

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194		
(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 (Sheltered Care)	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 9) 330.110c) 330.710a) Section 330.110 General Requirements c) An applicant may request that the license issued by the Department have distinct parts classified according to levels of services. The distinct part shall meet the applicable physical plant standards of this Part based on the level of service classification sought for that distinct part. To protect the health, welfare and safety of residents in a distinct part of the facility who require higher standards, the facility shall comply with additional physical plant standards in any distinct part, to achieve this protection as required by the highest level of care being licensed. Administrative, supervisory, and other personnel may be shared by the entire facility to meet the health, welfare, and safety needs of the residents of the facility. Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this	S9999		

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>Part.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a safe environment for dementia residents by allowing unmonitored space heaters in resident rooms for 4 of 27 residents (R7, R8, R9, R10) reviewed for safety in the sample of 27.</p> <p>The findings include:</p> <p>On 12/16/24 at 9:52 AM, R10 was in bed with fall mats on the floor. R10 had a space heater in her room on the floor across from her bed.</p> <p>On 12/16/24 at 10:14 AM, R9 was up in her wheelchair in her room, propelling herself. R9 had a portable space heater on the floor.</p> <p>On 12/16/24 at 11:42 AM, R8 was in bed sleeping with fall mats on the floor next to her bed. R8 had a portable space heater on the floor in her room across from her bed that was running.</p> <p>On 12/16/24 at 11:45 AM, R7's room had a portable space heater on the floor that was running.</p> <p>On 12/17/24 at 9:37 AM, V11 (Maintenance Director) said portable space heaters are not allowed in the resident rooms, especially in the dementia unit, due to being a fire hazard. V11 said he was not aware of resident rooms that had space heaters.</p> <p>R7's Physician Orders dated 12/16/24 shows R9 has a diagnosis of Alzheimer's disease.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R8's Care Plan dated 8/6/24 shows "resident has memory loss/dementia."</p> <p>R9's Physician Orders dated 12/16/24 shows R9 has a diagnosis of vascular dementia.</p> <p>R10's Physician Orders shows R10 has a diagnosis of Alzheimer's disease.</p> <p>The facility's Policy and Procedure Portable Space Heater dated 1/22/24 shows "Portable space heaters can overload a facility's electrical system. In addition, portable space heaters can become a tripping hazard or be covered with combustible materials such as sheets, blankets, or pillows, which may result in a fire. Cords for these heaters can be damaged during routine use and maintenance of bedroom. Portable space heaters are only permitted in the facility in nonsleeping staff and employee areas." (B) Statement of Licensure Violations (2 of 9)</p> <p>330.715a) 330.715b) 330.710a)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) 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</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>b) 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>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to obtain resident criminal history background, Illinois department of corrections, and Illinois sex offender background histories within 24 hours of admission for 5 of 5 residents (R11, R12, R13, R14, and R15) reviewed for resident criminal history in the sample of 27.</p> <p>The findings include:</p> <p>R11's Move in Record dated 12/16/24 shows R11 was admitted 12/6/24.</p> <p>R12's Move in Record dated 12/16/24 shows R12 was admitted 11/22/24.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R13's Move in Record dated 12/16/24 shows R13 was admitted 11/5/24.</p> <p>R14's Move in Record dated 12/16/24 shows R14 was admitted 11/2/24.</p> <p>R15's Move in Record dated 12/16/24 shows R15 was admitted 12/3/24.</p> <p>R11-R15's Sex Offender Registry Search (www.isp.state.il.us) were each dated as being conducted on 12/16/24. The facility was unable to provide a criminal history background check or Illinois Department of Corrections (www.idoc.state.il.us) check for R11-R15.</p> <p>On 12/16/24 at 1:58 PM, V12, (Director of Sales and Marketing), said she is responsible for doing the resident background checks. V12 said she typically does them a day prior to admission; within 24 hours of admission. V12 said she checks the following websites for each resident: OIG (Office of Inspector General), Dru Sjodin National Sex Offender website, and the Illinois Sex Offender website. V12 said she does not do a DOC search.