrees F to 70 degrees F within two (2) hours, within four (4) more hours the food is cooled to 41 degrees F. Cooling time from 135 degrees F to 41 degrees F does not exceed a total of six (6) hours." The policy further offers methods and procedures to facilitate rapid cooling including the use of shallow pans, separating food into smaller portions, placing the container in an ice water bath, stirring food periodically, using ice paddles, and adding ice. The policy specifies that "hot foods cooled in the refrigerator are loosely covered." The policy specifies that time and temperatures "are recorded at the beginning of the cooling process." "The timing of the cooling process begins when the temperature of the food is at 135 degrees F." "Two (2) hours later the temperature is taken and recorded. The food is 70 degrees F. or lower. The person in charge is notified if the temperature is greater than the standard. The temperature is taken and recorded again four (4) hours later. The food is 41 degrees F. or lower. The person is notified if the temperature is greater than the standard." "Time and temperature are recorded on labels affixed to the pan and/or on a Two-Step Cool-Down Temperature Monitoring Log."<br><br>On 2-6-18 at 9:20 a.m. V8 was in the process of preparing slices of the cooked beef and preparing beef for mechanical alteration (puree, ground consistencies) for service to residents. There | S9999                                                               |                                                                                                                 |                    |                                              |

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| S9999                                                             | Continued From page 3<br><br>were also two large steam table pans filled with sliced roast beef and covered with gravy ready for service to residents. Since there was no evidence that the beef had been rapidly cooled, V8 was asked if all the beef had been sliced. V8 indicated that there were two beef roasts still covered in a pan in the walk in refrigerator. There was 3/4 to one inch of oily fat and broth in the bottom of the pan. The facility's digital thermometer and the surveyor's dial stem thermometer recorded the internal temperature of the center of the roast to be 66 degrees F. at 9:30 a.m. on 2-6-18, over 15 hours from when the cooked beef was placed into refrigeration.<br><br>V9, Corporate Dietician was also present. V9 stated "We can't serve this". V9 directed V8 to discard the beef.<br><br>The Resident Census and Conditions of Residents form completed 2-4-18 specifies that 148 residents reside in the facility.<br><br>(B) | S9999                                                                                  |                                                                                                                          |  |                                              |