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	IL6012579	A. BUILDING: _____ B. WING _____	01/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IMBODEN CREEK SENIOR LIVING	180 WEST IMBODEN DECATUR, IL 62521

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 9 300.610 a) 300.696 a) 300.696 b)1) 300.696 d)2) 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 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.	S9999		

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S9999	Continued From page 1 b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. 1) All staff shall be trained at least annually on basic infection prevention and control practices based on job responsibilities. Training records shall be maintained for three years. For the purposes of this Section, "staff" means those individuals who work in the facility on a regular (that is, at least once a week) basis, including individuals who may not be physically in the facility for a period of time due to illness, disability, or scheduled time off, but who are expected to return to work. This also includes individuals under contract or arrangement, including hospice and dialysis staff, physical therapists, occupational therapists, mental health professionals, or volunteers, who are in the facility on a regular basis. d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings	S9999		

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These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to perform hand hygiene during medication administration. This failure affects three of three residents (R11, R14, R12) reviewed for hand hygiene in the sample list of 14.

Findings include:

The facility's Handwashing/Hand Hygiene policy, with a revised date of August 2015, documents, "All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors." "Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; b. Before and after direct contact with residents; c. Before preparing or handling medications; d. Before performing any non-surgical invasive procedures."

The facility's Insulin Administration policy, with a revised date of September 2014, documents, "Steps in the Procedure (Insulin Injections via Syringe) 1. Wash hands" "20. Dispose of the needle in a designated container. 21. Wash hands."

The facility's Administering Medications policy, with a revised date of December 2012, documents, "Staff shall follow established facility

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infection control procedures (e.g., {for example} handwashing, antiseptic technique, gloves, isolation precautions, etc. {etcetera}) for the administration of medications, as applicable."

On 1/16/24 at 11:45 AM, V8, Licensed Practical Nurse (LPN), was at the medication cart in the hallway, with R11 sitting in a wheelchair next to the medication cart. V8 prepared R11's medications and donned gloves, applied eye ointment in both of R11's eyes, and handed R11 the medication cup and water and R11 swallowed the medication. V8 doffed the gloves, and placed the eye ointment back inside the box and placed the eye drops back in the medication cart. Without hand hygiene, V8 pushed R11's wheelchair down the hall and passed R11 off to another staff member. V8 walked back to the medication cart, and without hand hygiene, removed the medication cart keys from V8's pocket and unlocked the medication cart and touched the computer mouse and keyboard. Without hand hygiene, V8 prepared R14's medications and attempted to administer them to R14, but R14 refused. V8 threw away the medication, and without hand hygiene, touched the computer keyboard and mouse.

On 1/17/24 at 9:02 AM, V10, Registered Nurse, had prepared R13's medications, crushed them all, and added them to some orange juice. V10 spent several minutes attempting to give R13 the medications in the orange juice. R13 drank about one third of the orange juice and medications. V10 disposed of the orange juice, and without hand hygiene, V10 unlocked the medication cart and removed R12's Insulin Glargin pen and dialed it to 42 units, wasted two units, then proceeded to enter R12's room, and without gloves or hand hygiene, cleaned R12's area on

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the abdomen and injected the insulin. Without hand hygiene, V10 opened the medication cart to allow examination of the other insulin pens in the medication cart.

On 1/18/24 at 3:12 PM, V1, Administrator, confirmed nurses should wash/sanitize their hands in between resident medication administration.

(C)

2 of 9

300.610 a)
300.1010 f)

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 300.1010 Medical Care Policies
f) Physician treatment plans, orders and similar documentation shall have an original written signature of the physician. A stamp signature, with or without initials, is not sufficient.

These requirements are not met as evidenced by:

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Based on interview and record review, the facility failed to follow Physician's Orders and administer medications individually and flush between medications for Gastrostomy tube administration for one of one resident (R7) reviewed for Gastrostomy tube in the sample list of 14.

