STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6015192		B. WING		03/21/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EDEN VI	STA SCHAUMBURG		T GOLF RO			
			N ESTATES,	IL 60194		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Licensure Post Visi	t to survey 7/6/23.				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations (1 of 3)				
	330.1930					
	Section 330.1930 Hygiene of Dietary Staff					
	Food Service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming.					
	This REQUIREMENT was not met as evidenced by:					
	Based on observation, interview, and record review the facility failed to ensure staff restrained their hair in the first floor kitchen. This has the potential to effect all 70 residents in the facility.					
	The findings include	e:				
	On 03/21/2024 The Facility Resident Census by Suite shows, 70 residents.					
	On 03/21/2024 at 12:05PM, in the first-floor kitchen, the main steam table was uncovered and V7 Dietary Server and V8 Cook were plating food for the residents. V3 Food Service Supervisor was in the kitchen. V3, V7, and V8 were not wearing hair restraints such as hats, hair coverings, or nets.					
	On 03/21/2024 at 11:00AM, V3 Food Service Supervisor said, we follow the Federal Food Code. Food is prepared in the first floor kitchen					

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
IL6015192		IL6015192	B. WING		03/21/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADD				STATE, ZIP CODE		
EDEN VI	STA SCHAUMBURG		T GOLF RO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	σ μg		S9999			
	for all residents in the facility. 2022 Food Code United State Food and Drug Administration shows, 2-402.11 Effectiveness. (A) Except as provided in (B) of this section, FOOD EMPLOYEES shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from FDA Food Code 2022 Chapter 2. Management and Personnel Chapter 2 - 22 contacting exposed FOOD; clean EQUIPMENT, UTENSILS, and LINENS; and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES. The facility's Hair Restraints policy dated 10/2021 shows, all dining service personnel must don appropriate hair restraints upon reporting to work in the Dining Services department.					
	(C)					
		sure Violations (2 of 3)				
	330.1990b)					
	Section 330.1990 Food Preparation and Service					
	,	ttractively served at the proper n a form to meet individual				
	This REQUIREMENT was not met as evidenced by:					
	Based on observation, interview, and record review the facility failed to ensure food					

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temperatures were maintained at a safe and

STATE FORM 6899 GRZR11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015192	B. WING		03/	21/2024
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADI			STATE, ZIP CODE		
EDEN VI	STA SCHAUMBURG		T GOLF RO			
(VA) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COF	PRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	R16, R17, R20, R2 R108, R109, R110, R115, R116, R117)	of 31 residents (R9, R14, 1, R22, R23, R24, R30, R107, R111, R112, R113, R114, reviewed Temperature Control t and Cold Holding in the				
	The findings include	e:				
	On 03/21/2024 at 11:35AM, the thermometer's calibration was checked in a glass of ice water by holding the indented area of the thermometer stem next to an ice cube in the water. The reading showed 34 degrees Fahrenheit. On 03/21/2024 at 11:40AM, V5 Activity's stated the food temperatures as she took them. The second-floor steam table roast turkey sandwich was 120 degrees Fahrenheit, turkey and Swiss was 100 degrees Fahrenheit. Three plated mechanical soft meals sitting on the side of the steam table were, meat 100 degrees Fahrenheit, mechanical soft vegetable 99 degrees Fahrenheit. The tub of cold fruit salad sitting on the side of the steam table was 70 degrees Fahrenheit.					
	steam table in the s LPN-Licensed Prac V6 Caregiver provio table to R9, R14, R	eratures were taken from the second-floor kitchen, V4 stical Nurse, V5 Activities, and ded the food from the steam 16, R17, R20, R21, R22, R23, 108, R109, R110, R111, R112, R116, R117.				
		1:00AM, V3 Food Service follow the Federal Food				
	On 03/21/2024 at 1	2:10PM, V4 LPN said, all the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
		IL6015192	B. WING		03/2	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
EDEN VI	STA SCHAUMBURG		T GOLF RO. NESTATES,			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	residents in the memory care were served the prepared meal from the steam table. No resident received a substitution meal.					
	2022 Food Code United State Food and Drug Administration shows, 3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding. (A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained: (1) At 57°C (135°F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; P or (2) At 5°C (41°F) or less. The facility's Meal Temperature Log dated 10/2021 shows, All substandard temperatures will be corrected by thermal manipulation to heat foods or chill foods to within their respective acceptable temperature control zone before being served to residents or staff. hot foods must be maintained above 135 degrees Fahrenheit, cold foods must be maintained between 33 and 41 degrees Fahrenheit.					
	(C)					
	Statement of Licens	sure Violations (3 of 3)				
	330.4240d)					
	Section 330.4240 Abuse and Neglect					

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Illinois Department of Public Health STATE FORM

GRZR11 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015192	B. WING		03/21/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADD			DRESS, CITY, S	STATE, ZIP CODE		
EDEN VI	STA SCHAUMBURG		T GOLF RO			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	becomes aware of shall also report the (Section 3-610 of th	trator, employee, or agent who abuse or neglect of a resident e matter of the department. ne Act). NT is not met as evidenced by:				
	Based on observation, interview, and record review the facility failed to report an allegation of theft to the state agency for 1 of 2 residents (R106) reviewed for theft in the sample of 31.					
	The findings include:					
	The facility's Investigation Final Report shows on 10/23/23 a ring and necklace were missing for R106 as reported via email from R106's son.					
	On 3/21/24 at 12:50 PM, V1 Administrator said the facility treated the allegation of missing jewelry for R106 as an allegation of theft. V1 said the allegation was not reported to IDPH since R106 had passed away and was no longer at the facility. V1 said this would be considered an allegation of abuse and the facility's Abuse Policy should be followed. V2 Director of Nursing submits abuse allegations to IDPH and heads the investigations.					
	On 3/21/24 at 1:34 PM, V2 DON said an email was sent to the business office manager who notified V1 and herself of R106's missing jewelry. V2 said the allegation was made after the R106 had passed away so she didn't think she needed to report it. V2 said she did an investigation and followed the abuse policy. V2 said if the resident was still at the facility then the allegation would have been reported based on the abuse policy for missing items.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
IL6015192		B. WING		03/21/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	Continued From pa	ge 5	S9999			
	investigation for R1 10/23/23 and the "A Incidents, submit at the enforcement or accordance with sta specific forms)" was The facility's Abuse Prevention Policy (r "Purpose: It is the pmaintain the rights abuse, neglect, exp The policy will providentification, report allegations and/or ror complaint by a re Procedure:2. The prompt investigation allegations of abuse of property and will release of informati according to state repractice guidelines Abuse, Neglect, and2. The incident shand follow-up sent is state allowed timefroe maintained at the	Igation Checklist shows the 06's missing items began on action Item: For Reportable by required follow up report to regulatory agency (in ate regulations and on state is marked "NA." Neglect, Exploitation revised 10/2021) showed, solicy of [the facility] to of all residents to be free from solicitation, and mistreatment. In the index of a mechanism for prompting, and investigation of any easonable suspicion of abuse, as ident (or others) of abuse. The community will conduct a meglect or misappropriation provide notification and the onto the proper authorities, egulations and [the facility] Investigation of Alleged de Exploitation Procedures: all be thoroughly investigation to the initial report within the rame. All documentation shall be Community for the state time after the date of the				

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