

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012322	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/20/2024
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MOWEAQUA REHAB & HCC

**525 SOUTH MACON STREET
MOWEAQUA, IL 62550**

(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 Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.340 a)3)iii) Section 300.340 Incorporated and Referenced Materials a) The following regulations and standards are incorporated in this Part: 3) State of Illinois rules iii) Food Code (77 Ill. Adm. Code 750) PART 750 FOOD CODE SUBPART B: PERSONNEL Section 750.230 Food Handlers Training a) All Food Handlers 1) All food handlers, other than someone holding a certified food protection manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210, within 30 days after employment. 2) The regulation of food handler training is considered to be an exclusive function of the State, and local regulation is prohibited. (Section 3.05 of the Food Handling Regulation Enforcement Act) c) Food Handlers Employed By a Food Service Establishment That Is Not a Restaurant 1) All food handlers employed by a food service establishment that is not a restaurant, other than someone holding a food service	S9999		

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

TITLE

(X6) DATE

Electronically Signed

12/15/24

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S9999	<p>Continued From page 1</p> <p>sanitation manager certificate, shall receive or obtain training in basic food handling principles, as outlined in Section 750.210. (Sections 3.05(a) and (e) of the Food Handling Regulation and Enforcement Act)</p> <p>2) New employees shall receive training within 30 days after employment.</p> <p>d) Food Handlers Employed by Certain Facilities</p> <p>All food handlers employed in nursing homes, licensed day care homes and facilities, hospitals, schools, and long-term care facilities must renew their training every three years. (Section 3.06(b) of the Food Handling Regulation and Enforcement Act)</p> <p>f) Proof of Training</p> <p>Proof that a food handler has been trained shall be available upon reasonable request by a State or local health department inspector and may be in an electronic format. (Sections 3.05(a) and 3.06(b) of the Food Handling Regulation and Enforcement Act)</p> <p>These requirements are NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, facility Dietary staff failed to complete required minimum training for food handlers. This failure has the potential to affect all 54 residents residing in the facility.</p> <p>Findings include:</p> <p>On 11/17/2024 at 8:39AM, V3 (Cook) and V4 (Dietary Aide) were preparing resident meals in the facility kitchen. V3 and V4 both denied ever completing food handler training after starting employment in the facility.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 11/17/2024 at 9:58AM, V5 (Dietary Manager) denied knowing if any Dietary staff had completed required food handler training.</p> <p>On 11/18/2024 at 12:40PM, V15 (Regional Nurse) reported no Dietary staff have completed food handler training after starting employment in the facility.</p> <p>The facility dietary staff roster (undated) documents V3 (Cook), V4 (Dietary Aide), V5 (Dietary Manager), V9 (Dietary Aide), V26 (Dietary Aide), and V27 (Dietary Aide) have all been employed in the facility kitchen longer than 30 days.</p> <p>Throughout the duration of the survey, from 11/17/2024-11/20/2024, the facility failed to effectively sanitize dishes, failed to prevent direct cross-contamination of ice, failed to prevent the potential for biological cross-contamination of stored food, failed to prevent the potential for physical cross-contamination of food, failed to date and label TCS (time/temperature control for safety) food, failed to maintain sanitation test equipment supplies, and failed to maintain sanitary food service flooring areas.</p> <p>The following dietary service conditions were noted during the survey:</p> <p>1. On 11/17/2024 at 8:39AM, V3 (Cook) was working in the facility kitchen. When asked if the kitchen had dishwasher sanitizer test strips, V3 reported not being aware and stated, "I have not been shown that yet, how to do that (how to use sanitizer test strips to test the dishwasher for adequate sanitizer concentration)."</p> <p>On 11/17/2024 at 9:10AM, V4 (Dietary Aide) was</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>cooking pans and tested 100 parts per million sanitizer concentration by both a facility sanitizer test strip and Illinois Department of Public Health test strip. The container of sanitizer located immediately above the sanitize basin was empty. The manufacturer's label on the container documented a sanitizer concentration of 200-400 parts per million is required to effectively sanitize dishes.