

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001267	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER AMBERWOOD CARE CENTRE		STREET ADDRESS, CITY, STATE, ZIP CODE 2313 NORTH ROCKTON AVENUE ROCKFORD, IL 61103		
(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 5) 300.1210a) 300.1210b) 300.1610a)1) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999		

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

TITLE

(X6) DATE

Electronically Signed

01/14/25

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S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures</p> <p>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies:</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.</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 medications were not left on a table in the dining room during breakfast for 1 of 1 residents (R11) reviewed for medications in the sample of 12.</p> <p>The findings include:</p> <p>On 1/8/25 at 7:45 AM, V9 (Licensed Practical Nurse-LPN) was standing at her medication cart in the hallway preparing R12's medications. V9 took R12's medications into the dining room and walked by R11 who was sitting back away from a table. The table in front of R11 had a medication cup sitting on it with pills in the cup. V9 finished giving R12 his medications and then walked over to R11 and told him to take the medication.. R11 stood up, grabbed the medication cup and walked</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>down the hallway and entered his room. V9 followed R11 to his room and told him to take his medication. R11 stated he did not want to because the medication makes him sick. V9 took R11's medications and left his room. V9 stopped and used a black marker to write R11's name on the medication cup. V9 placed the medication cup in the drawer of the medication cart.</p> <p>On 1/8/25 at 8:00 AM, V9 (LPN) stated the medications in the cup were R11's morning medications that she had dispensed. V9 stated she prepared R11's medications and gave them but R11 did not take them. V9 stated medications are not supposed to be left because someone else could grab them and take them or the resident could toss the pills.</p> <p>On 1/8/25 at 10:57 AM, V2 (Director of Nursing-DON) stated medications can't be left. V2 stated they need to make sure the resident takes the medication. V2 stated R11 should be supervised when taking his medication and is not on a plan for self-administration of medication.</p> <p>The Face Sheet dated 1/8/25 for R11 showed diagnoses including lymphedema, edema, osteoarthritis, bipolar disorder, anxiety disorder, low back pain, and dementia.</p> <p>The MAR (Medication Administration Record) dated January 2025 for R11 showed the following morning medications scheduled at 8:00 AM and/or 9:00 AM - amlodipine besylate 5 mg (milligram), give one tablet by mouth one time a day for hypertension. Escitalopram oxalate 10 mg, give one tablet by mouth one time a day for depression. Ferrous Sulfate 325 mg - give one tablet by mouth one time a day for anemia. Multivitamin tablet - give one tablet by mouth one</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>time a day for supplement. Senna tablet 8.6 mg, give one time a day for bowel movement. Vitamin D3 tablet 1000 unit, give one tablet by mouth one time a day for low serum vitamin D level. Sodium chloride tablet 1 GM, give one tablet by mouth two times a day for hyponatremia at 8:00 AM & 5:00 PM. Seroquel 50 mg, give one tablet by mouth three times a day related to schizoaffective disorder, bipolar type at 9:00 AM, 12:00 PM and 9:00 PM.</p> <p>R11's MAR on 1/9/25 showed the nurse signed out the following morning medications as being given: amlodipine besylate, escitalopram, ferrous sulfate, multivitamin, senna, vitamin D3, seroquel, and a sodium chloride tablet.</p> <p>The Care Plan dated 10/10/24 for R11 showed, Cognition: R11 is an adult with impaired cognitive function, has poor self and environmental awareness, scores 03 out of 15 on the BIMS (Brief Interview of Mental Status), and has difficulty understanding information presented, and difficulty being able to respond to such communications appropriately. Given this, provide me with cuing, prompts, and reminders to maintain safety and autonomy as required related to neurocognitive disorder. Provide me with supervision that I require and provide me with assistance in decision making tasks.</p> <p>The facility's Administering Medication policy and procedure (12/2012) showed, medications must be administered in accordance with orders, including any required time frame. The individual administering the medication must initial the resident's MAR on the appropriate line after giving each medication and before administering the next ones. Medications ordered for a particular resident may not be administered to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>another resident, unless permitted by State law and facility policy, and approved by the Director of Nursing Services. