

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008809 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/21/2019 |
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| NAME OF PROVIDER OR SUPPLIER SQUIRE'S SHELTERED CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 NORTH CALIFORNIA CHICAGO, IL 60647 |
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| S 000 | <p>Initial Comments</p> <p>Annual Licensure Survey and Complaint Investigation 1886723/ IL106520- Identical allegations were investigated 1886447/IL106218, on October 3, 2018, no deficiency 1887982/ IL107903- no deficiency 1898064/ IL107991- no deficiency 1888234/ IL108178- no deficiency 1982031/ IL110576- no deficiency</p> <p>1983634/ IL112332 - 300.2220c)</p> <p>1983760/ IL112470 - 330.730a)1)A)B)C) 5) 330.730b) 330.730j) 330.730m)1)2) 330.730n) 330.730q) 330.730s) 330.1520b) 330.1520c)1) 330.1710b) 330.1720a) 330.1720b) 330.1720c)1)2)3)B)4)5)6) 330.2220c)</p> <p>1986720/ IL115675- no deficiency</p> <p>1988064/ IL117169 - 330.710a) 330.2220c)</p> <p>1988093/ IL117197- no deficiency</p> | S 000 | | |
| S9999 | Final Observations | S9999 | <p>Attachment A Statement of Licensure Violations</p> | |
| | Statement of Licensure Violations | | | |

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>Licensure Violations 1 of 4</p> <p>330.710a) 330.3970f) 330.3990j) 330.3990k)</p> <p>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 Part.</p> <p>Section 330.3970 Hazardous Areas and Combustible Storage f) Floor type heaters or furnaces are not permitted.</p> <p>Section 330.3990 Fire Extinguishers, Electric Wiring, and Miscellaneous j) Approved metal containers with covers shall be provided for daily storage of ashes and rubbish.</p> <p>k) Housekeeping throughout the building, including basements, attics, and unoccupied rooms, shall be adequately performed to minimize all fire hazards.</p> <p>This requirement was NOT MET as evidence by:</p> <p>Based upon observation, interview and record review, the facility failed monitor and/or prevent smoking within the facility for two of 22 residents</p> | S9999 | | |
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| S9999 | <p>Continued From page 2</p> <p>(R11, R17) in the sample. The facility failed to ensure that electrical equipment was monitored for three residents (R1, R5, R12) og 22 in the sample. The facility failed to keep the building clean and safe, this has the potential to affect all 29 residents.</p> <p>Findings include;</p> <p>On 11/18/19 at approximately 10:00am, the 2nd floor was inspected. The following concerns were identified; a strong smoke odor was noted in R11's room. Cigarettes, ashes and (2) lighters were observed on R11's bedroom floor. R11's ashtrays were full of cigarette butts. Cigarette butts were also observed on his bed and dresser. Burn holes were observed on R11's bed sheet. At 11:30am, R11 stated he smokes in his room. A strong smoke odor was noted in R17's room. Cigarette butts and ashes were observed on R17's floor.</p> <p>On 11/18/19 at 1:00pm, V1 (Administrator) stated residents are not supposed to smoke in their rooms.</p> <p>The (undated) facility smoking policy states "(Facility name) sheltered care home shall not allow smoking by residents, staff or visitors throughout the building. Those who want to smoke must do so outside the building."</p> <p>Space heaters were observed in R5 and R12's room. A hot plate and coffee maker were observed in R1's bathroom.</p> <p>On 11/20/19 at 12:45pm, V1 affirmed that he does not have a policy for items allowed in resident rooms and/or maintaining resident's electrical equipment.</p> | S9999 | | |
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| S9999 | <p>Continued From page 3</p> <p>The (undated) facility job description of housemother (homemaker) states; "make sure you receive (facility name) in an orderly and safe condition and pass on the next shift an orderly and safe house."</p> <p>On 11/18/19 at approximately 9:15am, V2 (Assistant Administrator) was the only staff in the facility.</p> <p>On 11/18/19 at approximately 10:00am, V1 (Administrator) arrived and provided the staff names and titles however a housekeeper and/or homemaker were not inclusive.</p> <p>On 11/18/19 during the initial tour, R6, R10, R11, R17, R19, R21 and R22's bedroom floors were heavily soiled with black debris and litter.