</p> <p>The facility's Admission Policy & Procedure (revised 7/27/22) shows a resident background check will be completed prior to admission and will include a criminal background and sex offender registry.</p> <p>(C) Statement of Licensure Violations (3 of 9)</p> <p>330.710a) 330.1120a)</p> <p>Section 330.710 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1120 Personal Care</p> <p>a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to apply leg wraps and wound dressings as ordered for 2 of 27 residents (R2, R6) reviewed for care and services in the sample of 27.</p> <p>The findings include:</p> <p>1. On 12/16/24 at 12:20 PM, R6 was sitting up in her wheelchair in the activity area. R6's feet were on the floor and R6's ankles were visibly edematous. V10 (Caregiver) brought R6 to her room, lifted R6's pant legs, and removed R6's socks. R6's legs were bare, and no tubular dressing (wraps) were observed. R6's ankles appeared swollen. V10 said she was not aware of R6 having wraps for her legs.</p> <p>On 12/16/24 at 1:42 PM, V3 (Assistant Director of</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Nursing) said R6 has bilateral lower extremity edema from sitting in the wheelchair with her legs down and the tubular dressings are to help with the edema. V3 said physician orders should be followed for the tubular dressings.</p> <p>R6's Physician Orders shows R6 has a diagnosis of edema and an order dated 4/23/24, "Apply (tubular dressing) every morning to bilateral lower extremities and remove in the evening every morning and at bedtime."</p> <p>2. R2's hospice wound assessment note dated 12/3/24 showed R2 developed an inflammatory wound related to cellulitis to her left posterior calf area on 11/9/24.</p> <p>A physician order for R2 dated 11/9/24 showed, "Clean wound on left leg with wound cleanser, apply medi-honey (treatment balm), apply abdominal pad, apply gauze roll and tape, one time a day for wound."</p> <p>On 12/16/24 at 11:05 AM, R2 was seated in a recliner in her room with V7 (Private Caregiver), seated next to her. A loosely-fitting gauze dressing was noted to R2's left lower leg. Linear pen markings, in black ink, was drawn all over R2's dressing. No date was noted on the dressing. When V7 was asked when R2's dressing was last changed, V7 stated, "That dressing was last changed on Friday (12/13/24). The hospice nurse changes it every Monday, Wednesday, and Friday. If he doesn't change it, it doesn't get done. The nurses here don't do it."</p> <p>On 12/17/24 at 11:17 AM, V3 (Assistant Director of Nursing/ADON) stated facility staff are to provide daily wound care and wound dressings to R2's left leg on the days that the hospice nurse</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>does not.</p> <p>R2's Medication Administration Record dated December 2024 showed no documented wound care was provided by facility staff from 12/1/24-12/17/24.</p> <p>The facility's Wound Care Management policy dated 8/26/18 showed, "The purpose of the policy is to provide healthcare staff with the standards of care, and processes to be followed for all residents: ... To promote healing of exiting pressure injuries and wounds ... It is the policy of this facility that each resident receives the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing, in accordance with the comprehensive assessment and service plan ..."</p> <p>(B) Statement of Licensure Violations (4 of 9)</p> <p>330.710a) 330.1155 e)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs.</p> <p>e) Except in the case of an emergency,</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>psychotropic medication shall not be administered without the informed consent of the resident or the resident's surrogate decision maker. (Section 2-106.1(b) of the Act) Additional informed consent is not required for changes in the prescription so long as those changes are described in the original written informed consent form, as required by subsection (h)(12)(A). The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome, pursuant to subsection (h)(12)(A). The most common side effects of the medications shall be described. In an emergency, a facility shall:</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure consents for psychotropic medications were obtained for 5 of 6 residents (R5, R7, R9, R20, and R21) reviewed for medications in the sample of 27.</p> <p>The findings include:</p> <p>1. R5's Order Summary Report dated 12/16/24 showed an order for citalopram (a psychotropic medication for depression) to be taken daily. The order had a start date of 4/23/24.</p> <p>R5's Consent for use of Psychoactive Medications Form for citalopram was signed and dated for 12/16/24.</p> <p>R5's Medication Administration Record (MAR) for December 2024 showed R5 was receiving citalopram daily (prior to the consent being</p>	S9999		