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely.</p> <p>(B) Statement of Licensure Violations (2 of 5)</p> <p>300.610a) 300.1810g)</p> <p>Section 300.610 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 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>300.1810 Resident Record Requirements</p> <p>g) A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage and by whom administered.</p> <p>The requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>failed to ensure a nurse documented medication administration for 1 of 2 residents (R5) reviewed for intravenous medication administration.</p> <p>The findings include:</p> <p>R5's admission record shows he was admitted to the facility on 1/4/25 with diagnoses of Covid 19, sepsis, and pneumonia. The January 2025 MAR (Medication Administration Record) shows an order for Meropenem (antibiotic) to be administered IV (intravenously) every 8 hours. The scheduled times to be given were 12:00 midnight, 8:00 AM, and 4:00 PM. The doses for 1/6/25 and 1/7/25 at 4:00 PM each day were documented as not given, medication on order.</p> <p>On 1/8/25 at 10:47 AM, V10 (Registered Nurse-RN) said R5's supply of medication was sent from the pharmacy and is located in the medication room. She said when an LPN (Licensed Practical Nurse) is scheduled for the residents with IV medications, the RN's will administer the medication. She said V11 (LPN) should not be documenting the medication as not given, it should be charted by the RN giving the medication.</p> <p>On 1/8/25 at 11:00 AM, R5's supply of Meropenem was observed to be in the medication room on the second floor.</p> <p>On 1/8/25 at 11:40 AM, V12 (RN) said she usually will stay over to administer the IVs when an LPN is working on the unit. V12 said she did hang the IV on 1/6/25 and administered the medication but V11 said she was going to document it as given. She said "I guess I should have documented it as given." V12 said she did not hang the dose for 1/7/25.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 1/9/25 at 9:15 AM, V11 (LPN) said she knew for sure V12 (RN) administered the IV medication on 1/6/25, but could not say for sure if the medication was given on 1/7/25. She said the RNs have a schedule of the IVs on the unit and make sure they are given. She said the IV Meropenem was in the medication room. She said if the RNs are giving the medication, they should be signing it off.</p> <p>On 1/8/25 at 11:00 AM, V2 (DON) said when an LPN is scheduled for the unit, the RN on the floor will give the IV medications. She said whoever is giving the medication is the one who should be documenting it as given.</p> <p>The facility's 2012 policy for administering medications notes 19. The individual administering the medication must initial the residents MAR on the appropriate line after giving each medication and before administering the next ones. 20. As required or indicated for a medication, the individual administering the medication will record in the residents medical record: g. The signature and title of the person administering the drug.</p> <p>(B) Statement of Licensure Violations (3 of 5)</p> <p>300.1210b)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>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>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure orders were in place for a resident with a PICC (Peripherally Inserted Central Catheter) line, failed to ensure a resident's PICC line was flushed, and failed to ensure dressing changes were completed for 1 of 1 resident (R8) reviewed for central catheter lines in the sample of 13.</p> <p>The findings include:</p> <p>R8's face sheet showed he was admitted to the facility on 10/5/2021 with diagnoses to include neuromyelitis optica, low back pain, polyosteoarthritis, anxiety disorder, spondylosis without myelopathy or radiculopathy, quadriplegia, spinal stenosis, myelitis, ptosis of right eye lid, neuromuscular dysfunction of bladder, and hypertension.</p> <p>R8's facility assessment dated 10/8/24 showed he has no cognitive impairment.</p> <p>On 1/7/25 at 10:14 AM, R8 was lying in bed. R8 was wearing a short sleeved gown with his right arm exposed. R8 had a PICC (Peripherally Inserted Central Catheter) intravenous line in place to his right antecubital arm. The dressing was peeling up on all sides and the dressing was undated.</p> <p>R8's 12/23/24 Progress Note showed, "IV</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>(Intravenous) antibiotic ordered related to UTI (Urinary Tract Infection), IV access called for midline placement..."</p> <p>R8's December 2024 Physician Order Sheet showed, "12/23/24; Midline placement, verbal consent received..." R8's January 2025 Physician Order sheet showed no evidence of orders for PICC line care, dressing changes, and flushing.