PRINTED: 11/29/2021

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: A. BUILDING: ___ COMPLETED IL6008866 B. WING 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Annual Licensure and Certification Survey S9999 Final Observations S9999 Statement of Licensure Violation 300.610a) 300.1210b) 300.2090a) 300.2090b) 300.2100 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 300.1210 General Requirements for Nursing and Personal Care 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

ı	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILLTIPLE CONSTRUCTION				
l		OFCORRECTION	IDENTIFICATION NUMBER:	1 ' '			TE SURVEY	
l				ID F PREFIX (EA	S:	CO	MPLETED	
		IL6008866		B. WING		10	/28/2021	
l	NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS CITY STATE ZID CODE					72072021	_
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	ST ANTH	TONY'S NRSG & REHA	AD CENTER		4004			
ŀ	ROCK ISLAND, IL 61201 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION							
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l	TAG	REGULATORY OR LE	SC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES.	DBE	COMPLETE	
Ĺ		IAG			DEFICIENCY)	DATE		
l	S9999	Continued From page	ne 1	00000				\dashv
l		,	-	08888				
		resident to meet the	total nursing and personal	1				J
		care needs of the re	esident.					
		Section 300.2090 F	ood Preparation and Service					
		a) Fanda abali ba						
		a) roous snall be pr	epared by appropriate					-1
		orbones their flower	nserve their nutritive value,				1	ŀ
		be proposed coord	and appearance. They shall					1
		be prepared accordi	ing to standardized recipes				ļ	1
		the cook's use.	cipes shall be available for					ı
		the cook's use.						1
		h) Foods shall be at	tractively served at the proper					ľ
		temperatures and in	a form to meet individual					1
		needs.	a form to meet individual					1
	}	noodo.			!		1	ı
		Section 300.2100 Fo	ood Handling Sanitation					ı
		Every facility shall co	omply with the Department's				1	ľ
		rules entitled "Food \$	Service Sanitation" (77 III.					Т
	- 1	Adm. Code 750).	,					L
	1		1					
		These requirements	were not met as evidenced					L
	[by:						П
	-	B 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
		Based on observation	n, interview, and record				j	
		review, the facility fai	led to reheat food to the					
		appropriate temperat	ture to kill pathogenic					Ţ
		microorganisms that	may cause foodborne					
		illness, maintain safe	food temperatures of food					
		being held on the ste	am table, cool food in a					
		manner that prevents	s the growth of pathogenic					
		microorganisms, and	ensure the prevention of					
		potential foodborne p	eathogens through the					
		monitoring of the tem	peratures of the resident					
		dishwasher. As a res	ult of this failure, a serious					
	1 :	adverse outcome is li	ikely to occur in an outbreak					
	1	of foodborne pathoge	en illness. These failures					
	[]	have the potential to a	affect all 74 residents				- 1	
		residing in the facility.						
-	ois Departr	ment of Public Health					1	

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED IL6008866 B. WING 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ST ANTHONY'S NRSG & REHAB CENTER **767 30TH STREET** ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: The facility's Cooling Cooked PHF/TCS (Potentially Hazardous Food/Time Temperature Control for Safety) Foods policy, dated 2017, documents, "Hot foods are cooled in the refrigerator from 135 degrees Fahrenheit (F) to 70 degrees F within two hours. Within four more hours the food is cooled to 41 degrees F. Cooling time from 135 degrees F to 41 degrees F does not exceed a total of six hours." The policy also documents, "Food for which no temperatures have been taken is discarded. Time and temperature are recorded on labels affixed to the pan and/or on a Two-Step Cool-Down Temperature Monitoring log." The facility's Food Temperatures policy, dated 2019, documents, "To ensure food safety, hot food is cooked to a minimum safe temperature and is held at no lower than 135 degrees F. Cold food is held at 41 degrees F or lower." The facility's Reheating policy, dated 2017. documents, "Cooked food which is cooled in the refrigerator and is reheated for hot holding is reheated to 165 degrees F (Fahrenheit) for 15 seconds. Foods will be reheated rapidly to an internal temperature of 165 degrees F for fifteen seconds. If holding reheated food, the temperature will be maintained at 135 degrees F." The facility's Dishwashing Machine Operation (High Temperature Dishwashing Machine) policy, dated 2017, documents, "Paper thermometers are used to determine correct rinse temperatures of the dishwashing machine." The policy also documents, "If it is not possible to repair the dishwashing machine in time for the next meal