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S9999	<p>Continued From page 9 signed).</p> <p>2. R20's Order Summary Report dated 12/16/24 showed an order for haloperidol (a psychotropic medication to treat schizophrenia and other psychotic disorders) to be given as needed every 4 hours starting on 10/7/24. The same document showed an order for lorazepam to be given as needed every 4 hours starting on 11/19/24.</p> <p>R20's Consent for use of Psychoactive Medications Form for haloperidol and lorazepam was signed and dated for 12/16/24.</p> <p>R20's MAR for December 2024 showed R20 received haloperidol on 12/10/24 and lorazepam on 12/12/24 and 12/15/24 (prior to the consents being signed).</p> <p>3. R21's Order Summary Report dated 12/16/24 showed an order for lorazepam to be given as needed every 4 hours starting on 9/27/24.</p> <p>R21's Consent for use of Psychoactive Medications Form for lorazepam was signed and dated for 12/16/24.</p> <p>R21's MAR for October 2024 showed R21 received lorazepam on 10/5/24 (prior to the consent being signed).</p> <p>On 12/17/24 at 9:40 AM, V3 (Assistant Director of Nursing) said consents should be obtained when the order is given.</p> <p>4. R7's Consent for Psychoactive Medication shows consent for escitalopram (a psychotropic medication for depression), quetiapine (a psychotropic medication to treat schizophrenia and other psychotic disorders), and lorazepam</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>was obtained 12/16/24.</p> <p>R7's Medication Administration Record (MAR) for December 2024 shows R7's escitalopram was ordered 5/16/24, quetiapine was ordered 10/1/24 and lorazepam was ordered 6/25/24. This same MAR shows R7 has been receiving all 3 medications in December prior to consent date of 12/16/24.</p> <p>5. R9's Consent for Psychoactive Medication shows consent for mirtazapine (a psychotropic medication for depression), quetiapine, haldol, and lorazepam was obtained 12/16/24.</p> <p>R9's Medication Administration Record for December 2024 show R9's mirtazapine was ordered 7/26/23, quetiapine was ordered 5/2/23, haldol was ordered 4/8/23, and lorazepam was ordered 11/23/24. This same MAR shows R9 has been receiving mirtazapine and quetiapine in December prior to consent date of 12/16/24.</p> <p>The facility's Policy and Procedure Psychotropic Medication Management-Senior Living dated 9/6/24 shows "Psychotropic medications will be administered upon a physicians' order and informed consent by the resident or the Durable Power of Attorney/Responsible Party." (C) Statement of Licensure Violations (5 of 9)</p> <p>330.710a) 330.1160c)</p> <p>Section 330.710 Resident Care Policies</p> <p>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 11</p> <p>be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1160 Vaccinations</p> <p>c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(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 arrange for the administration of a pneumococcal vaccination upon admission to the facility for 1 of 5 residents (R6) reviewed for vaccinations in the sample of 27.</p> <p>The findings include:</p> <p>R6's face sheet showed R6 admitted to the facility on 2/2/24.</p> <p>On 12/17/24 at 9:40 AM, R6's pneumococcal vaccination documentation was requested from V2 (Director of Nursing).</p> <p>R6's Consent for Immunization was signed and</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>dated for 12/17/24 (about 10 months after R6 admitted to the facility). The form indicated R6 consented to the administering of the pneumococcal vaccine.</p> <p>R6's Physician Communication Form dated 12/17/24 showed an order for the pneumococcal vaccine.</p> <p>On 12/17/24 at 9:20 AM, V3 (Assistant Director of Nursing) said screening for the pneumococcal vaccine should be done when the resident is admitted to the facility.</p> <p>The facility's Pneumococcal Vaccination policy with a revised date of 9/19/24 showed All residents will be assessed for appropriateness of receiving the pneumococcal vaccine. Residents who have been deemed as appropriate for receiving the pneumococcal vaccine and who consent to receiving the vaccine will be given the vaccine.</p> <p>(C) Statement of Licensure Violations (6 of 9)</p> <p>330.710a) 330.1510a)4)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194		
