

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007041</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/11/2021</b>
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NAME OF PROVIDER OR SUPPLIER <b>PA PETERSON AT THE CITADEL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1311 PARKVIEW AVENUE ROCKFORD, IL 61107</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	S 000		
	Annual Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations:			
	1) 300.661			
	Section 300.661 Health Care Worker Background Check			
	A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).			
	This REQUIREMENT was not met as evidenced by:			
	Based on interview and record review the facility failed to conduct a background check for an employee within 10 days of being hired.			
	This applies to all 118 residents residing in the facility.			
	The findings include:			
	The facility provided census dated 8/9/21 shows there are 118 residents in the facility.			
	The undated facility provided Employee Roster shows V35 Registered Nurse was hired on 5/12/21.			
	V35's Illinois Department of Public Health Health Care Worker Registry form is dated 8/10/21.			
			<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>On 8/11/21 at 7:47 AM, V34 Human Resources Manager stated "I could not find background checks in V35's file so I ran them yesterday. Upon hire, I try to check the registry the same day, but it should be done within one week."</p> <p>On 8/11/21 at 7:43 AM, V2 Director of Nursing said V35 has been working on and off since she started in May of 2021.</p> <p>2) 300.615e)</p> <p>Section 300.615. Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>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)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State Police (ISP)</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>website within 24 hours of admission.</p> <p>This applies to 1 of 10 residents (R20) that were reviewed for background checks in the sample of 24.</p> <p>The findings include:</p> <p>The undated facility provided admission list shows R20 was admitted to the facility on 7/29/21.</p> <p>R20's Illinois State Police background check, IDOC website, and ISP website are dated 8/2/21 (4 days later).</p> <p>On 8/10/21 at 1:55 PM, V33 Admissions Director said R20 was admitted on 7/29/21 and the background checks were done on 8/2/21. V33 said it was just missed and she caught it later when doing audits. V33 said resident background checks should be done within 24 hours of admission.</p> <p>(AW)</p> <p>3) 300.625b)</p> <p>Section 300.625 Identified Offenders</p> <p>b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending.</p> <p>This REQUIREMENT was not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>by:</p> <p>Based on interview and record review the facility failed to ensure interventions were in place to ensure the safety of other residents while results of a fingerprint based check and Identified Offender Report and Recommendations are pending.</p> <p>This applies to 2 of 10 residents (R15, R16) reviewed for a criminal history in the sample of 24.</p> <p>The findings include:</p> <p>1. R15's Illinois State Police Background check dated 7/19/21 came back with a HIT for multiple convictions. One of the convictions (battery) is listed on the qualifying Identified Offenders Conviction List.</p> <p>On 8/11/21 at 9:32 AM, V33 Admissions Director said R15's fingerprinting and interview with the state police are done but they are still waiting on the results to find out if R15 is a high risk. R15's Care plan was not updated until 8/11/21 with "resident has potential to be physically aggressive r/t history of harm to others."</p> <p>2. R16's Illinois State Police Background check dated 8/6/21 came back with a HIT for multiple convictions. Several of the convictions (aggravated battery) are listed on the qualifying Identified Offenders Conviction List.</p> <p>On 8/11/21 at 9:32 AM, V33 said R16's fingerprinting is done and her paperwork had been submitted but the state police have not done the interview yet to determine high or low risk yet. V33 said if a resident comes up with a HIT on the background check she notifies the</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>care plan coordinator to update the care plan to implement interventions for monitoring the resident. V33 said she is not sure who educated the staff regarding the interventions.