</p> <p>2. On 11/17/2024 at 9:00AM, the kitchen ice machine was not operational and not producing ice. The storage bin on the machine was nearly empty, containing a layer of ice on the bottom of the bin appearing 3-4" in depth. V1 (Administrator) entered the kitchen and placed seven intact plastic bags of commercially prepared ice into the bin. The bags were randomly resting in direct contact with the existing ice located at the bottom of the bin. The exterior of several of the bags was visibly soiled with black-colored dirt and debris. V3 (Cook) was present and when asked if the ice in the bags would be emptied into the storage bin with the existing ice and then used for resident drinks, V3 stated "yeah."</p> <p>On 11/17/2024 at 9:59AM, the above ice machine was operational and imminently ready to release ice into the storage bin. V3 was present and reported V3 was going to wait until the first batch of ice dropped down into the bin and then V3 was planning to empty the above bagged ice on top of the newly produced ice (effectively mixing together the ice in contact with the soiled plastic bags with newly formed ice).</p> <p>3. On 11/17/2024 at 8:50AM, the reach-in cooler located by the kitchen two-basin sink had an open 48 ounce container of apple juice, an open</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>48 ounce container of orange juice, and an eight inch pie pan of quiche. None of the food items were labeled with the date opened or prepared or a use-by date.</p> <p>On 11/17/2024 at 8:52AM, the reach-in coolers located near the kitchen three-basin sink contained one-half of a deli ham roll wrapped in plastic, a gallon ziploc bag half full of hot dogs, a two liter plastic container full of a red liquid, a three liter plastic container filled with tuna salad, a gallon ziploc bag half full of ready to eat roast beef deli meat, a metal pan of cooked potatoes nested into a metal pan of cooked pasta (the bottom of the potato pan was in direct contact with the pasta), and a gallon ziploc bag half full of raw bacon. The exterior of the bacon bag was greasy when touched. None of the food packages were labeled with date opened or a use-by date. The raw bacon package was stored directly on top of the other stored food items, including the ready-to-eat deli meat.</p> <p>An adjacent reach-in cooler contained one-half of a sliced tomato wrapped in plastic, and two slices of tomato partially immersed in a white-colored opaque liquid in a ziploc bag. None of the packages were labeled with a use-by date.</p> <p>4. On 11/17/2024 at 8:45AM, bulk sugar was stored in the manufacturer's bag in the kitchen pantry. A disposable plastic cup was located inside of the bag and all portions were in direct contact with the sugar.</p> <p>On 11/17/2024 at 8:52AM, the kitchen table-mounted can opener was soiled with sticky food accumulations and metal shavings.</p> <p>On 11/18/2024 at 12:38PM, the can opener</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>remained in the same condition as above.</p> <p>5. On 11/17/2024 at 8:45AM, floor surfaces throughout the kitchen, dishwashing room, and pantry areas were excessively soiled with accumulations of decomposing food debris, condiment packets, discarded hair nets, disposable utensils, drinking straws, and cardboard.</p> <p>On 11/18/2024 at 12:38PM, the floors remained as above.</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid 11/17/2024 documents 54 residents reside in the facility.</p> <p>(C)</p> <p>2 of 3</p> <p>300.690 a) 300.690 b) 300.690 c)</p> <p>Section 300.690 Incidents and Accidents</p> <p>a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall, by fax or phone, notify</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report a fall with physical harm or injury for one resident (R54) to the State Agency as required</p> <p>Findings Include:</p> <p>R54's Minimum Data Set (MDS), dated 10/16/24, documents R54 is cognitively intact.</p> <p>On 11/17/24 at 10:00AM, R54 stated, "I fell here (at the facility) and my surgical incision busted open and I bled all over the floor."</p> <p>R54's hospital history and physical documents, "(R54) presented to Emergency Room from Extended Care Facility where he had a mechanical fall in which his left lower extremity</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>wound opened up and he was found to have bleeding."