Findings include:

The facility's Administering Medications through an Enteral Tube policy, with a revised date of November 2018, documents, "Follow the medication administration guidelines in the policy entitled Administering Medications. 1. Request liquid forms of medications from the pharmacy, if possible. 2. Do not add medication directly to the enteral feeding formula. 3. Administer each medication separately and flush between medications." "Dilute medication." "Administer each medication separately." "If administering more than one medication, flush with 15 ml (milliliters) warm purified water (or prescribed amount) between medications."

On 1/16/24 at 3:00 PM, V9, R7's family, stated the facility kept clogging the G-tube (gastrostomy tube) with medications. V9 stated the nurses would give all of the crushed medications at the same time, and it would get clogged. V9 stated they did not do the water flushes four times a day like they were ordered. V9 stated R7 had to go to the hospital several times for a clogged tube and other problems with the G-tube.

On 1/18/24 at 10:18 AM, V10, Registered Nurse, stated they would flush R7's G-tube with water, then give the crushed medications, then flush with water. V10 stated the Lansoprazole are little pellets when you open up the capsule, and those

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get stuck to the tubing, so V10 does that one separately. V10 stated V10 knows preferably the medications should be given separately, but that doesn't always happen.

On 1/18/24 at 10:29 AM, V14, Licensed Practical Nurse, stated V14 would give all of the crushed medications at the same time. V14 stated they flush first, then give all the medications, then flush again.

R7's Physician Orders List, printed on 1/18/24, documents R7's Physician Orders started on 10/12/23 for medications and feeding via gastrostomy tube. There is no order to cocktail medications. R7's Physician Orders List documents an order to flush tube with 30 milliliters of water before and after administration of medication pass. 15 milliliters flush between each medication, with a start date of 10/12/23.

R7's Nurse's Note, dated 10/15/2023 at 2:40 PM, by V17, Licensed Practical Nurse, documents, "Res (R7) returned from hospital at lunch time via facility transport. Res (R7) was sent to ER (Emergency Room) due to previous nurse unable to flush res (R7) PEG tube (Percutaneous Endoscopic Gastrostomy Tube).Tube was cleared at ER and ER nurse reports that a good amount of medication was removed from tube, which was causing the clog. Writer passed information on to other nurses that are present this shift to make sure that res is being flushed before and after med administration and to make sure that medication is completely dissolved before admin (administering) through tube. Tube feeding restarted at this time without any complications."

On 1/18/24 at 3:25 PM, V1, Administrator,

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S9999	Continued From page 7 confirmed R7 went to the Emergency Room several times for G-tube issues. (C) 3 of 9 300.610 a) 300.1210 b) 300.1210 d)1) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the	S9999		

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following procedures:
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

These requirements are not met as evidenced by:

Based on observation, interview and record review the facility failed to follow Physician's Orders for oxygen flow rate, failed to have an order to change oxygen tubing and hydration bottle, failed to date oxygen tubing and hydration bottle to identify date of change for one of one resident (R4) reviewed for oxygen administration in the sample list of 13.

Findings include:

The facility's Oxygen Administration policy, with a revised date of October 2010, documents, "Purpose. The purpose of this procedure is to provide guidelines for safe oxygen administration. Preparation 1. Verify that there is a physician's order for this procedure. Review the physician's orders or facility protocol for oxygen administration." "10. Adjust the oxygen delivery devise so that it is comfortable for the resident and the proper flow of oxygen is being administered."
R4's Treatment Administration Record dated January 2024 documents diagnoses including Pulmonary Fibrosis, Essential Hypertension, Cerebrovascular Disease and Respiratory Syncytial Virus Causing Disease. R4's electronic diagnosis list documents a diagnosis of Acute