</p> <p>On 8/11/21 at 9:00 AM, V32 Certified Nursing Assistant (CNA) said she does not know of any interventions or monitoring needed for R15 or R16. V32 said R16 does have verbal behaviors some times and is able to propel self in wheelchair and R15 can get up and walk with a walker.</p> <p>On 8/11/21 at 9:10 AM, V2 Director of Nursing said she was not aware of any residents had come back with HITS on their background checks. V2 said she should be notified of this so the care plan is updated, interventions put in place, and staff is aware and educated on the interventions. V2 said interventions should be more frequent rounding, room close to the nurses' station, and behavior monitoring.</p> <p>R16's Care plan was not updated until 8/11/21 with "resident has potential to be physically aggressive r/t history of harm to others."</p> <p>(C)</p> <p>4) 300.690a) 300.690c)</p> <p>Section 300.690 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 300.340):</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow Centers for Control (CDC) guidelines for PPE during a COVID 19 outbreak, and failed to ensure contact/droplet precautions for suspected Covid 19 residents were maintained.</p> <p>This applies to all residents in the facility.</p> <p>The facility's room/bed list provided on August 9, 2021 shows, there are 118 residents residing in the facility.</p> <p>The facility's resident COVID-19 vaccine record provided on 8/11/2021 shows, 73/8% of the residents are vaccinated for COVID-19.</p> <p>The facility's employee COVID-19 vaccine record provided on 8/11/2021 shows, 35% of the staff are vaccinated for COVID-19.</p> <p>1. On 08/09/2021 between 9:10AM to 12:02PM,</p>	S9999		



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S9999	<p>Continued From page 6</p> <p>V3 Doctor of Physical Therapy, V4 CNA-Certified Nursing Assistant V6 LPN-Licensed Practical Nurse, V5 Patient Care Technician Dialysis , V7 Wound Care Nurse wearing a KN95 on top of surgical mask, V8 LPN, V9 LPN, V11 LPN, V12 RN Dialysis, V13 PCT-Dialysis, V15 Housekeeping, V16 CNA, V17 CNA, and V30 Housekeeping were in resident care areas wearing KN95 masks.</p> <p>On 2nd floor, R5 who was a new admission on contact/droplet precautions for suspected SARS-COVID 19 infection. R5's door was open to the hallway. R5's room was located on 2nd floor in the center hall of the unit. R5's door was directly across from R19, a resident that was not on isolation for suspected SARS-COVID-19. R8 was a new admission on contact/droplet precautions for suspected SARS-COVID-19 infection. R8's door was open to the hallway. R8's room was located in the center of the unit on the west wing. R8's door was directly across the hall from R7 a resident that was not on isolation for suspected SARS-COVID19.</p> <p>On 08/09/2021 at 10:15AM, V4 CNA was on the second floor wearing a KN95 mask. V4 CNA entered R5's room. R5 was on droplet/contact precautions for suspected SARS-COVID19.</p> <p>On 08/09/21 at 10:30AM, in the back office storage room there were five-hundred N95 masks. In the upstairs storage area there were four-hundred N95 masks.</p> <p>On 08/09/21 at 11:45AM, in the dialysis unit located on the second floor next to R6's room. V12 RN-and V13 PCT Dialysis-Patient Care Technician was wearing a KN95 mask. V5 PCT Dialysis was wearing a surgical mask.</p> <p>On 08/09/2021 at 10:00AM, V7 Wound Care</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Nurse said, I wear a surgical mask under my KN95 mask. I wear makeup and do not want to get makeup on my KN95 mask. I go into the rooms of every new admission to do skin checks.</p> <p>On 08/09/2021 at 10:10AM, V9 LPN said, R6 is one of my residents. She is SARS-COVID 19 positive. I wear the KN95 mask when I go into her room.