

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/18/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF ST CHARLES, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 850 DUNHAM RD ST CHARLES, IL 60174
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations I of V: 300.610a) 300.615e) 300.615f) 300.615g) 300.625c)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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.	S9999		

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

TITLE

(X6) DATE
09/24/24

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S9999	<p>Continued From page 1</p> <p>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>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>1) Immediately notify the Department of State Police, in the form and manner required by the Department of State Police, that the resident</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>is an identified offender.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on interview and record review the facility failed to ensure name-based resident background checks were performed within 24 hours of admission for 2 of 10 residents (R11 and R15) reviewed for background checks in the sample of 22.</p> <p>The findings include:</p> <p>1. The facility provided Admission List printed on 9/18/24 shows that R11 admitted to the facility on 9/5/24.</p> <p>R11's name-based Uniform Conviction Information Act (UCIA) criminal history background check form through the Illinois State Police shows that the background check was performed on 9/18/24.</p> <p>2. The facility provided Admission List printed on 9/18/24 shows that R15 admitted to the facility on 9/3/24.</p> <p>R15's name-based Uniform Conviction Information Act (UCIA) criminal history background check form through the Illinois State Police shows that the background check was performed on 9/18/24.</p> <p>On 9/18/24 at 11:49 AM, V13 (Admissions Director) said that when a new resident admits to the facility, a name-based background check is initiated that same day or the next day.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 9/18/24 at 1:00 PM, V1 (Administrator) said that R11 and R15's name-based background checks were missed so they were done on 9/18/24.</p> <p>The facility's undated Identified Offender Facility Policy and Procedure shows, "Conduct a Criminal History Background Check: Within 24 hours of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility."</p> <p>B. Based on interview and record review the facility failed to check the Illinois State Police Sex Offender Registration website upon a new resident admission for 9 of 10 residents (R11-R19) reviewed for background checks in the sample of 22.</p> <p>The findings include:</p> <p>The facility provided Admission List shows that R11-R19 were admitted to the facility between 8/29/24-9/17/24.</p> <p>R11-R19's background check information was provided. There were no checks from the Illinois Sex Offender Registration Website (www.isp.state.il.us) for R11-R19 provided.</p> <p>On 9/18/24 at 11:49 AM, V13 (Admissions Director) said that they check two websites, the IDOC (Illinois Department of Corrections) and the sex offender website (National Sex Offender website) for all newly admitted residents.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility's undated Identified Offender Facility Policy and Procedure shows, "Check for the residents name on the Illinois Sex Offender Registration Website www.isp.state.il.us."</p> <p>C. Based on interview and record review the facility failed to request a waiver for residents who require fingerprinting for 2 of 2 residents (R20 and R22) reviewed for background checks in the sample of 22.</p> <p>The findings include:</p> <p>The undated facility provided list titled Current Identified Offenders shows that R20 and R22 are identified offenders. The list shows, "Fingerprinting-unable to proceed...See clinical NP (Nurse Practitioner) note..." for R20 and R22.</p> <p>R20's name-based background check shows, "multiple hits-fee fingerprints requested." The facility was unable to provide information that fingerprints were obtained.</p> <p>R22's name-based background check dated 8/15/24 shows a HIT for reckless conduct, battery, battery with bodily harm and domestic battery.</p> <p>On 9/18/24 at 12:34 PM, V3 (Social Service Director) said that R20 and R22 are unable to have their fingerprints done due to medical issues. V3 said that she thought the Nurse Practitioner note was sufficient to not have the fingerprinting done. V3 said that she just learned today that she needs to request a waiver for R20 and R22.</p> <p>The facility's undated Identified Offender Facility</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Policy and Procedure shows, "The facility may also request a waiver of the fingerprint check within 72 hours from the Division of Healthcare Regulation....if the resident is completely immobile or meets the criteria related to the resident's health or lack of potential risk....."