PRINTED: 07/26/2019 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008312 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST KAHLER** APERION CARE WILMINGTON WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Certification and Licensure \$9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.2100 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 III. Adm. Code 750). Attachment A 77 III. Adm. Code Part 750 Food Service **Statement of Licensure Violations** Sanitation Code

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Report

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

Section 750.120 Inspections and Inspection

Electronically Signed

TITLE

(X6) DATE 07/16/19

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6008312 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST KAHLER APERION CARE WILMINGTON** WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 c) The food establishment inspection report shall collect the following information: 4) Compliance by the food establishment with foodborne illness risk factors and public heath interventions or control measures, including, but not limited to: G) time and temperature control for safety; Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations were not met as evidence by: Based on observation, record review, and interview the facility failed to rapidly cool, hot potentially hazardous (CS - Time/temperature controlled for safety), food to a safe internal temperature of 41 degrees Fahrenheit (F) or below within the maximum permitted six hours to prevent food borne illness. This failure resulted in the facility preparing to serve unsafe food without recognizing the potential for food borne illness to all 161 residents. The improperly cooled turkey roasts was observed being prepared for meal service. Findings include: According to the menu for the noon meal on

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6-23-19, Oven Roasted Turkey was the planned protein source for all residents. On 6-23-19 at 9:10 A.M., V6, Day Cook was preparing the turkey roast, by slicing the roast into serving size

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6008312 B. WING 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **555 WEST KAHLER APERION CARE WILMINGTON** WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 for the noon meal. V6 stated that four, eight to ten pound turkey roasts were cooked on 6-22-19. The roasts were netted made up from both white and dark meat. V6 stated that V6 pulled the two pans of turkey roasts from the walk in refrigerator at 9:05 A.M. At 9:10 A.M. the internal temperature of one of the turkey roasts was 45 degrees Fahrenheit (F). The temperature was taken with the surveyor's thermometer. The surveyor's thermometer recorded 32 degrees F. during a field point test that indicates the thermometer was accurate. V6 verified the internal temperature of the roasts was 45 degrees F, and the ice point test, temperature was 32 degrees F. recorded by the surveyor's thermometer. V6 stated that he did not see any documented evidence that the turkey roasts were monitored to ensure that the roasts were rapidly cooled. V6 stated the roasts were tightly covered with aluminum foil when V6 got the roasts out of the walk in refrigerator. V6 stated the cooking broth was removed from the pan. V6 stated on 6-23-19 9:20 A.M., the turkey roasts planned serve to resident. V7, Dietary Aide stated on 6-24-19 at 10:05 A.M., V7 place the four raw turkey roasts in the oven at 8:00 A.M. on 6-22-19. V7 checked the temperature of the roast and the temperature of the roasts were 178 degrees F. V7 stated V7 pulled the roasts out of oven at 2:00 P.M. and covered the roasts and placed them in walk in refrigerator at around 2:30 P.M. V7 stated that the roast were not cut in smaller pieces or loosely covered. V7 stated V7 did not follow the facility's "Cooling Food - Two Stage Process" policy. The turkey roasts were in the temperature range between 178 degrees F. and 45 degrees F. for

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approximately 19 hours.

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Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008312 06/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST KAHLER APERION CARE WILMINGTON WILMINGTON, IL 60481 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID. (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 6-23-19 9:55 A.M., V5, Dietary Manager stated that the facility has a temperature and time log to record the rapid cooling of hot potentially hazardous food. V5 checked the log and the last entry was 6-1-19. V5 stated the time and temperature should be completed according to the facility's policy The facility's undated policy "Cooling Food - Two Stage Process", was reviewed. The policy states potentially hazardous cooked foods will be cooled properly to prevent food borne illness. The procedure in stage I states "Cool foods from 135" degrees F. to 70 degrees F. within two (2) hours.' In Stage II "Cool foods from 70 degrees to 41 degrees F within 4 hours." The policy further offers methods and procedures to facilitate rapid cooling including "Food will be cooled in pans less that 4" deep (preferably 2" deep). Cut large items such as roasts, into quarters, and Food will be covered loosely, to allow heat to escape." The Resident Census and Conditions of Residents form completed 6-24-18 specifies that 161 residents reside in the facility. This also documents residents with pressure ulcers, receiving hospice care, on dialysis, and receiving respiratory treatments. (B)

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