

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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
S9999	Final Observations Statement of Licensure Violations: 300.840 300.2100 Section 300.840 Personnel Policies The personnel policies required in Section 300.650, Section 300.651, and other personnel policies established by the facility, shall be followed in the operation of the facility. These requirements not met as evidenced by: Based on interview and record review, the facility failed to operationalize its Abuse Prevention Policy on Pre-Employment Screening by failing to ensure a Health Care Worker Background Check, Fingerprint and Uniform Conviction Information Act criminal history background checks were completed for a new employee. This failure has the potential to affect all 47 residents that reside on the licensed (Skilled) unit of the facility. Findings include: The Facility's "Abuse Prevention and Prohibition Policy and Procedures" dated 2/3/15 documents the following: ..."All potential employees of (the facility) with the exception of staff under 18, will have criminal background checks (Health Care Worker Background Check, Fingerprint and Uniform Conviction Information Act) completed and license/certification confirmation completed prior to being employed at (the facility)." On 12/17/15 at 1:50 pm, E1 verified that the facility abuse policy dated 2/3/15 is the most	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health

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

TITLE

(X6) DATE

01/08/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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
S9999	Continued From page 1 current. On 12/15/15 at 1:30 pm, E8, Assistant Director of Human Resources verified E7, Registered Nurse, was hired on 10/23/15. E8 verified that there were no Health Care Worker Background Check, Fingerprint or UCIA (Uniform Conviction Information Act, name based criminal background) checks done before (E7) was hired and there should have been as the policy states. "I usually do them myself. I was on vacation and (E9, Director of Human Resources) was in training. (E7) will not work again until her background checks are done." On 12/17/15 at 2:00 pm, E3, MSW/Abuse Coordinator stated "I am aware that (E7's) background checks did not get done and should have before she worked." On 12/17/15 at 3:32 pm E12, Nursing Scheduler, verified that E7 worked on the Licensed (Skilled) Care unit on 10/30/15 with full direct access to all residents. E7's Electronic time card dated 10/30/15 documents that E7 worked 9:00 am - 11:28 am in a direct care position. The Resident Census Roster dated 12/15/15 documents 47 residents reside on the Licensed (Skilled) Care unit of the facility. (B) 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).	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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
S9999	Continued From page 2 Section 750.120 General - Food Protection a) At all times, including while being stored, prepared, displayed, served or transported, food other than whole, unprocessed raw fruits and unprocessed raw vegetables shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage, and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous foods shall be 41°F or below, or 135°F or above, at all times, except as otherwise provided in this Part. These requirements not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect food from exposure to potential contamination from condensate dripping and air exposure during freezer storage. This failure has the potential to affect all 47 residents residing on the licensure (skilled) halls. Findings include: On 12/15/15 at 9:20 am there was an unopened box of frozen ready to eat pancakes on the top of the rear shelf of the walk-in freezer. The freezer condenser/blower unit was directly over this rear shelving unit. There was a 3 inch long icicle hanging from the blower unit condensate drain line. The top of the box of pancakes had a film of ice from the condensate drip. On 12/15/15 at 10:15 am, E4, Director of food Services, stated, "Our plumber came in and changed the angle of our condensate drain line. It looks like I will have to get the plumber back in here."	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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	
S9999	Continued From page 3 On 12/15/15 at 4:15 pm there was an open box of cinnamon rolls on the top of the rear shelf of the walk-in freezer, sitting directly below the condensate drip. On 12/17/15 at 12:08 pm there were two raw dough pie crusts sitting on the second shelf from the bottom of the forward most shelf to the left of the exit of the walk-in freezer. These pie crusts were in an open plastic bag exposed to air. The facility's Safe Food Storage policy dated 1/28/10 documents "When storing leftovers ensure that all items are thoroughly wrapped, or stored in a container with a lid." On 12/15/15 at 9:10 am, E3, Director of Health Services, stated, "We have 47 residents on our Skilled (licensure) Hall." The facility's resident Roster for SK (Skilled) dated 12/15/15 documents 47 residents reside on the Skilled Hall. (B)	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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
S9999	Final Observations Statement of Licensure Violations: 330.2000 Section 330.2000 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). Section 750.120 General - Food Protection a) At all times, including while being stored, prepared, displayed, served or transported, food other than whole, unprocessed raw fruits and unprocessed raw vegetables shall be protected from potential contamination, including dust, insects, rodents, unclean equipment and utensils, unnecessary handling, coughs and sneezes, flooding, drainage, and overhead leakage or overhead drippage from condensation. The temperature of potentially hazardous foods shall be 41°F or below, or 135°F or above, at all times, except as otherwise provided in this Part. These requirements not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect food from exposure to potential contamination from condensate dripping and air exposure during freezer storage. This failure has the potential to affect all 13 residents residing on the sheltered care (AL) hall. Findings include: On 12/15/15 at 9:20 am there was an unopened box of frozen ready to eat pancakes on the top of the rear shelf of the walk-in freezer. The freezer condenser/blower unit was directly over this rear shelving unit. There was a 3 inch long icicle	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

01/08/16

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001804	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2015
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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
S9999	Continued From page 1 hanging from the blower unit condensate drain line. The top of the box of pancakes had a film of ice from the condensate drip. On 12/15/15 at 10:15 am, E4, Director of food Services, stated, "Our plumber came in and changed the angle of our condensate drain line. It looks like I will have to get the plumber back in here." On 12/15/15 at 4:15 pm there was an open box of cinnamon rolls on the top of the rear shelf of the walk-in freezer, sitting directly below the condensate drip. On 12/17/15 at 12:08 pm there were two raw dough pie crusts sitting on the second shelf from the bottom of the forward most shelf to the left of the exit of the walk-in freezer. These pie crusts were in an open plastic bag exposed to air. The facility's Safe Food Storage policy dated 1/28/10 documents "When storing leftovers ensure that all items are thoroughly wrapped, or stored in a container with a lid." On 12/15/15 at 9:10 am, E3, Director of Health Services, stated, "We have 13 residents on our Sheltered Hall." The facility's resident Roster for AL (Sheltered Care) dated 12/15/15 documents 13 residents reside on the Sheltered Care hall. (B)	S9999		