</p> <p>R8's December 2024 eMAR showed R8's IV antibiotic started 12/24/24. R8's January 2025 eMAR (electronic Medication Administration Record) showed R8's last dose of IV antibiotic was administered 1/2/25.</p> <p>R8's complete care plan was reviewed and showed no evidence of R8's PICC line.</p> <p>On 1/8/25 at 11:02 AM, V12 (RN) said when a resident has a PICC line they should flush, clean, and complete dressing changes to the PICC line. V12 said usually the PICC would be flushed every shift or at least every 12 hours to maintain patency. V12 reviewed R8's chart and said she does not see current IV antibiotic orders, no flush orders, and no dressing change orders. V12 said dressing changes to PICC lines should be completed weekly and as needed if the dressing is soiled or peeling up.</p> <p>On 1/8/25 at 11:15 AM, V12 observed R8's PICC line and said, "It is peeling. If it were me, I would change it. There is no date on it. We would usually get an order to remove the PICC line after the antibiotic is completed."</p> <p>On 1/8/25 at 11:15 AM, V2 (DON) said PICC lines should be flushed per orders either daily or per shift depending on the antibiotic. PICC dressings</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>should be changed weekly and as needed. V2 confirmed R8 had no orders for dressing changes or flushes for his PICC line. V2 said the dressing change would usually be found on the Treatment Administration Record and the flushes would be found on the Medication Administration Record. V2 said the purpose of flushing the PICC lines is to maintain patency and the purpose of changing the PICC line dressing is to keep it clean and prevent infection.</p> <p>The facility's policy revised April 2016 showed, "Central Venous Catheter Dressing Changes... Purpose: The purpose of this procedure is to prevent catheter related infections that are associated with contaminated, soiled, or wet dressings... The following information should be recorded in the resident's medical record: a. Date and time dressing was changed. b. Location and objective description of insertion site. c. Any complications, interventions that were done... f. Signature and title of the person recording the data..."</p> <p>The facility's policy revised April 2016 showed, "Central Venous and Midline Catheter Flushing... Purpose: The purposes of this procedure are to maintain patency of midline and central venous catheters... No physician order is needed for this procedure... Flush catheters at regular intervals to maintain patency... The following information should be recorded in the resident's medical record: ... 2. Total amount of flush administered.... 4. The condition of the IV site before and after... 7. The signature and title of the person recording the data....</p> <p>(B)</p> <p>Statement of Licensure Violation (4 of 5)</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>300.1620a)</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure a medication was administered to a resident within one hour after the scheduled administration time for 1 of 1 residents (R13) reviewed for medications in the sample of 13.</p> <p>The findings include:</p> <p>R13's face sheet showed he was admitted to the facility on 8/15/23 with diagnoses to include dementia, psychosis, hypothyroidism, alcohol abuse, acute kidney failure, and Alzheimer's disease with late onset. R13's facility assessment dated 11/21/24 showed he has severe cognitive impairment.</p> <p>R13's January 2025 Physician Order Sheet showed, "Seroquel 12.5 mg by mouth three times</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>a day for mood related to Dementia..."</p> <p>R13's January 2025 eMAR (electronic Medication Administration Record) showed R13's Seroquel is scheduled to be administered at 9:00 AM, 2:00 PM, and 9:00 PM.</p> <p>On 1/7/25 at 10:25 AM, V7 (LPN) was passing medications to R13. R13's Seroquel was administered at 10:25 AM (25 minutes outside of the allowed administration time.)</p> <p>On 1/8/25 at 1:30 PM, V2 (DON) said medications are supposed to be administered within one hour before and one hour after their scheduled time. V2 said medications are scheduled multiple times daily are important to be administered within the required time frame to avoid any unwanted side affects caused by taking another dose too soon.</p> <p>The facility's policy revised December 2012 showed, "Administering Medications... Policy Statement: Medications shall be administered in a safe and timely manner, and as prescribed... 3. Medications must be administered in accordance with the orders, including any required time frame. 4. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified..."</p> <p>(C)</p> <p>Statement of Licensure Violations (5 of 5)</p> <p>300.2100</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill.</p>	S9999			

