PRINTED: 02/18/2015 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING ILL6007611 02/05/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2724 WEST RESERVOIR JOHN C PROCTOR ENDOWMENT HOME **PEORIA. IL 61615** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of licensure violations: 300.670 c.) 300.1210 d.) 6.) 300.2100 Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. This REQUIREMENT is not met as evidence by: Based on interview and record review the facility failed to conduct fire drills quarterly for each shift. This failure has the potential to affect all 49 residents in the facility. Findings include: The facility's Meeting or In-Service forms documents Fire Drills were only performed on 1/15/14 and 1/26/14 for all three shifts, 4/11/14, 4/14/14, and 4/17/14 for all three shifts, and 7/8/14, 7/15/14, and 7/22/14 for all three shifts. On 2/4/15 at 11:55 a.m., E2 (Director of Nursing) stated, "We've done fire drills in January, April. and July 2014 for all three shifts. We forgot to do one in November 2014 for all three shifts." The facility's "Health Care Room Assignments" list, dated 2/3/15, given by E2 (Director of Nursing) at time of entrance, shows 49 residents currently live at the facility.

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

(AW)

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ACTION SHOULD BE COMPLETE DATE		
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\$9999	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999				
	Kling documents, "	Causes severe eye and skin					

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Adm. Code 750).

rules entitled "Food Service Sanitation" (77 III.

Based on observation, interview and record review, the facility failed to clean the can opener, hot food transportation cart, and pots and pans to keep them free from debris, crumbs, and heavy grease buildup, and failed to date potentially

This REQUIREMENT is not met as evidence by:

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realize the buildup was on the inside of those items. They need to be scrubbed to get that

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