</p> <p>On 08/09/21 at 10:15AM, V2 DON-Director of Nursing/Infection Control Nurse said, we have N95 masks but we are allowed to use KN95 masks, I do not know the difference between the two. V2 confirmed they are not in crisis capacity for PPE usage. COVID-19 positive residents and residents suspected of being COVID-19 positive are kept on contact/droplet isolation. Residents that are independently mobile on contact/droplet precautions suspected of being COVID-19 positive room doors are closed. Residents that are suspected of being COVID-19 positive and need assistance for transfer and mobility doors are kept open. The facility has one fully vaccinated resident that is positive for SARS-COVID-19. New admission that are not vaccinated are placed on contact/droplet precautions for fourteen days. Our guidance for infection control comes from The IDPH-Illinois Department of Public Health. We use the, Updated Interim Guidance for Nursing Homes and Other Long Term Care Facilities, updated July 28, 2021. We are in outbreak status for the next twenty-eight days, one case is considered an outbreak. The staff have not been fit tested for N95 masks. We were using surgical mask up until the time we entered outbreak status. We have had no difficulty in obtaining N95 masks. We have not been running low. We have more masks being delivered in two days. We also</p>	S9999		



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S9999	<p>Continued From page 8</p> <p>have access to N95 masks from our sister facility.</p> <p>On 08/09/21 at 11:35AM, V10 Reception said, all the staff come through the front door. V14-Compliance Coordinator provides the masks that I am to provide the staff when they arrive to work for the day. I do not know the exact number of masks we use; I hand out just over one-hundred masks a day.</p> <p>On 08/09/21 at 11:45AM, V12 RN Dialysis said, the dialysis staff wear the KN95 masks when providing care to SARS-COVID 19 positive residents in the facility. The residents are transported from their rooms to the dialysis unit and back to their rooms.</p> <p>The dialysis unit undated run sheet shows, R2, R6, R14, and R19 receive in house dialysis on the dialysis unit. R2's room is on the first floor. R10 and R14's room is on the ground floor. R6 and R19's room is on the second floor.</p> <p>On 08/09/21 at 12:02PM, V8 LPN said, we are in outbreak status for COVID19. We wear a mask when entering the building. I thought KN95 and N95 masks were the same thing.</p> <p>On 08/09/21 at 12:10PM, V11 LPN, V16 CNA, V17 CNA, and V30 Housekeeping agreed, V1 Administrator and V14 Compliance Coordinator tell us to wear the KN95 mask. We did not know the difference or thought the KN95 masks were the same.</p> <p>The Updated Interim Guidance for Nursing Homes and Other Long Term Care Facilities updated July 28, 2021 shows, during an outbreak: Staff must wear an N95 respirator and eye protection on all units until there are not new</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>positive cases for 14 days. Residents with confirmed COVID-19 should be moved to the designated COVID 19 unit. Facilities must have designated staff caring for residents on the COVID-19 unit. Staff must wear full PPE (N95, eye protection, gown, gloves) when providing care to residents on the COVID-19 unit.</p> <p>The facility's Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) revised 06/20 shows, All healthcare personnel will be correctly trained and capable of implementing infection control procedures and adhere to requirements. Check the following link regularly for critical updates, such as updates to guidance for using PPE: <a href="https://www.cdc.gov/coronavirus/2019-nocov/">https://www.cdc.gov/coronavirus/2019-nocov/</a> (08/09/2021) <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html</a> In general, it is recommended that the door to the room remain closed to reduce transmission of SARS-CoV-2. This is especially important for residents with suspected or confirmed SARS-CoV-2 infection being cared for outside of the COVID-19 care unit.</p> <p>2. On 8/9/21 at 9:32 AM, on the main floor (first floor) the doors to R2, R3, and R17's rooms were open. The doors of these rooms contained a sign indicating droplet and contact precautions. R18's (directly across from R2) door was open.