</p> <p>On 11/18/19 at 10:55am, R7's bedroom floor, dresser and plastic bin were found to have dust, dirt and crumbs. Surveyor inquired who's responsible for housekeeping R7 stated "We clean the room, my roommate and me."</p> <p>On 11/19/19 at approximately 11:00am, R7 was rinsing a cloth full of dirt in the 1st floor hallway sink. Surveyor inquired about the cloth R7 stated "I was cleaning the floor in my room, it gets dirty. It ain't that bad now."</p> <p>The sheltered care home policies & procedures states; housekeeping consists of the following: guest rooms, full bathrooms, partial bath, dining room, living room, rehab room and hallways. The housekeeper shall be scheduled to clean each resident room thoroughly once a week. When necessary the bedrooms will be cleaned more often. Residents are encouraged to keep their rooms free and clean of outdated, broken, unsafe, unattractive or inoperable things.</p> | S9999 | | |
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| S9999 | <p>Continued From page 4</p> <p>(B)</p> <p>Licensure Violations 2 of 4</p> <p>330.730a)1) A)B)C)5) 330.730b) 330.730j) 330.730m)1)2) 330.730n) 330.730q) 330.730s)</p> <p>Section 330.730 Contract Between Resident and Facility</p> <p>a) Contract Execution</p> <p>1) Before a person is admitted to a facility, or at the expiration of the period of previous contract, or when the source of payment for the resident's care changes from private to public funds or from public to private funds, a written contract shall be executed between a licensee and the following in order of priority:</p> <p>A) The person, or if the person is a minor, his parent or guardian; or</p> <p>B) The person's guardian, if any, or agent, if any, as defined in Section 2-3 of the Illinois Power of Attorney Act; or</p> <p>C) A member of the person's immediate family. (Section 2-202(a) of the Act)</p> <p>5) If on the effective date of this Part, a</p> | S9999 | | |
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| S9999 | <p>Continued From page 5</p> <p>person has not executed a contract as required by Section 2-202 of the Act, then such a contract shall be executed by, or on behalf of, the person, within ten days of the effective date of this Part, unless a petition has been filed for guardianship or modification of guardianship. If a petition for guardianship or modification of guardianship has been filed, and there is no guardian, agent or member of the person's immediate family available, able, or willing to execute the contract at that time, then a contract shall be executed within ten days of the disposition of such petition.</p> <p>b) The contract shall be clearly and unambiguously entitled, "Contract Between Resident and (name of facility)."</p> <p>j) The original or a copy of the contract shall be maintained in the facility and be made available upon request to representatives of the Department and the Department of Public Aid. (Section 2-202(e) of the Act)</p> <p>m) Services Provided and Charges</p> <p>1) The contract shall specify the services to be provided under the contract and the charges for the services. (Section 2-202(g)(2) of the Act)</p> <p>2) A paragraph shall itemize the services and products to be provided by the facility and express the costs of the itemized services and products to be provided either in terms of a daily, weekly, monthly or yearly rate, or in terms of a single fee.</p> <p>n) The contract shall specify the services that may be provided to supplement the contract and the charges for the services. (Section</p> | S9999 | | |
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| S9999 | <p>Continued From page 6</p> <p>2-202(g)(3) of the Act)</p> <p>q) The contract shall specify the rights, duties and obligations of the resident, except that the specification of a resident's rights may be furnished on a separate document which complies with the requirements of Section 2-211 of the Act. (Section 2-202(g)(6) of the Act)</p> <p>s) The contract shall provide that if the resident is compelled by a change in physical or mental health to leave the facility, the contract and all obligations under it shall terminate on seven days' notice. No prior notice of termination of the contract shall be required, however, in the case of a resident's death. The contract shall also provide that in all other situations, a resident may terminate the contract and all obligations under it with 30 days' notice. All charges shall be prorated as of the date on which the contract