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S9999	<p>Continued From page 12</p> <p>Adm. Code 750). (Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989) Part 750 Food Service Sanitation Code: Subpart B: Food Supplies</p> <p>Section 750.140 Refrigerated Storage</p> <p>c) Stored frozen foods shall be maintained frozen.</p> <p>Section 750.151 Ready-to-Eat Potentially Hazardous Food, Date Marking</p> <p>a) On-Premises Preparation (prepare and hold cold) Except when packaging food using a reduced oxygen packaging method, and except as specified in subsections (d) and (e) of this Section, refrigerated, ready-to-eat potentially hazardous food prepared and held in a food establishment for more than 24 hours shall be clearly marked to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, and maintained at 41°F or less for a maximum of 7 days. The day of preparation shall be counted as Day 1.</p> <p>b) Commercially Processed Food (open and cold hold) Except as specified in subsections (d)-(f) of this Section, refrigerated, ready-to-eat potentially hazardous food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and, if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded, based on the temperature and time combination specified in subsection (a) of this Section.</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>1) The day the original container is opened in the food establishment shall be counted as Day 1.</p> <p>2) The day or date marked by the food establishment may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on food safety.</p> <p>d) A date-marking system that meets the criteria stated in subsections (a) and (b) of this Section may include:</p> <p>3) Marking the date or day the original container is opened in a food establishment, with a procedure to discard the food on or before the last date or day by which the food must be consumed on the premises, sold, or discarded as specified under subsection (b) of this Section; or</p> <p>4) Using calendar dates, days of the week, color-coded marks, or other effective marking methods, provided that the marking system is disclosed to the regulatory authority upon request.</p> <p>Subpart E: Cleaning, Sanitizing, and storage of equipment and utensils Section 750.810 Wiping Cloths</p> <p>a) Cloths used for wiping food spills on tableware, such as plates or bowls being served to the consumer, shall be clean, dry and used for no other purpose.</p> <p>b) Moist cloths or sponges used for wiping food spills on kitchenware and food-contact surfaces of equipment shall be clean and rinsed frequently in one of the sanitizing solutions permitted in Section 750.820(e) and used for no other purpose. These cloths and sponges shall be stored in the sanitizing solution between uses.</p> <p>Section 750.820 Manual Cleaning and Sanitizing</p> <p>e) The food-contact surfaces of all equipment and</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>utensils shall be sanitized by: 2) Immersion for at least one minute in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite and having a temperature of at least 75 degrees F.; or 3) Immersion for at least one minute in a clean solution containing at least 12.5 parts per million of available iodine and having a pH not higher than 5.0 and having a temperature of at least 75 degrees F.; or 4) Immersion in a clean solution containing any other chemical sanitizing agent allowed under 21 CFR 178.1010, that will provide the equivalent bactericidal effect of a solution containing at least 50 parts per million of available chlorine as a hypochlorite and having a temperature of at least 75 degrees F. for one minute; or 6) Rinsing, spraying, or swabbing with a chemical sanitizing solution of at least twice the strength required for that particular sanitizing solution under Section 750.820(e)(4), in the case of equipment too large to sanitize by immersion.</p> <p>These requirements are not met as evidenced by the following:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that cold food held in storage was properly dated and labeled with an open and use by date, failed to maintain sanitation buckets at required levels, and failed to maintain adequate freezer temperature. These failures have the potential to affect all 126 residents residing in the facility.</p> <p>The findings include:</p> <p>Facility resident census dated 1/6/25 supplied by V1 (Administrator) on 1/7/25 documented that the facility has 126 residents total in-house.</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>1. On 1/7/25 at 10:15 AM, during a kitchen tour with V6 (Assistant Dietary Manager/Cook) the following issues were identified. At 10:16 AM, observation of the contents of the dietary refrigerator number one showed two gallon-sized buckets of concord grape jelly that were both opened with no open or use by date indicated, and a plastic bottle of soda that was opened and half empty on the bottom shelf of the refrigerator. V6 said staff should not keep their food in these refrigerators.</p> <p>At 10:18 AM, observation of the contents of the cook's refrigerator showed a gallon-size plastic container of yellow mustard that was opened with no open or use by date indicated. The manufacturer's label on the yellow mustard container showed an expiration date of 08/13/2024.</p> <p>At 10:20 AM, observation of the contents of the walk-in freezer showed an opened package of sugar cookies with two of three rows of cookies remaining with no open or use by date indicated on the package, and a tray that held 10 small plastic containers with lids, which were filled with vanilla pudding, one container was uncovered, all with no use by date indicated.