(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008312	B. WING		09/0	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	-	
ADEDION	N CARE WILMINGTON	555 WES	Γ KAHLER			
APERIOR	V CARE WILWINGTON	WILMING	TON, IL 604	81		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac August 27, 2024/IL	ility Reported Incident of 177286				
S9999	Final Observations		S9999			
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall complete.	esident Care Policies have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the mmittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating				
	by this committee, o	be reviewed at least annually documented by written, signed of the meeting.				
	a) Foods shall be p methods that will co enhance their flavor be prepared accord	ood Preparation and Service orepared by appropriate onserve their nutritive value, r and appearance. They shall ling to standardized recipes ecipes shall be available for				
		attractively served at the s and in a form to meet				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 09/20/24

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008312	B. WING			C <b>09/2024</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE	-	
ADEDIO	N CARE WILMINGTON	555 WES	T KAHLER	,		
APERIO	N CARE WILMINGTON	WILMING	TON, IL 6048	31		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Every facility shall of	ood Handling Sanitation comply with the Department's Service Sanitation" (77 III.				
	This REQUIREMEN	NT is not met as evidenced by:				
	review the facility fa stored, distributed, manner to prevent to facility failed to have sanitizing dishware during the renovation resulted in the local the facility's permit	on, interview, and record illed to ensure food was and served to residents in a food contamination. The e a system in place for and food service equipment ons of the kitchen. This failure health department revoking to prepare food on site. This affect all 161 residents that the facility.				
	Finding include:					
	closed for floor repace continued in the face maintain safe food food service equipmersult, the local heaf acility's permit to permit to permit to permit to permit to permit to preparate food onsite use plastic food trayequipment without a	4, the facility's kitchen was air and food preparation cility without the ability to temperatures and sanitizement and dishware. As a lith department revoked the repare food on August 27, 8, 2024, the facility was still are puree and mechanically from catered food items and ys and other dietary service a means of sanitation.				
		s sheet dated August 28, facility census of 165				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6008312	B. WING			C <b>09/2024</b>	
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE			
APERIO	N CARE WILMINGTO	N .	TON, IL 604	81			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
\$9999	residents. V8 (Ass stated on August 28 NPO (nothing by m the facility has 11 re residents on mechal are listed as reside diets.  The local County Hon August 27, 2024 (food service operation and or V6 (Director of Envlocal County Health phone interview on service operation in to maintain food terwashing sinks for different temperatures.  The facility's incided department August facility was inspected department that food holding in the temporation in the temporation of the facility enacted management plan.  The facility's kitched 2024, at 10:30AM to Construction worked removing floor tiles service carts, food were noted being skitchen and door leared did not have at to perform hand was to perform h	istant Director of Nursing) 3, 2024, that 4 residents were outh). The facility diet list that esidents on puree diets and 30 anical soft diets. R3 to R13 ants receiving puree textured  ealth Department documented and a suspension to operate ations) related to, "inadequate agoing construction project". ironmental Services from the an Department) stated during August 27, 2024, that food eeded to close due to inability apperatures and lack of hand dietary employees. V6 stated geration unit was not holding and treport submitted to the 27, 2024, that charted, "The end by the local food health and temperatures were not corary refrigerated container. If our emergency crisis are not one of the content of the c	S9999				