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6008866 B. WING 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **767 30TH STREET** ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 one of two alternatives may be used: The dishes and flatware maybe washed and sanitized in the three-compartment sink following a standard procedure for manual sanitizing." The facility's Manual Sanitizing in Three-Compartment Sink policy, dated 2017. documents, "A sink with three compartments is used for manually washing, rinsing, and sanitizing utensils and equipment that can be submerged. It may also be used for tableware. After washing and rinsing utensils and equipment are sanitized in the third sink by immersion in either: Hot water (171 degrees F for thirty seconds) or Chemical sanitizing solution used according to manufacturer's instructions. A test strip is used to accurately determine the concentration of the sanitizing solution." The policy also documents that when using Quaternary solution sanitizer the concentration should be 150-400 ppm (parts per million) or 200-400 ppm. The Facility Assessment, dated 3/2021, documents, "Food and Nutrition Services: The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service. taking into consideration resident assessments. individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required." The facility's Director of Dietary Job Description, dated 4/7/20, documents that V4 (Dietary Manager) started on 4/7/20. The job description also documents, "Essential Job Functions: Establish departmental regulations and procedures, in conformance with administrative policies and state and federal regulations and

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On 10/24/21 at 09:37 A.M., V6 was washing the breakfast dishes of pans, pots, cooking/serving utensils, and cookie sheets. V6 stated, "Our dishwasher is a high temperature dishwasher. I check the temperatures by looking at the gauges on the outside of the machine. It should read a high of 190 degrees F when it rinses." At this time. V6 sent a tray of dishes through the

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r	STATEMEN	NT OF DEFICIENCIES	(X1) PPOVIDED/SUDDIJED/CLIA	(VO) ANN TIC	DI E CONCEDIONICI		_ .	,
AND PLAN OF CORRECTION			IDENTIFICATION NUMBER:	4			(X3) DATE SURVEY COMPLETED	
l				A. BUILDING	J	00111	" LETED	
			IL6008866	STREET ADDRESS, CITY, STATE, ZIP COTATER STREET ADDRESS, CITY, STATE, ZIP COTATER FOR DEFICIENCIES PRECEDED BY FULL FYING INFORMATION) See and the wash read 142 degrees Fers F for the wash. V6 re readings. 74 (Dietary Manager) re check strips. V4 proto a plate and sent tray. While inside of out a third gauge on this is the gauge the for the temperature. In dishwasher and the dictors (to indicate in appropriate rinse condistrip through the linot change colors. The wash condistrip through the linot change colors. The were ture strip instantly is that the appropriate inde. V4 stated, "Ok, I continued to wash seed. V4 stated, "Ok, I continued to wash seed. V6 (Cook) and put onto the steam were at the strip instantly in the pureed rice. It was at 0 degrees Feromatically to the pureed above the sweet and sour in the pureed rice. It is seed. V6 placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to placed the seed and sour in the pureed rice. It is seed to place the seed and sour in the pureed rice. It is seed to place the seed and sour in the pureed rice. It is seed to place the seed and sour in the pureed rice. It is seed to place the seed and sour in the pureed rice. It is seed to place the seed and sour in the pureed rice. It is seed to place the seed to pla		10/28/2021		
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l	OT ANTL	JONNIE NDEC 9 DEU	767 20TU					
	STANIF	HONY'S NRSG & REH	1201					
ľ	(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	_	PROVIDER'S PLAN OF CORRECTION	N.	4465	
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l	170		oo locatin tino in onination)	IAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	'RIATE	DATE	
ľ	S9999	Continued From pa	20 F	60000			 	4
l	00000	· ·	~	29999				
l		l .	The rinse and the wash					I
gauges did not move. They read 142 degrees F for the rinse and 118 degrees F for the wash. V			R degrees F for the week 1/6					l
l		confirmed these ten	nperature readings					I
l			•				1	l
l		On 10/24/21 at 09:3	9 AM, V4 (Dietary Manager)					l
ĺ		presented paper ter	nperature check strips. V4					l
		the plate through on	ture strip to a plate and sent					
		the dishwasher. V4	pointed out a third gauge on					
l		the machine. V4 sta	ited that this is the gauge the					
		staff are supposed t	o watch for the temperature.					ĺ
		V4 pulled the tray or	ut of the dishwasher and the					ı
		that the machine res	changed colors (to indicate					
		temperature). V4 se	nt a second strip through the					
		dishwasher, and aga	ain it did not change colors.					ĺ
		V4 stated that mayb					1 1	
	ľ	dysfunctional. V4 to	ok the strip over to the hot					
	İ	water machine to se	e If the strips were				ļ	
		turned black which is	ndicates that the appropriate					
	1	temperature has bee	en reached. V4 stated, "Ok, I					
		guess the strips do v	work." V6 continued to wash					
		the facility's breakfas	st dishes.					
		On 10/24/21 of 11:35	5 AM the food being constitution					
			steam table. V6 (Cook)					
			had been put onto the steam				l i	
		table at 11:00 a.m. V	6 removed a thermometer		~			
		from a cup of ice and	d stated it was at 0 degrees F					
			brated. V6 stated the pureed					
			t day were sweet and sour					
			een beans. Vo placed the bureed sweet and sour					
			ture was 90 degrees F. Next,					
		V6 placed the thermo	ometer in the pureed rice. Its					
	Ì	temperature was 90	degrees F. V6 placed the					
		thermometer in the p	oureed green beans. Its					
		temperature was 90	degrees F. V6 placed the				1	