</p> <p>R54's progress Note, dated 10/1/24 at 2:45PM, document,s "nurse was called to residents room due to resident falling. Resident's daughter was in his room with him when resident got up from his wheelchair to walk to his bed and fell. Resident was sitting on the floor next to his bed with his daughter sitting behind him holding him up. Noted a moderate amount of blood on the floor under his left leg. This nurse received permission from resident and daughter to cut residents right pant leg to expose where blood was coming from. Noted to residents left lower leg a large dehisced area from lower part of incision to left leg. A large amount of 4x4 gauze placed on open wound and "secured with (stretch Gauze). Secured with Coban. Assessment completed and Vital Signs obtained.</p> <p>On 11/19/24, V1, Administrator, provided only a brief risk management reinterating the above Progress note. No fall investigation or root cause analysis were provided. V1 stated, "We didn't do an in depth investigation because there were no injuries." When surveyor inquired about the wound dehiscence and referred to the hospital record, V1 stated, "Well we thought since (R263) already had the incision it wasn't a new injury. It was not reported to the State Agency"</p> <p>On 11/20/24 at 10:00AM, V15, Corporate Nurse, stated the facility does not have a policy specific to Incident reporting and investigation.</p> <p>(C)</p> <p>3 of 3</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>300.1210 b) 300.1220 b)7) 300.3220 d)</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.</p> <p>Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>Section 300.3220 Medical Care d) Every resident shall be permitted to participate in the planning of his or her total care and medical treatment to the extent that his or her condition permits. (Section 2-104(a) of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to honor repeated requests of a resident's (R263) choice of living arrangements. This failure affects one (R263) of</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>six residents reviewed for self-determination in a sample list of 34. This failure resulted in R263 becoming anxious, angry, refusing to eat, drink, and receive care from staff.</p> <p>Findings Include:</p> <p>R263's admission progress note, dated 11/15/24, documents, "(R263) arrived from (hospital) at approximately 5pm. Nurse to nurse report indicates advanced Amyotrophic Lateral Sclerosis, with Benign Prostatic Hypertrophy, and Osteoporosis cited as the only comorbidities. Resident is non-verbal. Resident is a Do Not Resuscitate. Regular diet with a Gluten Intolerance; requires maximum assistance. Resident takes pills crushed in applesauce/pudding/yogurt. Ambulance service stated the resident traveled to the area via plane from New York, and his family promptly admitted him to (hospital), where he's been since 11/7/24 awaiting placement. Skin check reveals some redness on the posterior, which was communicated by (hospital) who had been using a Zinc barrier cream. CNAs (Certified Nursing Assistants) advised to do the same. Resident would not permit writer to take vitals. Resident uses a sheet with letters to communicate but struggles significantly. An electronic tablet is available in his belongings, but he preferred to use the paper. Resident was also aggressive with CNAs when they were changing him."</p> <p>R263's Progress note, dated 11/15/24 at 11:00PM, by V23, Nurse Practitioner, documents, "Reported by nurse that resident is not satisfied with cares that has been provided in facility and wants to go back to hospital. Stable condition. No acute medical issue at this time. Nurse will contact family members and social worker to talk</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER MOWEAQUA REHAB & HCC		STREET ADDRESS, CITY, STATE, ZIP CODE 525 SOUTH MACON STREET MOWEAQUA, IL 62550		
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S9999	<p>Continued From page 12</p> <p>and upper extremities. (R263) in alert, oriented, and fully functional cognitively. (R263) is nonverbal but can communicate using the stroke board. (R263) makes his own decisions. (R263) wanted to go to the hospital. I contacted the Nurse Practitioner who advised me not to send (R263) to the hospital. This facility can not meet (R263's) needs. We have one CNA (Certified Nurse's Aide) for a hall and two nurses in the entire facility. There is not staff time even to effectively communicate with (R263). I knew he was angry and very fearful and honestly, I could see why."</p> <p>Several attempts were made to contact V23, Nurse Practitioner (who refused to send (R263) to the hospital). V1, Administrator, and other corporate staff reached out to V23, but V23 did not contact surveyor. V15, Corporate Nurse, denies the facility has a specific policy addressing resident self-determination.</p> <p>(B)</p>	S9999		