</p> <p>On 1/7/25 at 10:26 AM, V6 (Assistant Dietary Manager/Cook) said that freezer number three is down and has not been working correctly for the last few days. Surveyor observed this freezer's internal temperature at this time to be 20 degrees Fahrenheit and observed within the freezer: nine 3-pound bags of spinach, five 3-pound bags of zucchini, and an opened box of nutritional shakes that appeared partially frozen, an opened box of cauliflower with brown staining to the bottom of</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>box that was set on top of an opened box of Italian blend vegetables. Review of temperature log showed temperature of three degrees Fahrenheit logged on 1/5/25. V6 (Assistant Dietary Manager/Cook) said that freezer temperatures should be always below zero to maintain food safety and quality. V6 added that he did not know what the brown staining was to the bottom of the box of cauliflower then said V5 (Dietary Manager) was supposed to remove the food from this freezer yesterday.</p> <p>2. On 1/7/25 at 10:31 AM, V6 (Assistant Dietary Manager/Cook) tested the solution strength for two red sanitation buckets that were located on a countertop and on the sink both near the food preparation area with test strips which turned orange in color and read "0 parts per million." V6 said the sanitation solutions are used to clean counter tops and equipment and should read between 200 and 300 parts per million (ppm). V6 (Assistant Dietary Manager/Cook) then said he did not know when the solution was last changed out and that he was going to change them out, but "got busy."</p> <p>On 1/7/25 at 2:20 PM, V5 (Dietary Manager) said the freezer wasn't working properly on 1/5/25 so she removed the food from within the freezer on that day then placed the food back into the freezer yesterday because the freezer was fixed on Monday morning (1/6/25). V5 then said that staff should not store their food in the food refrigerators or freezers, foods should be covered to avoid the possibility of contamination, open foods should be labeled to maintain safe food quality, and sanitation solutions should be within recommended levels to prevent contamination and prevent foodborne illness. V5 (Dietary Manager) said dietary staff have been in-serviced</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>numerous times on sanitation and food safety issues, which included food labeling and storage, last initiated on 12/10/24, but has been an ongoing issue.</p> <p>On 1/8/25 at 12:35 PM, V1 (Administrator) said all food from the freezer that has not been working properly for the last several days were discarded yesterday because they were unable to determine whether the food had stayed frozen during these last few days.</p> <p>On 1/8/25 at 1:30 PM, V1 (Administrator) said all the residents on the roster would consume food out of the kitchen except for one resident who is a 100% tube feeding. V1 added that many residents request substitutes on a regular basis but they still consume food out of the facility kitchen. At 2:27 PM, V1 (Administrator) provided safety data sheet for the chemical sanitizer used by facility (quaternary ammonia compound) then said their sanitation solutions should read at least 200 parts per million.</p> <p>Review of labeling and dating foods policy last revised 2017 reads in part: to decrease the risk of food borne illness and to provide the highest quality, food is labeled with the date received, the date opened and the date by which the item should be discarded. Refrigerated food prepared in the healthcare community is labeled with the date to discard or to use by. This includes leftovers. The discard/use by date will be a maximum of six days after preparation. The day of preparation is counted as day 1.</p> <p>Review of sanitation bucket/wiping cloths food contact surfaces and equipment too large to immerse in the sink policy reads in part: wiping cloths kept in a sanitation bucket containing a</p>	S9999		

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S9999	Continued From page 18 solution of water and chemical sanitizer are used to sanitize food contact surfaces and equipment too large to immerse in the three-compartment sink. In the red sanitation bucket, mix the water and sanitizer. The most common chemical sanitizers are chlorine, iodine, and quaternary ammonia. Sanitizing of food contact surfaces and equipment is accomplished according to the following: chlorine concentration 100 ppm, time 1 minute, temperature 75 degrees Fahrenheit; iodine concentration 25 ppm, time 1 minute, temperature 75 degrees Fahrenheit; quaternary concentration 150-400 Or 200-400 ppm per manufacturer's directions, time 1 minute, temperature 75 degrees Fahrenheit. Using an appropriate test strip, the strength of the sanitizing solution will be tested each time the sanitation buckets are changed. The strip is dipped into the sanitizing solution and held for the seconds specified on the test kit. Once removed from the sanitizing solution, the test strip is compared to the color on the chart. If the color is not within the correct range, adjustment is made until the sanitizing solution is the correct concentration. The sanitation buckets are changed as often as necessary to maintain the correct concentration of sanitizing solution, it may be necessary to change the sanitizing buckets every other hour. (B)	S9999		