</p> <p>On 8/9/21 at 9:32 AM, R3's door was open and R3 was in bed watching TV. R3 had a contact/droplet isolation sign on her door and a PPE cart next to the door. V14 Compliance Coordinator went into R3's room wearing a KN95 mask, gown, gloves and goggles.</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>On 8/9/21 at 9:37 AM, V23 was cleaning R3's room with the door to the room open, wearing a KN95 mask, gown, gloves, and a face shield. V23 exited R3's room doffing her gown and gloves and sanitized her hands. V23 did not change or sanitize her face shield.</p> <p>On 8/9/21 at 9:39 AM, V14 came out of R3's room, doffing her gown and gloves, hand sanitized and without changing or sanitizing her face shield proceeded down hallway.</p> <p>On 8/9/21 at 11:20 AM, V31 Licensed Practical Nurse (LPN) said on Wednesday last week, they had us change from a surgical mask to a KN95 and cancelled visitors. V31 said she was not sure why they gave them the KN95 mask, they used to wear the N95 masks.</p> <p>On 8/9/21 at 11:43 AM, V17 Certified Nursing Assistant (CNA) came out of R2's room wearing a KN95 mask pulled down covering only her mouth, with her nose exposed. R2's door had a contact/droplet isolation sign on the door.</p> <p>On 8/9/21 at 11:48 AM, V11 LPN said residents in PUI rooms are on contact and droplet isolation and the doors of the rooms should be closed. V11 said R3 was admitted on 8/2/21 and that's why she is on isolation. V11 said R2 just came back from the hospital so she is on contact/droplet precautions. V11 said for contact/droplet precautions you should DON a gown, gloves, N95 mask, and a face shield. V11 said when you DOFF your PPE you remove the gown and gloves in the room, exit the room and hand sanitize. V11 said you don't need to do anything to your mask or face shield.</p> <p>On 8/9/21 at 11:50 AM, V17 CNA wheeled R2 out</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>of her room into the hall in front of R18's room whose door was open. R2 did not have any mask or PPE on. V11 was present in the hallway and said R2 is going to dialysis on the second floor. R18 is non-vaccinated and not on isolation.</p> <p>On 8/10/21 at 10:10 AM, V30 Housekeeping was wiping down the counters at the nurses station on the 3rd floor, wearing an N95 mask. V30's N95 mask was secured with the top strap on her head, the bottom strap was not in place.</p> <p>On 8/10/21 at 10:12 AM, V36 Housekeeping was emptying trash at the nurse's station on the first floor wearing and N95 mask. V36's N95 mask was secured with the top strap only, the bottom strap was not in place.</p> <p>On 8/10/21 at 10:13 AM, R3's (on contact/droplet isolation) door was open.</p> <p>3 On 8/9/21 during initial tour on ground floor, V6, V22 (both LPN) and V18 V20 V21 (All CNA's), were all wearing KN95 masks. R10, R13 and R14 on ground floor were all on contact/droplet precautions (PUI) to rule out COVID-19.</p> <p>On 8/9/21 at 9:15, 10 AM, 11:15, 12:00 PM, 1:00 PM, 2:00PM, R10, R13 and R14's room door were all wide open. There were signs on R10, R13 and R14's doors that they are on droplet contact precaution. The signs show that staff should wear N95 mask, gown, and gloves. V6, V18 V20-V22 were all in and out of the rooms wearing KN95 mask.</p> <p>At 2:20 PM, R10 was out of her PUI room. R10 was sitting in her w/c by the nurse's station. R10</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6007041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  08/11/2021
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NAME OF PROVIDER OR SUPPLIER  PA PETERSON AT THE CITADEL	STREET ADDRESS, CITY, STATE, ZIP CODE 1311 PARKVIEW AVENUE ROCKFORD, IL 61107