terminates, and, if any payments have been made in advance, the excess shall be refunded to the resident. This provision shall not apply to life-care contracts through which a facility agrees to provide maintenance and care for a resident throughout the remainder of the resident's life nor to continuing-care contracts through which a facility agrees to supplement all available forms of financial support in providing maintenance and care for a resident throughout the remainder of the resident's life. (Section 2-202(i) of the Act)</p> <p>These requirements were NOT MET as evidence by:</p> <p>Based upon record review and interview the facility failed to obtain an admission contract for one of five residents (R1) reviewed and failed to ensure that the admission contracts met regulatory requirements for four residents (R4,</p> | S9999 | | |
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| S9999 | <p>Continued From page 7</p> <p>R5, R7, and R16). This failure has the potential to affect all 29 residents.</p> <p>Findings include;</p> <p>The (11/29/19) daily census (received 11/18/19) includes 29 residents.</p> <p>The (undated) facility admission check list states; "contract to be signed by resident."</p> <p>On 11/20/19 at 10:27am, surveyor requested R1's admission contract V1 (Administrator) stated "He refused to sign a contract, he's on a month to month basis."</p> <p>On 11/20/19 at 10:57am, surveyor requested a blank admission contract. V1 subsequently presented a (1 page) document titled "sheltered care agreement" which includes; name of resident, social security number, case identification number, caseload number, date of birth, date of entry, monthly fee, income disclosure and monthly allowance received. The additional requirements are not inclusive.</p> <p>On 11/20/19, surveyor requested R4, R5, R7 and R16's admission contracts a (1 page) sheltered care agreement was received. The terms of the agreement, resident rights and/or responsibilities are not inclusive.</p> <p>On 11/20/19 at 3:00pm, surveyor relayed concerns regarding the admission contract currently in use. At 3:13pm, V1 presented a 10 page document titled "Residential contract agreement between resident and (facility name)" and stated "We used to use this, I think it was shortened because it was too long or something."</p> | S9999 | | |
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| S9999 | <p>Continued From page 8</p> <p>(C)</p> <p>Licensure Violations 3 of 4</p> <p>330.1520b) 330.1520c)1) 330.1710b) 330.1720a)4) 330.1720b) 330.1720c)1)2)3)B)4)5)6)</p> <p>Section 330.1520 Administration of Medication</p> <p>b) No person shall be admitted to a facility who is not capable of taking his or her own medications and any needed biologicals, as approved in writing by the resident's personal physician. Facility staff may remind residents when to take medications and watch to ensure that they follow the directions on the container.</p> <p>c) Assistance in Self-Administration of Medications</p> <p>1) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.</p> <p>Section 330.1710 Resident Record Requirements</p> <p>b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel</p> | S9999 | | |
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| S9999 | <p>Continued From page 9</p> <p>authorized by the facility's policies, and to the Department's representatives.</p> <p>Section 330.1720 Content of Medical Records</p> <p>a) No later than the time of admission, the facility shall enter the following information onto the identification sheet or admission sheet for each resident:</p> <p>4) Date of current admission to the facility,</p> <p>b) At the time of admission, the facility shall obtain a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility (if available).</p> <p>c) In addition to the information that is specified above, each resident's medical record shall contain the following:</p> <p>1) Medical history and physical examination form that includes conditions for which medications have been prescribed, physician findings, all known diagnoses and restoration potential. This shall describe those known conditions that the medical and resident care staff should be apprised of regarding the resident. Examples of diagnoses and conditions that are to be included are allergies, epilepsy, diabetes and asthma.</p> <p>2) A physician's order sheet that includes orders for all treatments, diet, activities and special procedures or orders required for the safety and well-being of the resident. The physician's order sheet shall also include a record of the medications prescribed for the resident by the physician, and a statement that the resident is capable of self-administering these medications.</p> <p>3) An ongoing record of notations describing</p> | S9999 | | |
