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: IL6001374 B. WING 04/27/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **516 WEST FRECH STREET PARKER NURSING & REHAB CENTER** STREATOR, IL 61364 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) **Initial Comments** \$ 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.2030 300.2090 a) Section 300.610 Resident Care Policies 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 300.2030 Hygiene of Dietary Staff Food service personnel shall be in good health, shall practice hygienic food handling techniques. and good personal grooming. Section 300.2090 Food Preparation and Service Foods shall be prepared by appropriate methods that will conserve their nutritive value. Attachment A enhance their flavor and appearance. They shall Statement of Licensure Violations be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use. Illinois Department of Public Health

STATEFORM

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

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PRINTED: 06/01/2023 FORM APPROVED

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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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. o	PPM (Parts Per Mill does not contain do machine was check Meal and Dinner Me	am, the facility Dish Machine lion) Log, dated April 2023, ocumentation the facility dish sed on 4/15/23 for the Noon eal, or on 4/16/23 for the on Meal, or Dinner Meal.	35 85		a Char W
	Department Tempe does contain docun refrigerator, storage room refrigerator, fr 4/22/23 was checken missing documenta	am, the facility Dietary rature Log, dated April 2023, nentation the facility kitchen a room refrigerator, dining reezer and milk cooler on ed. V31/Dietary Aid verified the tion. At that time V30/Dietary mes we forget to do the logs in we remember."			
2063	kitchen. V30, Cook, in the facility blende V30/Dietary Aid was	am, V29/Cook and re present in the facility was placing cooked sausage with ungloved hands. washing dishes with the V30 had no hair restraint			
# #	facility refrigerator in undated, cooked sa a 5# container of Lo 2/3/full with an outd container of undate 10-12 # undated, co foil. At that time, V3 of the out-dated and roast. At that time, V yesterday (4/22/23) lunch today. I don't never seen a cool d	am, an observation of the in the kitchen contained: susage patties in a plastic bag, ow Fat Cottage Cheese, ate of 4/19/23, a 5 X & metal d cooked ground meat and a coked pork roast, covered in 0/Cook verified the presence d undated food and the pork v30/Cook stated, "I cooked it afternoon. I am serving it for have a cool- down log. I have lown log." No completed Food or facility served food, after			

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