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S9999	<p>Continued From page 12</p> <p>was wearing a surgical mask that was pulled down and was not covering her nose. R10 was sitting with R15. R15 was wearing KN95 mask. R15 was sitting close to R10 who is a PUI, not 6 feet apart. Both of these residents were unvaccinated.</p> <p>At 2:45 PM, V2 said R10 was on PUI due to being newly admitted on 7/30/21. When a resident who is a PUI goes out from their room they should be wearing N95 mask, and gown to prevent the spread of infection to staff and residents. V2 (Director of Nursing) said R14 is on PUI because he was exposed to R6 (Covid 19 positive). V2 said R13 is on PUI due to R13 and R14 were roommates. When a resident who is a PUI goes out from their room they should be wearing N95 mask, and gown to prevent. PUI rooms should be closed to prevent the spread of infection to other staff and residents.</p> <p>The CDC use of personal protective equipment (PPE) when caring for resident with confirmed or suspected COVID-19 shows, "Preferred PPE- Use N95 or higher respirator (both straps attached to the person's head), face shield or goggles, gloves, and isolation gown."</p> <p>(A)</p> <p>5) 300.1210d)5)</p> <p>Section 300.1210 d)5) General Requirements for Nursing and Personal Care</p> <p>d) Pursuant to subsection (a), general</p>	S9999		



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S9999	<p>Continued From page 13</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>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.</p> <p>These REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a treatment dressing was in place for a resident with a stage 2 pressure ulcer injury. This applies to 1 of 11 residents (R11) reviewed for pressure injury in the sample of 24.</p> <p>The findings include:</p> <p>R11 wound treatment orders dated 7/20/21 show, apply medihoney wound dressing gel cover with Calcium Alginate then cover with bordered gauze change dressing daily.</p> <p>R11 's Wound Assessment report dated 8/3/2021 shows R11 has a stage 2 facility acquired pressure ulcer to the left posterior thigh measuring 0.3 cm (centimeters) x 0.4 cm x 0.2 cm.</p> <p>On 8/9/21 at 11:20 AM, R11 was sitting in her wheelchair. R11 said she has a wound in her</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>bottom and it is bothering her. V20 (Certified Nursing Assistant and V22 (Registered Nurse) transferred R11 to bed. R11 has on open area on her left posterior thigh without dressing in place. V20 said V21 (shower aide) gave R11 a shower this morning.</p> <p>On 8/9/21 at 11:43 AM, V21 shower aide said she gave a shower to R11 this morning. V21 said R11's wound had no dressing V21 said he did not tell anyone.</p> <p>On 8/9/21 at 12:40 AM, V7 (Wound Nurse) said R11 said should have a foam dressing in her left posterior thigh wound. V7 said if a treatment comes off staff should notify nursing to prevent complications and prevent delay in healing.</p> <p>The facility policy entitled Wound Care dated 2010 show "the purpose of this procedure is to provide guidelines for the care of wounds to promote healing."</p> <p>(AW)</p> <p>6) 300.2080a)</p> <p>Section 300.2080 Menus and Food Records</p> <p>a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 15</p> <p>Based on observation, interview, and record review the facility failed to follow the recipe to ensure residents received sufficient food to meet the nutritional needs for four of four residents (R21, R22, R23 and R24) reviewed for puree diets.</p> <p>The finding include:</p> <p>On 08/10/21 at 9:30AM, V26 Dietary placed 6 turkey patties into the blender with vegetables.</p> <p>On 08/10/21 at 12:00PM, the puree turkey patty and vegetable was in the steam table. V27 was using a three ounce scoop to serve the pureed entrée.</p> <p>On 08/10/21 at 12:30PM, V25 Kitchen Supervisor used a number ten scoop to serve the pureed pineapple.</p> <p>On 08/10/21 at 12:35PM V27 Dietary said, this is a three ounce scoop in the pureed turkey patty.</p> <p>On 08/10/21 at 12:40PM, V25 Kitchen Supervisor said, I provided one number ten scoop of pineapple.</p> <p>On 08/10/21 at 1:00PM, V29 Dietician said, the scoop size on the recipe is what should be used.</p> <p>The facility's undated Portion Scoop Size Chart shows, the number eight scoop is four ounces. The number ten scoop is three and two-tenths of an ounce.</p> <p>The facility's Pureed Philly Style Turkey Burger recipe dated 2021 shows, Serving Size: #8 scoop.</p> <p>The facility's Pureed Pineapple recipe dated 2021 shows, Serving Size: #8 scoop.</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>The facility's Diet Type Report dated 08/10/21 shows, R24, R21, R22, and R23 Purred Consistency for their diet types.</p> <p>(AW)</p>	S9999		