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| S9999 | <p>Continued From page 10</p> <p>significant observations or developments regarding each resident's condition and response to treatments and programs.</p> <p>B) Significant observations or developments regarding resident responses to activity programs, social services, dietary services and work programs shall be recorded as they are noted. If no significant observations or developments are noted for three months, an entry shall be made in the record of that fact.</p> <p>4) Documentation of visits to the resident by a physician and to the physician's office by the resident. The physician shall record, or dictate and sign, the results of such visits, such as changes in medication, observations and recommendations made by the physician during the visits, in the record.</p> <p>5) The results of the physical examination conducted pursuant to Section 330.1110(d) of this Part.</p> <p>6) Upon admission from a hospital or state facility, a hospital summary sheet or transfer form that includes the hospital diagnosis and treatment, and a discharge summary. This transfer information, which may be included in the transfer agreement, shall be signed by the physician who attended the resident while in the hospital. These requirements were NOT MET as evidence by:</p> <p>Based upon observation, interview and record review the facility failed to obtain physician orders for medications/treatments and/or self-administration for one resident (R1) and failed to ensure that medication was administered</p> | S9999 | | |
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| S9999 | <p>Continued From page 11</p> <p>as prescribed to one of 4 residents (R1) reviewed. These failures resulted in R1's lower extremities increased swelling and wound worsening with maggot infestation. The facility also failed to ensure that the medical records content met regulatory requirements for one resident (R1) in the sample of 22.</p> <p>Findings include;</p> <p>R1 was admitted to the facility on 11/29/14.</p> <p>V1 (Administrator) and V2 (Assistant Administrator) were the only staff present during this survey.</p> <p>On 11/19/19 at 10:48am, R1 stated "I was at the hospital a while ago for infection come out my leg." R1 presented a container labeled (5/3/19) clindamycin 150mg twice daily (Quantity: 86 caps). Approximately half of the clindamycin capsules remained in the container. V7 (Social Worker) stated "He (R1) had an infection with swelling in his legs that was treated outpatient and became worse. He also had a water pill ordered and they failed to give it to him which necessitated an inpatient hospitalization."</p> <p>On 11/18/19, R1's chart was reviewed. Physician orders were not inclusive.</p> <p>On 11/19/19 at 12:11pm, surveyor requested R1's physician orders for the past 12 months V1 stated "He doesn't use our pharmacy, so we don't have it. We listed in his chart he keeps his own medications."</p> <p>On 11/19/19 at 2:33pm, V1 presented the November 2019 POS (Physician Order Sheets) for the entire facility R1 was not inclusive.</p> | S9999 | | |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008809 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 11/21/2019 |
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| NAME OF PROVIDER OR SUPPLIER SQUIRE'S SHELTERED CARE HOME | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 NORTH CALIFORNIA CHICAGO, IL 60647 |