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S9999	<p>Continued From page 13</p> <p>Section 330.1510 Medication Policies</p> <p>a) Every facility shall adopt written policies and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>4) If the facility elects to administer medications to some residents for control purposes, the medications shall be administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Medications shall not be recorded as having been administered prior to their actual administration to the resident.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to administer medications as ordered. There were 26 opportunities with 2 errors resulting in a 7.69% error rate. This failure applies to 1 of 4 residents (R17) observed in the medication pass.</p> <p>The findings include:</p> <p>R17's December 2024 medication administration record (MAR) showed R17 received memantine (cognitive enhancing medication) 5 mg (milligram), twice a day at 7 AM and 6 PM, for treatment of his dementia. The MAR showed R17 also received an Eye Multivitamin tablet, one tablet by mouth twice a day, related to his diagnosis of macular degeneration.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On 12/17/24 at 8:29 AM, V4 (Registered Nurse/RN) prepared medications to administer to R17. V4 stated, "He (R17) takes his medications crushed. I am not going to give him the eye vitamin because it's a soft gel and I can't crush it. It's my first day here. I am not sure how they were giving it to him in the past." At 8:32 AM, V4 administered crushed medications to R17 which include one tablet of memantine 5 mg. V4 was asked why R17's was administered late, as it was due at 7 AM. V4 stated, "I don't know. He was just brought upstairs to me. It's my first day."</p> <p>On 12/17/24 at 9:11 AM, V2 (Director of Nursing) stated medications are considered late if administered more than one hour after the scheduled time.</p> <p>The facility's Medication Administration Policy and Procedure dated 3/1/24 showed, "It is the policy of the facility to supervise and administer medication that the resident receives as ordered by the physician. Medication administration will be performed consistent with state specific regulations ... Read the MAR, identifying the first 6 rights (resident, drug, dose, route, time and record) for the first medication to be given at time selected ..."</p> <p>(B) Statement of Licensure Violations (7 of 9)</p> <p>330.710a) 330.1530a)</p> <p>Section 330.710 Resident Care Policies</p> <p>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 15</p> <p>be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1530 Labeling and Storage of Medications</p> <p>a) All medications shall be stored in a locked area at all times. Areas shall be well lighted and of sufficient size to permit storage without crowding. This area may be a drawer, cabinet, closet, or room. In those facilities where a licensed nurse dispenses medication to residents, medications may be stored in a locked mobile medication cart, which is made immobile when not in use by the nurse to dispense medication.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review failed to ensure residents medications were stored in a locked medication cart. This failure applies to 4 of 4 mobile residents (R16, R22, R23, and R24) reviewed for medication storage in the sample of 27.</p> <p>The findings include:</p> <p>A facility list dated 12/16/24 showed R16, R22, R23, and R24 resided on the third floor of the facility. The list showed R16, R23, and R24 could each self-propel their wheelchairs. R22 was ambulatory with a walker.</p> <p>A facility census sheet dated 12/16/24 showed</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>R4, R5, R11, R17, R20 and R26 resided in rooms on the second floor of the facility.</p> <p>On 12/16/24 at 9:44 AM, the door to the third-floor nurses station was propped open with no staff noted in the room. An unlocked, second-floor medication cart was noted in the room. Medications for R4, R5, R11, R17, R20 and R26 were noted in the unlocked medication cart. At 9:50 AM, V6 (Licensed Practical Nurse/LPN) entered the nurses station. This surveyor showed the unlocked, second-floor medication cart to V6. V6 stated, "We don't lock the door to the nurses station so staff can come in and chart but the cart should definitely not be left unlocked. People could get into that if it's unlocked." At 9:57 AM, V6 (LPN) exited the nurses station and walked down the hallway of the third floor without locking the second floor medication cart. No staff were note in the nurses station.</p> <p>On 12/16/24 at 1:29 PM, V3 (Assistant Director of Nursing/ADON) stated all medication carts must remain locked when not in use by facility nursing staff. V3 stated, "It's a safety issue. If left unlocked, anyone could take the medications. Residents, family, visitors, or staff would have access to the medications. That is unacceptable."