</p> <p>D. Based on interview and record review the facility failed to ensure that an identified offender was reported to the Department of State Police Identified Offender program for 2 of 2 residents (R21 and R22) reviewed for Identified Offenders in the sample of 22.</p> <p>The findings include:</p> <p>R22's name-based background check dated 8/15/24 shows a HIT for reckless conduct, battery, battery with bodily harm and domestic battery.</p> <p>R21's name-based background check dated 6/10/24 shows a HIT for battery.</p> <p>The Illinois Department of Public Health Identified Offenders Program Facility Report ran on 9/16/24 does not list R21 or R22 on the report.</p> <p>On 9/18/24 at 12:34 PM, V3 (Social Service Director) said that once a name-based background check comes back with a HIT, she checks the charges with a list to see if they would be considered an Identified offender. V3 said that if they are considered an identified offender, she submits a request for fingerprinting. V3 said that she did not know that identified offenders needed to be reported to the Identified Offender Program. V3 said that she just received the registration link for the portal to be able to report identified</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>offenders today.</p> <p>The facility's undated Identified Offender Facility Policy and Procedure shows, "Once the facility determines that resident is an identified offender.....immediately complete and submit the Illinois Department of Public Health (IDPH) Identified Offender Information (IOI) Form attached and fax it to the IDPH Identified Offender Program (IOP).....The facility will not wait for the fingerprint results to send the Identified Offender Information form to IDPH. Note, this is now completed via the IDPH IO Web portal."</p> <p>"C"</p> <p>Statement of Licensure Violations II of V: 300.610a) 300.1210b)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow the resident's plan of care by not referring a resident to a pain specialist for one of 10 residents (R5) reviewed for pain in the sample of 10.</p> <p>The findings include:</p> <p>R5's Admission Record shows he was admitted to the facility on May 10, 2024 with diagnoses including: Major depressive disorder, spondylolistheses cervical region, spinal stenosis, sciatica, and history of falling.</p> <p>On September 17, 2024 at 10:00 AM, R5 said he has a lot of pain in his left hip and his back. R5 said he gets one Norco (narcotic pain medication) every six hours. R5 said he has had three fusion surgeries on his back. R5 said "they aren't doing anything to help me." R5 said the only way he is comfortable is by sitting in his power wheelchair and leaned over onto his bed with a pillow. R5 said the narcotics only last for an hour or two.</p> <p>R5's Medication Administration Record dated August 1, 2024-August 31, 2024 and September 1, 2024-September 30, 2024 shows R5's pain</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>was rated anywhere from 0-no pain to 10-worse pain on a scale of 0-10.</p> <p>R5's Order Summary Report dated September 18, 2024 shows an order on June 4, 2024 for a chronic pain specialist referral for persistent back pain.</p> <p>On September 17, 2024 at 1:40 PM, V4 (Physiatrist) said R5 has had prior lumbar fusion surgery on his back. V4 said R5's pain specialist referral was pending. V4 said there was an issue with R5 drinking alcohol and being on narcotics. V4 said that R5 has complained of pain since he was admitted to the facility. V4 said he was not sure if R5 did not see the pain specialist due to a previous fall or spasms.</p> <p>On September 18, 2024 at 11:09 AM, V2 (Director of Nursing/DON) said R5 has not been sent out for his pain specialist referral. V2 said she thought it was because R5 was drinking alcohol, and they don't want R5 on narcotics with drinking alcohol. V2 said that the pain specialist can do other things besides prescribe narcotics.</p> <p>R5's local emergency room visit notes dated August 9, 2024, show that he was seen for back pain.</p> <p>The facility's Pain Management Policy reviewed December 17, 2023 shows, "The facility will provide adequate pain assessment and management to that residents attain or maintain the highest practicable physical, mental, and psychosocial well-being."</p> <p>The facility's Physician Order Policy dated January 20, 2024 shows, "Licensed professional nurses/registered nurses will follow orders from</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>physicians and documented in a timely manner."</p> <p>"B"</p> <p>Statement of Licensure Violations III of V: 300.610a) 300.1210b)3)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to position a resident's urinary drainage device in a manner to prevent urinary tract infections for two of three residents (R6, R3) reviewed for catheters in the sample of ten.