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| S9999 | <p>Continued From page 12</p> <p>On 11/20/19 at 11:52am, surveyor inquired if V2 is responsible for R1's medication administration V2 stated "No, I am not." Surveyor inquired who is responsible V2 stated "You need to ask the boss, I'm not answering any more questions."</p> <p>On 11/20/19 at 12:11pm, surveyor inquired who's responsible for R1's medication administration V1 stated "He takes his own medicine." Surveyor requested R1's current POS(Physician Orders Sheets) V1 stated "I'll try to call the VA (Veterans Affairs) now and have them fax the information."</p> <p>R1's hospital records include but not limited to; (12/27/18) Presents with left leg ulcer getting worse. Patient admitted from urgent care. Per chart review, he was seen on 10/11 for the same problem. At that time, he was discharged with antibiotics, dressing changes and an appointment to see his PCP (Primary Care Physician). It appears the doctor was never able to see him due to missing appointments but arranged home nursing to follow-up on his wound. However, patient says that he has never had a home health nurse come see him. Patient was also seen in September brought in by psychiatry following a home visit, they noted increasing drainage and redness in his LE (Lower Extremity) wounds. Furthermore, dressing had not been changed since their last home visit. Of note, patient was seen earlier this year for live maggot infestation of his left leg wound.</p> <p>R1's physician order sheets were not received (as requested) during this survey.</p> <p>The (8/26/13) facility administration of medication policy states; "no person shall be admitted to (facility name) who is not capable of taking their</p> | S9999 | | |
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| S9999 | <p>Continued From page 13</p> <p>own medications and any needed biologicals, as approved in writing by the resident's personal physician. The physician must state on resident's chart that the patient is capable of self-medication."</p> <p>On 11/19/19, R1's chart was reviewed the identification sheet includes date of first admission (11/29/14) and one diagnosis (Schizophrenia Disorder) however it does not include date of current admission and/or all known diagnoses. R1's Physician orders, changes in condition and/or release of information were also not inclusive.</p> <p>On 11/19/19 at 10:42am, surveyor inquired about documenting resident change in condition V2 (Assistant Administrator) responded "The boss would have that, he does the charting I think cause I don't do it." V2 affirmed that "The boss" is V1 (Administrator).</p> <p>On 11/19/19 at 10:48am, R1 stated "I was at the hospital a while ago for infection come out my leg." V7 (Social Worker) stated he had an infection with swelling in his legs that was treated outpatient and became worse. He also had a water pill ordered and they failed to give it to him which necessitated an inpatient hospitalization.</p> <p>On 11/19/19 at 12:11pm, surveyor requested R1's physician orders for the past 12 months V1 stated "He doesn't use our pharmacy, so we don't have it." Surveyor inquired when R1 was sent to the hospital V1 stated "He would go the VA (Veterans Affairs) himself sometimes they would keep him there. Sometimes he doesn't give me the paperwork" and affirmed that he does not know. Surveyor inquired where resident change in condition is documented V1 stated "It's not</p> | S9999 | | |
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| S9999 | <p>Continued From page 14</p> <p>documented. The police or ambulance company have the documents." R1's physician order sheets were not received (as requested) during this survey.</p> <p>R1's hospital records include but not limited to; (12/27/18) History of hypertension, hypersensitivity lung disease, and chronic venous stasis. Presents with left leg ulcer getting worse. Patient admitted from urgent care. Per chart review, he was seen on 10/11 for the same problem. At that time, he was discharged with antibiotics, dressing changes and an appointment to see his PCP (Primary Care Physician). It appears the doctor was never able to see him due to missing appointments but arranged home nursing to follow-up on his wound. However, patient says that he has never had a home health nurse come see him. Patient was also seen in September brought in by psychiatry following a home visit, they noted increasing drainage and redness in his LE (Lower Extremity) wounds. Furthermore, dressing had not been changed since their last home visit. Of note, patient was seen earlier this year for live maggot infestation of his left leg wound however left AMA (Against Medical Advice) prior to treatment. He is not able to change his own dressing. Speaking with psychiatrist at that time, states concerns that patient may not be able to care for himself. (4/9/19) Chief complaint: right foot swelling and worsening left leg swelling. Patient reports his right foot has never been swollen before but for the past few days his entire foot is swollen, now including his right leg. He has a small ulcer in the medial aspect of his left foot. X-ray: diffuse soft tissue swelling of the right lower extremity. Patient was advised to stay overnight in order to complete Doppler studies given concern for DVT (Deep Vein Thrombosis), however patient wants</p> | S9999 | | |