</p> <p>The facility's Medication Storage Policy and Procedure dated 2/12/24 showed, "Purpose: To ensure that medications and biologicals are stored in a safe, secure storage and safe handling ... Compartments containing medications should be locked when not in use ..."</p> <p>(C) Statement of Licensure Violations (8 of 9)</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>330.710a) 330.1930</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1930 Hygiene of Dietary Staff</p> <p>Food Service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to ensure dishwashers performed hand hygiene after handling dirty dishes and before handling clean dishes and failed to use a clean utensil to scoop prepared food from a receptacle. These failures have the potential to affect all 68 residents residing in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 12/17/24 shows 68 residents reside in the facility.</p> <p>The facility's Diet Type Report dated 12/17/24 shows R7 and R27 have a pureed diet.</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>On 12/16/24 at 9:53 AM, V14, (Dishwasher), rinsed the dirty dishes off (with bare hands) and loaded them into the automatic dishwasher then, without performing hand hygiene, unloaded the clean dishes. On 12/16/24 at 11:38 AM, V14 was again observed rinsing dirty dishes (with bare hands), loading them into the automatic dishwasher and then removing the clean dishes and putting them on the counter to dry without performing hand hygiene between handling the dirty dishes and the clean dishes.</p> <p>On 12/16/24 at 11:18 AM, V15, (Cook), used gloved hand to pour broccoli soup from a metal pan into a blender, put the lid on the blender, push the buttons on the blender, and add thickener to the mixture. Once the soup was pureed, V15 removed the lid of the blender and using the same gloved hands, scooped the pureed soup out of the blender into a receptacle.</p> <p>On 12/16/24 at 1: 52 PM, V13, (Food Services Supervisor), said dishwashers need to wash their hands between dirty and clean dishes for sanitary reasons. V13 said staff should not use their hand to scoop food for sanitary reasons, they should use a spatula.</p> <p>The facility's FS-1 Dishwashing Procedure (not dated) provided by the facility shows Before any dish machine operator moves from soiled dishes to clean dishes, hands shall be washed using proper hand washing procedures.</p> <p>The facility's Sanitation and Cleaning Schedule Policy & Procedure (last revised 8/15/23) shows all foodservices employees must use one of two acceptable sanitary procedure when handling foods:</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>a) Hands are washed using appropriate procedure and food is handled with tongs, deli paper or other utensils.</p> <p>b) Disposable gloves are used and changed when soiled, torn, or switching tasks.</p> <p>(C) Statement of Licensure Violations (9 of 9)</p> <p>330.710a) 330.1990a)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1990 Food Preparation and Service</p> <p>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 was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents were provided a full serving of tuna spread per their recipe. This failure has the potential to affect all 68 residents residing in the facility.</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 12/17/24 shows 68 residents reside in the facility.</p> <p>The facility's Diet Type Report dated 12/17/24 shows R7 and R27 have a pureed diet.</p> <p>The facility's Fall/Winter 2024-2025 menu dated 12/15/24 shows the lunch on Monday (12/16/24) will include an open face tuna melt.</p> <p>The facility's Pureed Tuna Melt recipe number 13123 and the Open Face Tuna Melt recipe number 13120 for Fall/Winter 2024-25 Week 1 Monday noon meal both show a number 12 scoop portion of tuna is to be used per serving.</p> <p>On 12/16/24 at 11:06 AM, the pureed tuna melt was prepared by V15, (Cook), who used two number 16 scoops of tuna spread for the two residents with pureed diets (R7 and R27). On 12/16/24 at 11:44 AM, V13, (Food Services Supervisor) used one number 16 scoop of tuna spread per sandwich she prepared.</p> <p>On 12/16/24 at 1:52 PM, V13 (Food Services Supervisor) said portion sizes are listed on the recipe. V13 said the correct portion size should be provided as per the recipe to make sure they are serving the proper nutrients to the residents.</p> <p>The facility's Hospitality and Dining Services Portion Control 1-5 Policy (effective 1/1/20) shows food is to be served with scoops of standard sizes which match the menus. Portions that are too small result in the individual not receiving the nutrients needed. A number 12 scoop is 1/3 of a cup while a number 16 scoop is</p>	S9999		

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S9999	Continued From page 21 ¼ of a cup. (C)	S9999			