</p> <p>The findings include:</p> <ol style="list-style-type: none"> R6's Admission Record dated September 18, 2024 shows he was admitted to the facility on March 22, 2023 with diagnoses including sepsis, methicillin resistant staphylococcus aureus infection, obstructive and reflux uropathy, and candida cystitis and urethritis, and dementia. <p>R6's Care Plan created on September 17, 2024 shows R6 has a urinary tract infection related to dementia and use of urinary catheter.</p> <p>On September 17, 2024 at 10:13 AM, V6 and V7 (Certified Nursing Assistants/CNA) wheeled R6 back into his room. There was a large bulge to R6's right lower extremity. There was a urinary drainage bag attached to R6's right lower extremity. The bag was full. R6 was transferred into his bed where his legs were elevated, and the leg drainage bag was still attached. The urinary drainage bag was not below the level of</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>R6's bladder. R6 fell asleep. At 2:10 PM, R6 was sitting in his wheelchair. V7 said that R6 still has his leg bag attached and she just emptied 700 ML of urine from R6 urinary drainage bag.</p> <p>On September 18, 2024 at 10:09 AM, V2 (Director of Nursing) said R6 should have his leg bag switched over to the larger bag when he's in bed. V2 said that R6 has a lot of urine output. V2 says they should switch it to the larger bag so the urine can flow into the larger bag. V2 said if staff keep R6's leg bag on while he's in bed, he runs the risk of urinary tract infections because the urine cannot flow out.</p> <p>2. On 9/17/24 at 9:43 AM, R3 was sitting in her wheelchair being wheeled by another resident in front of the nurse's station. R3's urinary drainage bag containing urine was dragging on the floor.</p> <p>On 9/17/24 at 12:35 PM, R3 was sitting in her wheelchair at a table in the dining room. R3's urinary drainage bag contained urine was hanging underneath the wheelchair and the catheter tubing was touching the floor.</p> <p>R3's Care Plan dated 8/4/24 shows "R3 has and indwelling urinary catheter and is a potential for recurrent urinary tract infections related to history of urinary tract infections."</p> <p>The facility's Infection Control-Indwelling Catheter Policy dated 1/22/24 shows "It is the policy of the facility to ensure that the residents receive care and services to prevent urinary tract infections in those residents with and indwelling catheter in accordance with standards of practice."</p> <p>"C"</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>Statement of Licensure Violations IV of V: 300.610a) 300.1640a) 300.1640f)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.)</p> <p>f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date this container was last filled; the initials of the pharmacist filling the prescription; the name and address of the pharmacy; and any necessary special instructions. If the individual multi-dose medication container is dispensed by a licensed</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist and prescription number.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to label a multi dose tuberculin vial with an open date. This failure has the potential to affect all 76 residents residing in the facility.</p> <p>The findings include:</p> <p>On September 18, 2024 at 10:51 AM, there was an opened multi dose vial of tuberculin solution in the facility's medication refrigerator. V5 (Licensed Practical Nurse) said there should be an opened date on the vial.</p> <p>The facility's Storage of Medications Policy revised August 2024 shows, "The nurse shall place a 'date opened' sticker on the medication and record the date opened and the new date of expiration. The expiration date of the vial or container will be 30 days from opening."</p> <p>"C"</p> <p>Statement of Licensure Violations V of V: 300.610a) 300.2090a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.2090 Food Preparation and Service 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 is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure kitchen equipment was in working order to prepare food by appropriate methods to conserve their nutritive value and enhance their flavor and appearance. This failure has the potential to affect all residents residing at the facility.</p> <p>Findings include:</p> <p>The resident roster dated 9/17/24 shows there is 76 residents residing at the facility.</p> <p>On 9/17/24 at 9:45 AM, during initial tour of the kitchen, the coffee was sitting on a counter unplugged, the right side of the reach in freezer was stacked full of boxes with little open area. The left side of the freezer was empty and not cold. The temperature log on the outside of the</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>left door last was checked on 9/7/24. The walk-in cooler had a rack with several trays of cooked bacon. There was a small stove/oven sitting under a larger hood with open areas on each side of the stove. The bottom panel on the front of the stove was missing. The steamer was unplugged and not in use.