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| S9999 | <p>Continued From page 15</p> <p>to leave. Patient was aware of the risks associated with DVT including PE (Pulmonary Embolism) and death. Patient was discharged AMA (Against Medical Advice).</p> <p>The (8/21/13) facility medical care policy states; "residents who participate in a veteran's hospital medical program, or who have personal private physicians, shall sign medical release of information forms so that doctor's progress notes and orders can be secured for the resident chart."</p> <p>(B)</p> <p>Licensure Violations 4 of 4</p> <p>330.2000</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700). (Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to label and date meat, properly thaw meat, sanitize dishes and surfaces and prepare sanitizing solution to reduce bacteria on dishes and surfaces. This failure has the potential to affect all 26 of the residents in the facility.</p> | S9999 | | |
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| S9999 | <p>Continued From page 16</p> <p>Findings include:</p> <p>On 11/18/2019 at 9:48am observed 6 large Ziploc bags of meat with receiving date of 11/09/2019, no open date and no use by date on Ziplock bags. Asked V2 what date meant on food. V2 stated that was the date they received the food. Asked V2 how do you label food? V2 stated "It is (referring to Ziploc bag) labeled."</p> <p>On 11/18/2019 at 9:50am observed about ¼ brick of yellow cheese, ¼ bottle of Pepsi, and a package of turkey breast in refrigerator where resident food is kept. Asked V2 whose food this was and she stated "the employees."</p> <p>On 11/18/2019 at 10:02am observed 2nd and 3rd shelf of steel cart covered with a white powdery substance and dried brown stains. Asked V2 who is responsible for cleaning the counters and she said the kitchen staff. Asked how often it should be cleaned and V2 stated every day.</p> <p>On 11/18/2019 at 10:06am observed V2 adding hot water and 2 Steramine tablets (sanitation tablets) to a half-filled sanitation bucket. Sanitation bucket test strip reading 0ppm. Asked V2 what do you do if test strip is less than 50ppms? V2 stated that she would add a little bleach to her bucket.</p> <p>On 11/18/2019 at 11:44am observed V1 (Administrator) testing sanitation sink. Reading was 200 ppm. Asked for a copy of sanitation log when using Steramine tablets? V1 stated "I gave you a copy of that already." Asked was there a separate sheet used for each type of product V1 said "No, we use the same sheet."</p> <p>On 11/19/2019 at 10:25am observed V2 testing</p> | S9999 | | |
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| S9999 | <p>Continued From page 17</p> <p>the sanitation bucket. The test strip read 10 ppm. Asked V2 what the reading should be she stated 50 ppm. Asked her what she would do if the reading was below 50 ppm. She stated she would it throw out and start over. Observed V2 prepare the sanitation bucket with hot water and two Steramine tablets, test strip reading 0ppm. V2 started over again and used 2 tablespoons of bleach to the half-filled bucket of water. V2 stated that she uses the tablets if there is no bleach. V2 stated when she uses the Steramine tablets," test strip should read 50ppms, I think. "</p> <p>On 11/19/2019 at 2:34pm asked V1 when are the Steramine tablets? He stated that they use the tablets for doing the dishes and the sink. Asked what is used for the sanitation buckets, he stated tablets or bleach. Asked what the readings should be for either the bleach or the tablets. V1 stated "50ppm-100ppm. " Asked which product is used for the sanitation bucket and what for the sink? He stated "bleach is used for the bucket and tablets for the sink." Asked what type of product was the Steramine tablet? V1 stated "bleach." Asked V1for policy for sanitization of the kitchen.</p> <p>On 11/20/2019 at 1:48pm reviewed testing strips used for sanitization. One container was Micro Chlorine and Precision chlorine test paper. V2 stated, "These are the only strips we use." There were no testing strips observed for quaternary products. Quaternary product had an illegible MFG date of 10/26/ ____.</p> <p>Manufacturer instructions for Steramine (Multi-Purpose Sanitizer) states for sanitizing food contact surfaces use one to two tablets per 1 gallon of water. Under Directions for Use in part 4, states sanitize in a solution of 1-2 tablets per 1</p> | S9999 | | |