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green beans. Its temperature was 142 degrees F. Last, V4 checked the temperature of the chicken noodle soup which was 135 degrees F and fortified mashed potatoes which had a

temperature of 140 degrees F. V4 stated, "When we reheated the food from the steam table it only needs to be able to reach 140 because it was not once and in the steam table. So we can reheat the food to only 140 and serve it." V4 stated that they will be serving the reheated food with today's

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Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA		(X1) PROVIDER/SUPPLIER/CLIA	(VA) MILITIPLE CONSTRUCTION				
	OFCORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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		IL6008866	B. WING_		10)/28/2021	
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		ROCK ISI	LAND, IL 6	i1201			
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S9999	Continued From page	ge 7	S9999				
	lunch.		00000				
	MICIT.						
	On 10/24/21 at 12:0	0 PM, V7 (Maintenance					
i	Director) put a dish tray into the dishwasher, V7						
	checked the rinse to	emperature of the machine					
	temperature was 12	ermometer. The rinse 3.5 degrees F. V7 stated the				1	
	rinse temperature si	hould reach 190 degrees F.				1 1	
		-					
	On 10/24/21 at 12:2	5 PM, V1 (Administrator) was					
	notified to enter the	kitchen. V6 (Cook) was h. The pureed sweet and				[
	sour chicken, rice, a	nd green beans, chicken				1	
	noodle soup, and for	rtified mashed potatoes were					
	on the steam table b	eing served to residents. V6					
	stated she was conti	nuing to serve the reheated		9			
	the kitchen and state	V4 (Dietary Manager) entered ed that the reheated food was				1 1	
	safe to serve. This s	urveyor had to inform the				1 1	
	staff to stop serving	the food that did not reach					
}	the appropriate temp	perature of 165 degrees F.				1	
1	and to throw away th	e food in the cooler that was					
ĺ	V4 stated that the for	ough the cool down process. In the cool down process.					
}	appropriate temperat	ture of 140 degrees F to be				1	
1	served to the residen	its. V1 stopped V4 and					
	stated, "No! We will r	emove all of this food that					
	didn't reach the corre	ect temperature and make all					
	new." v4 (Dietary Ma	inager) stated, "The danger 5 degrees F." V6 also				1	
	stated. "I washed all	of the breakfast dishes this					
	morning after we kne	w the dishwasher wasn't					
	working correctly."						
	On 10/24/21 -442-45	0 m 1/4 /Distanted					
	on 10/24/21 at 12:45 stated. "I've heen em	a.m., V4 (Dietary Manager) ployed here for a little over a					
	year, and this whole t	ime the staff have been					
	checking the dishwas						
1	watching the gauges.	They have not ever used					
[1	the paper temperatur	e check strips."			63		

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 IL6008866 10/28/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **767 30TH STREET** ST ANTHONY'S NRSG & REHAB CENTER ROCK ISLAND, IL 61201 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 On 10/25/21 at 09:35 AM, V4 stated, "The dishwasher was shut down after lunch vesterday (10/24/21). We switched to using the three compartment sink. The staff should be testing the sanitizer level with the test strips before washing dishes. I do not have a log for checking the sanitizer levels." On 10/25/21 at 09:40 AM, V8 (Cook) was washing the breakfast dishes in the three compartment sink. V8 stated, "(V6) checked the Quaternary solution before we started washing dishes, and she said it was 200 ppm." V8 removed a Quaternary solution test strip from the packaging and dipped it into the sanitizing compartment sink of the three compartment sink. The color of the strip did not change. V8 removed a new test strip and tested the sanitizer solution again. The test strip did not change colors again to indicate that there was an appropriate sanitizing concentration. V8 stated, "The no color change means 0; no solution." The countertop held coffee pots and pitchers in the drying racks that had already been washed in the three compartment sinks. (B)

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