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S9999	Continued From page 9 Respiratory Failure with Hypoxia. R4's undated Physician Orders List documents an order for Oxygen at 3 Liters while at rest and 6 Liters with activity with a start date of 11/24/23. There is no order documented to change oxygen tubing or hydration bottle. On 1/16/24 at 10:09 AM, R4 was lying in bed with the oxygen on via a nasal cannula and oxygen concentrator. There is no hydration bottle attached to the oxygen concentrator and the tubing is not dated to indicate when it had been changed. The oxygen concentrator was set at 4.5 Liters. On 1/17/24 at 11:30 AM, R4 was sitting on the edge of R4's bed with oxygen on via the nasal cannula and the oxygen concentrator was set at 4.5 Liters, the oxygen tubing was not labeled with the date to indicate when it was changed. On 1/17/24 at 12:07 PM, V16, Licensed Practical Nurse, confirmed R4's oxygen tubing was not dated to indicate when it was changed and V16 stated that as far as she knows that it is supposed to be dated and that the night shift usually takes care of that. On 1/17/24 at 3:17 PM, R4 was ambulating to the bed from the bathroom with the oxygen on via nasal cannula and the oxygen concentrator was set at 4.5 Liters and the tubing was not dated. On 1/18/24 at 9:06 AM, R4's oxygen concentrator was set on 4.5 Liters and V14 Licensed Practical Nurse confirmed R4's oxygen concentrator was set on 4.5 Liters and stated that V14 thought R4's oxygen was supposed to be set at 2 Liters but would need to check.	S9999		

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S9999	Continued From page 10 On 1/18/24 at 10:18 AM, V10, Registered Nurse, stated R4's Physician's Order document the oxygen should be 3 Liters at rest and 6 Liters with activity. On 1/18/24 at 1:39 PM, V1, Administrator, stated R4's oxygen should be set at what the Physician's Orders state. On 1/18/24 at 2:13 PM, V1 and V12, Corporate Minimum Data Set Nurse, confirmed there should be an order to change oxygen tubing and hydration bottles and the nurses should date them when they are changed. (C) 4 of 9 300.1210 b)4) 300.1210 d)4)B) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities	S9999		

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in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:
B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to provide showers to a dependent resident. This failure applies to one of one resident (R7) reviewed for Activities of Daily Living in the sample list of 13.

Findings include:

R7's Minimum Data Set (MDS), dated 10/19/23, documents R7 was admitted to the facility on 10/12/23 from another nursing facility, with a primary diagnosis of a Stroke. This MDS documents R7 did not speak any words and is rarely/never understood, R7 was impaired on one side on upper and lower, did not take anything orally, R7 was dependent for showers and

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required toileting assistance.

R7's medical record documents R7 was given a shower by staff on 10/24/23, 11/8/23, 12/13/23 and 12/28/23. R7 has received four showers since October 2023.

On 1/16/24 at 3:00 PM, V9, R7's family, stated R7 has been here since October, and the facility has only given him a couple of showers. R7 appeared clean at this time. V9 stated V9 has to do everything for him, because the staff does not.

On 1/18/24 at 3:20 PM, V1, Administrator, stated showers are given by resident preference for alert and oriented residents. V1 stated R7's spouse assists R7 a lot. V1 stated their expectation would be that a resident would be given two showers a week, and confirmed the four showers listed are the only shower sheets that they were able to find for R7.

(C)

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300.610 a)
300.1210 b)1)

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

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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
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to administer medications in accordance with Physician's Orders and manufacturer's recommendations or three of eight residents (R11, R12, R13) reviewed for medication administration in the sample list of 13. The facility had five medication errors out of 30 opportunities resulting in a 16.67% (percent) medication error rate.

Findings include:

The facility's Administering Medications policy, with a revised date of December 2012, documents, "Medications shall be administered in a safe and timely manner, and as prescribed." "Medications must be administered in accordance with the orders, including any required time frame." "Medication must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders.)."

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1.) R11's undated Physician's Order List documents an order for Torsemide (Diuretic) 5 mg (milligram) tablet once a day at 9:00 AM with a start date of 7/19/22.

On 1/16/24 at 11:45 AM, V8, Licensed Practical Nurse, prepared R11's medications. V8 administered Colesevelam (cholesterol medication) 625 mg and Torsemide 10 mg whole with a cup of water.

This medication was given two hours and 45 minutes late.

2.) R12's undated Physician's Order List documents an order for Aspirin 81 mg, delayed release, one tablet at 8:00 AM, with a start date of 1/5/24.