</p> <p>On 9/17/24 at 11:15 AM, V11 (Dietary Manager) said the stove is just temporary, until we get a new one, it is much smaller than our old one. V11 said the old stove caught fire around the end of June and was not able to be fixed. V11 said he was waiting on corporate to get the new stove. V11 said the coffee maker broke about a month and half ago and they were having to heat water on the stove and make instant coffee for the residents. V11 said he makes sure to temp the coffee before it goes out, so it doesn't burn anyone. V11 said they must make a lot of coffee for all three meals, a lot of residents like their coffee. V11 said instant isn't the best but it's all they can do so at least the residents can have coffee. V11 said the freezer has been broke for the last two weeks. V11 said someone came out and said the gasket needs to be replaced but he hasn't heard anything since. Next to the stove there was a rack containing multiple pans of cooked bacon. The stove had two pans of water on two of the burners, a pan of green beans, and a pan of salsa cooking. There other burners were half covered up by the pans and did not have enough room to hold another pan.</p> <p>On 9/17/24 at 12:25 PM, V11 said the steamer has been broken since January and they must use the steam table to keep food warm since the oven is so small and only has two racks. V11 said it was hard to prepare the meals for the residents with what equipment they had, but they</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>do their best. V11 said the equipment issues have been reported to V8 (Maintenance) and V1 (Administrator), and V9 (Regional Director of Operations). V11 said as of now, he doesn't know the status of any of the repairs/replacements.</p> <p>On 9/17/24 at 12:30 PM, V10 (Cook) said she really missed having the old stove. V10 said the old stove had 6 spaces in the oven, this one only has 2 spaces. V10 said she must precook bacon to have enough to serve it for breakfast on time. V10 said she precooks bacon the day before and puts it in the cooler. V10 said to have enough bacon for the residents she needs to cook 7 pans.</p> <p>On 9/17/24 at 12:35 PM, V12 (Cook) was removing cooked bacon from trays and placing it into a pan. V12 said she cooks the evening meal, and she must start early since the oven only has two racks to cook in and then she places the cooked items on the steam table to keep warm since the steamer is broken. V12 said the bacon is for tomorrow.</p> <p>On 9/18/24 at 10:02 AM, V11 said they do have to precook some items, like bacon or cookies because there just isn't enough oven space to do it all at once. V11 said the bacon is reheated in the oven before serving. V11 said they have had to alter their menu to accommodate the lack of equipment and make simpler meals that are easier to cook while still meeting the dietary needs of the residents.</p> <p>On 9/18 at 10:15 AM, R5 said the food is normally cold by the time he gets it. R5 said the bacon is "hit or miss, sometimes it's burnt."</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>On 9/18/24 at 10:16 AM, V8 (Maintenance Director) said the stove in the kitchen is just a temporary replacement and he was not sure when corporate was sending the new one. V8 said he was aware of the steamer being broke and it had been reported to corporate but was not aware of the coffee pot being broken. V8 said the freezer has been fixed multiple times, it keeps going down and the repair estimates get sent to corporate and then they approve when to get it fixed. V8 said he reports to V1 (Administrator) and she reports to corporate. V8 said some things are out of his scope.</p> <p>On 9/18/24 at 10:40 AM, R11 said the food is not very good. R11 said some things like the ground beef are "nasty," the texture and flavor are terrible. R11 said they don't always have the alternatives available like the hamburgers and there is not much variety.</p> <p>On 9/18/24 at 10:55 AM, R1 said the food here "sucks." R1 said it just doesn't taste good, V11 is doing the best he can with what little money he can spend and the trouble with all the cooking equipment. R1 said he hasn't ordered dinner here since the first of the year. R1 said the oven messed up and they actually had to grill out all the meals until they got a stove. R1 said the oven is small and they can't cook things like they used to. R1 said they have had a lot of problems with the coolers and freezers and even had to throw away food. R1 said he is the Resident Council President and hears about the poor quality of food all the time from residents. R1 said they complain about the "coffee is terrible," and tastes watered down and cold. R1 said the bacon is some days overcooked and some days undercooked, but they don't have a flat top to cook it so it's hard to cook it properly. R1 said he</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>knows it's corporate and what they say and what shows up is two different things.