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Illinois Department of Public Health						
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6008312		B. WING		C <b>09/09/2024</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE	·	
		555 WEST				
APERIO	N CARE WILMINGTON	WILMING <sup>-</sup>	ΓΟΝ, IL 604	81		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	stated during intervithe facility needed to removal and repair confirmed that the labegan on August 26 facility rented three one of which was a storage containers building near the kitharea did not contain staff. The area surroutside was observed free-standing water rainfall. V2 then adhealth department is was attempting to put the facility and 20-factorismed that tempstorage container was warm weather conditioned to the waste and the tempstorage container was attempting to put the facility and 20-factorismed that tempstorage container was warm weather conditioned that the facility and the tempstorage container was attempting to put the facility and the prior to the waste and the facility and t	iews of August 28, 2024, that o close the kitchen for of the floor. Both V1 and V2 kitchen was closed, and work 5, 2024, at 8:30AM. The 20-foot storage containers, refrigerated unit. These were located outside the tchen in the parking lot. This is any handwashing stations for rounding the refrigerator unit ed with puddles of from the previous night ded that prior to the local shutting down the kitchen, staff prepare food in other areas of the poot storage containers. V2 peratures in the refrigerated pere high secondary to the litions and need to open the latter the had only a few days' work starting in the kitchen and for this project. V2 continued ity had numerous issues with the latter and needed to obtain a lee power. V1 also stated a lite kitchen closure and that lussed this project but specific				
	served breakfast at was observed without protein/calorie hot collisted in the medical super cereal supple observed with pure browns on his tray.	4, the residents were still being 10:00AM until 10:30AM. R1 but the super cereal (high cereal) on his tray. R1's diet is I record as no added salt with ement for breakfast. R8 was e eggs, bread, and hash R8's diet order is listed in the egular puree diet with nectar				

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Illinois D	epartment of Public	Health				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMP	SURVEY LETED
		IL6008312	B. WING		09/0	) 9/2024
				2747F 7ID 00DF	1 00/0	0/2024
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
APERIO	N CARE WILMINGTO	V	r Kahler TON, IL 604	81		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	thick liquids and ho times a day. Resimeal in "take out ty disposable Styrofood Manager) was asked that the meal was occlosure. V2 was astemperatures and stemperatures and state blender in the sub. This sink was a sing with one compartmore cleaned items was during the tour of the containers, V2 state use plastic food tray and other dietary sed dishware. The two sobserved to be how 12 inches by 12 inches by 12 inches by 12 inches by 12 inches plastic food trays or larger submerged for sand drying items was not the only available be service employees kitchen. This service building and not neoutdoor rented food consisted of a large wash sink. The oth the main dining are	use supplement 2.0 three dents were being served the pe containers" with milk in am cups. V2(Dietary ed about the meal and stated eatered due to the kitchen				

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V7 (Cook) was observed on August 28, 2024,

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
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		IL6008312	B. WING		09/0	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
APERIO	N CARE WILMINGTO	V	KAHLER	0.4		
	010000000000000000000000000000000000000		TON, IL 604		011	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	the evening meal. processor in the su single hand sink to sanitizing. V7 state processor in this sinused for hand hygie V6 (Director of Envlocal County Health	ironmental Services from the Department) was interviewed				
	by phone on August 28, 2024, at 12:52PM and stated that the facility was told, "no food preparation on site" and that the facility could, "plate the catered food". V6 confirmed that additional processing of food for puree diets should not happen on site secondary to lack of hand washing stations and ability to safely clean and sanitize dishware. V6 stated the facility was advised to use all disposable items.					
	Temperatures for M documents: "Prior to serving a r taken and document to ensure proper setemperature for eacon the Food Temperequire a corrective have the new temp	for Monitoring Food Meal Services, dated 2020 meal food temperature will be nted for all hot and cold foods erving temperature." "The ch food item will be recorded erature Log. Foods that e action (such as reheating) will erature recorded with a ective action interventions."				
	that, "Food employed hands and exposed "Food employees s exposed portions o surrogate prosthetic for at least 20 seco	ts in the Food Code of 2022 ees shall keep their hand d portions of their arms clean." hall clean their hands and f their arms, including c devices for hands or arms nds, using a cleaning dwashing sink." "Food				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008312	B. WING		09/0	) 9/2024
	PROVIDER OR SUPPLIER  N CARE WILMINGTON	555 WEST		STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
\$9999	employees shall cle portions of their arm before engaging in working with exposutensils." "Food se their hands in a har automatic handwas their hands in a sink." The FDA Code of 2 "Equipment food-coshall be clean to sig continues to add the surfaces and equips submersed in the sink."	ean their hands and exposed as as specified. Immediately food preparation including ed food, clean equipment, and rvice employees shall clean adwashing sink or approved hing facility and may not clean a used for food preparation."  022 also documents that contact surfaces and utensils ght and touch." The code at when cleaning food contact ment the item must be olution between 7 to 30 upon the solution for	\$9999			

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