On 1/17/24 at 8:55 AM, V10, Registered Nurse (RN), prepared R12's medications. V10 removed one chewable aspirin 81 mg low dose pill and administered it with R12's other medications.

The nurse administered a chewable aspirin instead of a delayed release aspirin.

3.) R13's undated Physician's Order List documents orders for Desipramine (antidepressant) 50 mg once a day at 7:00 AM, with a start date of 6/30/22, Furosemide (Diuretic) 20 mg once a day at 7:00 AM, with a start date of 8/11/22 and a Daily Multi-Vitamin tablet with a start date of 8/12/23.

On 1/17/24 at 9:02 AM, V10, RN, prepared R13's medications. V10 administered the Desipramine 100 mg half a tablet (ordered at 7:00 AM), Furosemide 20 mg (ordered at 7:00 AM) and a

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multi-vitamin/multimineral with R13's other scheduled medications.

R13 received two of the 7:00 AM medications two hours late, and received a multi-vitamin/multimineral tablet instead of just a multi-vitamin as ordered.

On 1/18/24 at 12:15 PM, V1, Administrator, confirmed medications should be administered according to the Physician's Orders.

(C)

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300.610 a)
300.1630 a)3)

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 300.1630 Administration of Medication
a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective

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licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.

3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to maintain visual control of medications for one of one resident reviewed for uncontrolled medications in the sample list of 13.

Findings include:

The facility's Administering Medications, with a revised date of December 2012, documents, "Only persons licensed or permitted by this state to prepare, administer and document the administration of medications may do so." "Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely."

On 1/16/24 at 10:09 AM, R4 was laying in bed, and had a medication cup on the bedside table next to her. There were five pills in the cup. There were two large round orange pills, one pink pill, one white oblong pill, and one smaller white oblong pill. R4 stated the nurse usually leaves them for her to take.

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S9999	Continued From page 17 On 1/16/24 at 10:12 AM, V7, Licensed Practical Nurse, confirmed V7 is R4's nurse and V7 left the pills at R4's bedside. V7 stated she thought R4 took them. V7 stated the pills left in the cup were one Plavix (Clopidogrel), one Extra Strength Tylenol, two Sulfasalazine, and did not confirm the fifth pill. On 1/16/24 at 10:35 AM, V2, Director of Nursing, stated regarding medications left at the bedside, \it probably depends on the residentm but it wasn't a good idea. V2 could not confirm if any resident had a self administration of medication assessment completed. R4's Medication Administration Record (MAR)m dated January 2024m documents on 1/16/24 at 8:00 AMm the only medication signed out as administered was Sulfasalazine 500 mg (milligram) tablet, three tablets. R4's MAR documents on 1/16/24 that Levothyroxine 75 mcg (micrograms) was administered at 5:00 AM, Tramadol 50 mg was administered at 9:02 AM, Calcium Carbonate 600mg/Vitamin D3 5mcg was administered at 6:30 AM, Clopidogrel 75 mg was administered at 6:30 AM and Pantoprazole 40 mg was administered at 6:30 AM. R4's MAR does not document any Extra Strength Tylenol being administered in the morning of 1/16/24. (C) 7 of 9 300.610 a) 300.1640 a) 300.1640 f)	S9999		

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S9999	Continued From page 18 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 300.1640 Labeling and Storage of Medications a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage. (See subsections (f) and (g) of this Section.) f) The label of each individual multi-dose medication container filled by a pharmacist shall clearly indicate the resident's full name; licensed prescriber's name; prescription number, name, strength and quantity of drug; date this container was last filled; the initials of the pharmacist filling the prescription; the name and address of the pharmacy; and any necessary special instructions. If the individual multi-dose medication container is dispensed by a licensed prescriber from his or her own supply, the label shall clearly indicate all of the preceding information and the source of supply; it shall exclude identification of the pharmacy, pharmacist and prescription number.	S9999		