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| S9999 | <p>Continued From page 18</p> <p>gallon of water. (200-400ppm) in third sink compartment.</p> <p>Facility procedure (undated) titled To Sanitize Dish Water states "full sink water 2 TBS bleach, 10 pills per sink of water, ½ sink water use 1 TBS bleach, 5 pills per half sink of water and strip must be at 50 p.p.m. "</p> <p>Facility policy (undated) procedure titled The Sanitary and Safe Food Environment under manual cleaning and sanitizing states "regular cleaning and sanitizing of equipment utensils, and work or serving surfaces reduces the possibility of food contamination and the transmission of disease organisms."</p> <p>On 11/20/2019 at 2:45pm asked V1 for the kitchen sanitation policy for the third time.</p> <p>On 11/20/2019 at 1:56pm observed V2 running water down top part of a large roll of meat in the sanitation sink. V2 stated, "This is how I thaw meat."</p> <p>On 11/20/2019 at 3:01pm asked V1 how should meat be thawed. He stated "It should be thawed under cold running water unless it was recently purchased. If fresh, then thawed in a tray in the refrigerator." Asked if it should be thawed in the sanitation sink with water running on the top of the meat? V1 did not respond.</p> <p>On 11/18/19 at 11:37am, V7 (Social Worker) stated R1 has a make shift kitchen with several refrigerators, clutter, and papers in his room. Surveyor was unable to access R1's room on today's date.</p> <p>On 11/19/19 at 10:44am, surveyor inquired about</p> | S9999 | | |
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| S9999 | <p>Continued From page 19</p> <p>R1 V2 stated "If you knock on the door he'll curse you out. Most of the time he doesn't want to be bothered." Surveyor inquired who's responsible for the housekeeping V2 stated "He has a young man do it at night (V6/Support Staff) I think. Ask him though cause I don't know when they clean it. The workers are supposed to help out too." Surveyor inquired if V2 does any housekeeping V2 responded "No, I don't clean."</p> <p>On 11/19/19 at 10:48am, R1 was unable to fully open his room door due to extensive clutter hoarded in the room and on the floor creating potential fall hazards. His room was in disarray. R1's bed was completely covered with several layers of clothing, papers, a plastic bin, tortilla chips, fruit, shopping bags, and storage bags. Excess items were piled atop of the dressers and refrigerators creating potential fire hazards.</p> <p>Facility policy (undated) titled Squire's Sheltered Care Home Policies and Procedures in dietary policies states, "the primary purpose of the dietary services of Squire's is to prepare and serve meals in a way to ensure that the food and nutrition service is operating in a safe, sanitary and efficient manner. Meals are served daily which are adequate in amount, palatable, prepared in a sanitary manner." It states in part 3 "knowledge of food preparation, sanitation and hygienic methods."</p> <p>U.S. Food and Drug Administration Food Facts states in part, Thaw with Care, because bacteria can multiply so rapidly in unrefrigerated food, it's simply unsafe to let food thaw at room temperature. If left unrefrigerated, some organisms can create toxins that will survive the cooking process even if the food is cooked to temperature that kill the bacteria themselves.</p> | S9999 | | |
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| S9999 | <p>Continued From page 20</p> <p>There are three ways to thaw safely: in the refrigerator in cold water, and in the microwave. If you thaw food in cold water, change the water every half hour to make sure it stays cold.</p> <p>National Restaurant Association Educational Foundation Thawing Food Properly Fact Sheet states in part, here are the four acceptable ways to thaw food safely: under running water. Thaw food submerged under running water at a temperature of 70 degrees Fahrenheit or lower. The water flow must be strong enough to wash food particles into the overflow drain.</p> <p>(B)</p> | S9999 | | |
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