</p> <p>On 9/18/24 at 11:04 AM, V9 (Regional Director of Operations) said the old stove went down and they were able to find this stove as a temporary fix. V9 said when the stove originally went down, they were grilling the meals outside for the residents. V9 said this stove doesn't compare to what the previous stove/oven was. V9 said he has sent proposals to corporate for a new convection oven with a griddle and steamer and a small char broiler for the always available items like hamburgers. V9 said ownership approved it but said recent other repair bills due to heat was eating into the money they said was allotted for the equipment. V9 said the two door freezer is down again and that's the freezer that is used for proteins. The other side of the freezer just barely holds what they need as long as they order just what they need. V9 said there is also the concern of taxing the compressor of the freezer by stacking too much in and not having great air circulation. V9 said the staff is really trying to make what they have work, but the stove/oven and freezers are the "power house of the kitchen," and you need those to turn out a good product for the residents and also not make it so labor intensive to produce the food by having to babysit equipment. V9 said he has put in 3 work orders for the coffee pot and has not heard back on the last two. V9 said he is putting in another order today because it's a potential safety concern having to manually heat water to make instant coffee and temping it before serving. V9 said if the coffee is served too hot it could burn residents. V9 said they did have to alter the menu to have more cold food for dinner to accommodate the broken/lack of equipment. V9 reviewed the list of broken equipment and the</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>dates and said yes, the items and dates are correct, but the combo stove unit that went down and was not replaced with the same thing. V9 said he has had various communications with the owners via email and doesn't have any definite dates for replacement or being fixed. V9 said he keeps reaching out and had even suggested just replacing the stove/oven combo for now just to get something but still has no update.</p> <p>The facility's Out of Order Kitchen Items list shows "2 door freezer-out of service as of 9/7/24, Steamer- out of service as of 1/10/24, and Coffee Maker- out of service 8/15/24."</p> <p>V9's email dated 6/20/24 to ownership shows "they are having issues with their coffee brewer. Could you help me out and send an (contracted provider) tech out here?" V9's email dated 8/15/24 at 6:49 AM, shows "I am having issues with my coffee brewer it will not turn on at all. Could I please get an (contracted provider) tech out here? At 10:28 AM, "I just wanted to make sure this message is received. The residents at this location REALLY love coffee and I am hoping that we have as minimal of a service disruption as possible." V9's email dated 8/26/24 at 11:25 AM, shows "the service department continuing to have issues with getting repairs done to the coffee brewer." V9 sent another email on 9/4/24, 9/5/24, and 9/13/24.</p> <p>V11's email dated 7/16/24 to ownership shows "I wanted to keep everyone in the loop that our oven motor just blew and caught fire. Thankfully the fire did not spread and was put out by the cook. We are currently without a working stove or oven."</p> <p>V9's email dated 7/17/24 shows a proposal for</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>equipment "to get facility fully operational for cooking equipment."</p> <p>V9's email dated 8/1/24 and 8/16/24 both inquire about status if kitchen equipment. The email on 8/16/24 shows "cooking for 80-85 people with only a 6-burner range and a 2-rack conventional oven is extremely difficult. If we could have the convection oven and griddle now, that would be a tremendous help for cooking. That would also get the kitchen back to the operational level equipment wise that it was at before the original oven blew up. Then hopefully by the end of the year, you could make the move on the steamer and small grill." V9 sent emails to ownership on 8/23/24 and 8/26/24 regarding the same equipment.</p> <p>On 9/18/24 at 2:00 PM, V1 (Administrator) said she was aware of the equipment issues in the kitchen, and they were doing the best they can. V1 said it was out of their hands and they were waiting for corporate.</p> <p>The facility's undated Equipment Failure and Repair Policy shows "dining services equipment shall be maintained in a good state of repair."</p> <p>"B"</p>	S9999		