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S9999	Continued From page 19 These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to label insulin pens when opened to indicate use by date for four of four residents (R8, R9, R12) reviewed for medication labeling and storage in the sample list of 13. Findings include: The facility's Administering Medications policy, with a revised date of December 2012, documents, "The expiration/beyond use date on the medication label must be checked prior to administering. When opening a multi-dose container, the date opened shall be recorded on the container." The facility's Storage of Medications policy, with a revised date of April 2007, documents, "The facility shall not use discontinued, outdated, or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed." The facility's Insulin Administration policy, with a revised date of September 2014, documents, "Check expiration date, if drawing from an opened multi-dose vial. If opening a new vial, record expiration date and time on the vial (follow manufacturer recommendations for expiration after opening)." On 1/17/24 at 9:21 AM, V10, Registered Nurse, prepared R12's Lantus Solostar and administered 40 units to R12. The Lantus Solostar had no open date written on the pen. Upon inspection of the remaining insulin pens inside the medication cart, none of them had open dates written on them.	S9999		

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R8's Insulin Lispro was open and undated, R9's Basaglar and Novolog were both opened and undated, and R12's Lantus Solostar was opened and undated. At this time V10 confirmed there was no open dates on these insulin pens and there should be.

1.) R8's undated Physician's Orders List documents an order for Humalog KwikPen (Insulin Lispro) 100 unit/milliliter give per sliding scale every day at 7:00 AM, 11:00 AM, 4:00 PM and 8:00 PM with a start date of 9/12/23.

2.) R9's undated Physician's Orders List documents an order for Lantus Solostar Insulin 100 unit/milliliter Subcutaneous pen: 12 unit injection once a day at 8:00 PM every day with a start date of 11/2/23.

3.) R9's undated Physician's Orders List documents an order for Novolog FlexPen 100 unit/milliliter subcutaneous sliding scale three times a day with a start date of 9/1/22.

4.) R12's undated Physician's Orders List documents an order for Insulin Glargine (Lantus Solostar) 100 unit/milliliter, 40 units subcutaneous at 8:00 AM and 8:00 PM every day with a start date of 1/5/24.

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300.2010 a)1)

Section 300.2010 Director of Food Services
a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person

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shall be on duty a minimum of 40 hours each week.
1) This person shall be either a dietitian or a dietetic service supervisor.

Section 300.330 Definitions
Dietetic Service Supervisor - a person who:
is a dietitian;
is a graduate of a dietetic and nutrition school or program authorized by the Accreditation Council for Education in Nutrition and Dietetics, the Academy of Nutrition and Dietetics, or the American Clinical Board of Nutrition;
is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian;
has successfully completed an Association of Nutrition & Foodservice Professionals approved Certified Dietary Manager or Certified Food Protection Professional course;
is certified as a Certified Dietary Manager or Certified Food Protection Professional by the Association of Nutrition & Foodservice Professionals; or
has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition.

These requirements are NOT MET as evidenced by:

Based on observation, interview, and record review, the facility failed to employ a qualified Director of Food Services (dietary manager). This failure has the potential to affect all 67 residents residing in the facility.

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Findings include:

On 1/16/2024 at 10:05AM, V3 (Cook) was working in the facility kitchen, and reported the facility does not currently have a Dietary Manager. V3 reported V1 (Administrator) is the current manager for the Dietary department, but does not supervise Dietary operations directly as the person in charge.

On 1/16/2024 at 10:49AM, V1 reported the facility does not currently have a Dietary Manager.

V1 was not observed working or supervising in the Dietary department throughout the duration of the survey on first and second shifts from 1/16/24 through 1/18/24.

On 1/16/2024 at 12:07PM, V3 reported the facility Dietician only works in the facility once per month, and reported the food prepared by the kitchen is available for all residents to consume.
Throughout the duration of the survey from 1/16/24 to 1/18/24, the facility failed to prevent the potential for biological and physical cross-contamination of food, failed to properly label TCS (time/temperature control for safety) food, failed to maintain sanitary food storage areas, failed to maintain sanitation test equipment supplies, and failed to exclude flying insects from kitchen areas

The Facility Assessment (2023) documents the facility food and nutrition staff will include a Certified Dietary Manager.

