

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000855 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/29/2022 |
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| NAME OF PROVIDER OR SUPPLIER BEMENT HEALTH CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 601 NORTH MORGAN BEMENT, IL 61813 |
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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 | <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.2010 a)1)</p> <p>Section 300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to employ a clinically qualified Director of Food Services. This failure has the potential to affect all 31 residents residing in the facility.</p> <p>Findings include:</p> <p>On 6/27/2022 at 9:34AM, V5 (Dietary Manager) was actively supervising dietary operations in the facility kitchen. V5 reported being the full-time manager of the facility food service, and reported not being a clinically qualified Certified Dietary Manager or having the equivalent training.</p> | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |

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>Throughout the duration of the survey, the facility failed to effectively sanitize dishes, failed to maintain a sanitary ice scoop, failed to properly label opened food packages, failed to prevent commingling of contaminated food with wholesome food, failed to maintain sanitary food cooler areas free from accumulations of debris, food, and growth of substances resembling mold, failed to prevent cross-contamination of food from waste water, failed to use proper food scoops, and failed to properly store bulk food items by covering them to protect against environmental contamination.</p> <p>The Facility Assessment (4/1/2022) documents a full-time clinically qualified nutrition professional is needed to provide competent support and care for the facility's resident population every day and during emergencies.</p> <p>The facility Resident Census and Conditions of Residents report (6/27/2022) documents 31 residents reside in the facility.</p> <p>(B)</p> | S9999 | | |