The facility resident census (1/16/2024) documents 67 residents reside in the facility.

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S9999	Continued From page 23 (C) 9 of 9 300.2100 Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). PART 750 FOOD CODE SECTION 750.110 INCORPORATED AND REFERENCED MATERIALS Section 750.110 Incorporated and Referenced Materials c) The following materials are incorporated in this Part: 1) The Food Code 2017, Chapters 1 through 7 (except the terms "food employee" and "food establishment" in Sections 1-201.10), U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, College Park MD 20740, publication number IFS17 available at https://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM595140.pdf. These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to prevent the potential for biological and physical cross-contamination of food, failed to properly label TCS (time/temperature control for safety) food, failed to maintain sanitary food storage areas, failed to	S9999		

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maintain sanitation test equipment supplies, and failed to exclude flying insects from kitchen areas. These failures have the potential to affect all 67 residents residing in the facility.

Findings include:

1. On 1/16/204 at 10:16AM, the kitchen ice maker scoop was stored in a nearby caddy with the handle of the scoop facing upward and tip of the scoop resting on the bottom of the caddy immersed in cloudy and discolored water. No drain holes or riser platform were present in the bottom of the caddy to protect the ice scoop from contamination.

On 1/16/2024 at 10:17AM, V4 (Dietary Aide) observed the above scoop and stated, "That's (the scoop resting in cloudy and discolored water) gross."

2. On 1/16/2024 at 10:17AM, a can opener was mounted on a food preparation table and was soiled with accumulations of metal shavings and food debris.

On 1/17/2024 at 11:17AM, the above can opener remained soiled with metal shavings and food debris.

3. On 1/16/2024 at 12:07PM, ten single-serve cartons of juice were located in a metal pan on a shelf in the kitchen walk-in cooler. The juice cartons were resting in cloudy water approximately 1.5" inches deep. The drinking surfaces of the cartons were in direct contact with the cloudy water.

4. On 1/16/2024 at 12:10PM, a winged insect resembling a fruit fly was flying around and

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resting on the food grinder located at the dishwashing area of the kitchen. The floor drain grate below the food grinder was completely covered in thick accumulations of decomposed food debris black in coloration.

On 1/17/2024 at 1:41PM, five or more fruit flies were flying around and resting on the soiled drain grate from above and the clean drain board surfaces of the dishwasher.

5. On 11/17/2024 at 11:19AM, no sanitizer chemical test equipment was present in the kitchen to test the mechanical dishwasher for adequate sanitizer concentration. V11 (Dietary Aide) was present and reported the facility is out of chlorine sanitizer test strips to be able to test the kitchen dishwasher for an appropriate level of sanitizer.

6. On 1/16/2024 at 12:08PM, an unlabeled carton of tomato juice was located on a storage rack in the walk-in cooler.

On 1/17/2023 at 11:13AM, the unlabeled tomato juice carton remains from above remains in the walk-in cooler. V3 was present and denied knowing when the carton was first opened and stated "No, (no knowing when the carton was first opened), but I can take it out (of the cooler)."

7. On 1/16/2024 at 10:12AM, the walk-in cooler evaporator fan guards and ceiling surfaces were soiled with accumulations of dust. Some of the accumulations were loose and dangling from the fan guards and cooler ceiling in the air flow from the evaporator fans.

On 1/17/2024 at 11:12AM, the cooler roof and fan guards from above remain soiled with dust

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S9999	Continued From page 26 debris. A large metallic bowl of uncovered potato salad was located on a crate directly below the soiled fan guards and cooler ceiling. 8. On 1/16/2024 at 10:11AM, a plastic bowl was being used as a food scoop and was located in a bulk food thickener container on a storage rack. The hand contact surfaces of the bowl were fully in contact with the powdered food thickener. On 1/17/2023 at 11:15AM, the plastic bowl scoop from above remains in contact with the bulk powdered food thickener. On 1/16/2024 at 12:07PM, V3 reported the food in the facility kitchen is available for all residents to consume. The facility resident census (1/16/2024) documents 67 residents reside in the facility. (C)	S9999		