

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW HOME - FREEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032</b>
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(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 4)  330.760a) 330.760c)  Section 330.760 Personnel Policies  a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section.  c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.  This REQUIREMENT was not met as evidenced by:  Based on interview and record review the facility failed to look up nursing licenses for 3 nursing staff (V3, V4, V5) prior to hire. This failure has the ability to affect all 17 residents residing in the facility.  The findings include:  The roster provided by the facility on July 15, 2024 shows there are 17 residents residing in sheltered care beds.	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>The additions and terminations form provided on July 16, 2024 shows V3 (Registered Nurse/RN) was hired on May 18, 2024, V4 (Licensed Practical Nurse/LPN) was hired on May 23, 2024 and V5 (RN) was hired on May 15, 2024.</p> <p>On July 16, 2024, V16 (Human Resources) provided license look ups for V3 (RN) and V4 (LPN) that was dated July 16, 2024. She did not provide one for V5 (RN).</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated she did not look up the licenses prior to hire. They were done today (July 16, 2024).</p> <p>The facility did provide policies on employee criminal background checks and employment of individuals with convictions however, neither policy addressed hiring nurses and license look up.</p> <p>(C) Statement of Licensure Violations (2 of 4)</p> <p>330.760 330.911</p> <p>Section 330.760 Personnel Policies</p> <p>a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the requirements of this Section.</p> <p>Section 330.911 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure website-based checks were done for 5 staff (V3, V4, V5, V11, V12) prior to hiring new employees.</p> <p>The findings include:</p> <p>The Health Care Worker Background Check code shows, "(225 ILCS 46/15) Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant, or employee's fingerprints collected and transmitted electronically to the Illinois State</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Police."</p> <p>The roster provided by the facility on July 15, 2024 shows, there are 17 residents residing in sheltered care beds.</p> <p>The additions and terminations form provided on July 16, 2024 shows V3 (Registered Nurse/RN) was hired on May 18, 2024, V4 (Licensed Practical Nurse/LPN) was hired on May 23, 2024 and V5 (RN) was hired on May 15, 2024. There were no website checks done on them.</p> <p>The additions and terminations form provided on July 16, 2024 shows V11 (Laundry/Housekeeping) was hired on June 7, 2024. Her website checks were done on July 16, 2024.</p> <p>The additions and terminations form provided on July 16, 2024 shows V12 (Cook) was hired on June 5, 2024. Her website checks were done on July 16, 2024.</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated she checked the websites that day (July 16, 2024).</p> <p>The facility's policy for employee criminal background checks (no date) shows, "1. The name is entered in the Illinois Department of Corrections for Sex Offender Search."</p> <p>The facility's policy for health care worker background check revised March 2011 shows, "3. Name is searched in various registries on the IDPH (Illinois Department of Public Health) website. If any of the registries indicate a disqualification then the individual cannot be hired."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>(C) Statement of Licensure Violations (3 of 4)</p> <p>330.1950c)1)A) 330.1980a)</p> <p>Section 330.1950 Meal Planning</p> <p>Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p> <p>c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables.</p> <p>1) A serving consists of:</p> <p>A) ½ cup chopped, raw, cooked, canned or frozen fruit or vegetables;</p> <p>Section 330.1980 Menus and Food Records</p> <p>a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>served.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure residents were served the required portion size during the noon meal. This applies to 6 of 6 residents (R101-R106) reviewed for portion size in the sample of 7.</p> <p>The findings include:</p> <p>The facility's menu for week 4 Monday shows, "beef barley soup ..., fried cod with tartar sauce and lemon, Reuben sandwich, zucchini and potato bake, mashed potatoes, green beans ..."</p> <p>On July 15, 2024 at 11:33 AM, V13 (Dietary Aide) was serving the noon meal to the residents on the memory care unit. She served the mashed potatoes with a 2 ounce (oz) spoodle (blue), the green beans with a 1 oz spoodle (black) and the beef barley soup with a 1 oz scoop (black).</p> <p>On July 15, 2024 at 1:20 PM, V15 (Assistant Dietary Manager) stated, the mashed potatoes should have been served with a 4 oz scoop, the green beans with a 4 oz spoodle and the soup with a 6 oz spoodle.</p> <p>The facility's serving sizes (no date) shows, "Soup- 6 oz = Lg (large) soup ladle or 6 oz (lg black) spoodle, Vegetables- ½ c (cup) = 4 oz = 1 gray scoop or 4 oz (lt (light) gray) spoodle, Potatoes or Rice- ½ c = 4 oz = 1 gray or (lt gray) spoodle.</p> <p>(C) Statement of Licensure Violations (4 of 4)</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>330.2000</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure 2 staff (V13, V14) had a current food handling certificate. The facility also failed to ensure food items were labeled, dated and thrown out past the acceptable holding dates. This applies to all 17 residents residing in the facility.</p> <p>The findings include:</p> <p>The roster provided by the facility on July 15, 2024 shows, there are 17 residents residing in sheltered care beds.</p> <p>1. On July 15, 2024 at 11:33 AM, the memory care unit refrigerator had an old black banana, 2 containers of a red sauce with no date, a container of shredded cheese with no date and a baggie of diced ham dated 9/29. There was also a bag of food stuck to the bottom shelf dated May 25, 2024. There was a sign up that showed, "Anything past due 7 days must be discarded."</p> <p>On July 15, 2024 at 1:20 PM, V15 (Assistant Dietary Manager) stated, they are supposed to be cleaning the kitchenettes and refrigerators.</p> <p>The PW/MC (park west/ memory care) checklist</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>dated December 9, 2021 shows, " ...sweep, wipe down refrigerators/freezer, everything needs to be dated!, throw out old food or anything without dates."</p> <p>2. On July 16, 2024 at 11:33 AM, V13 (Dietary Aide) was serving the noon meal on the memory care unit.</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated, V13 (Dietary Aide) and V14 (Dietary Aide) did not have a food handler's certificate.</p> <p>The facility did not provide a policy on food handler's certificates.</p> <p>(AW)</p>	S9999		

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S 000	Initial Comments  Annual Licensure Survey  Complaint Investigation 2415359/IL175328-300.3240b)c)	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 7)  300.650c)  Section 300.650 Personnel Policies  c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.  This REQUIREMENT was not met as evidenced by:  Based on interview and record review the facility failed to look up nursing licenses for 3 nursing staff (V3, V4, V5) prior to hire. This failure has the potential to affect all 32 residents residing in the facility.  The findings include:  The roster provided by the facility on July 15, 2024 shows there are 32 residents residing in licensure beds.  The additions and terminations form provided on July 16, 2024 shows V3 (Registered Nurse/RN) was hired on May 18, 2024, V4 (Licensed	S9999		

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S9999	<p>Continued From page 1</p> <p>Practical Nurse/LPN) was hired on May 23, 2024 and V5 (RN) was hired on May 15, 2024.</p> <p>On July 16, 2024, V16 (Human Resources) provided license look ups for V3 (RN) and V4 (LPN) that was dated July 16, 2024. She did not provide one for V5 (RN).</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated she did not look up the licenses prior to hire. They were done today (July 16, 2024).</p> <p>The facility did provide policies on employee criminal background checks and employment of individuals with convictions however, neither policy addressed hiring nurses and license look up. (C) Statement of Licensure Violations (2 of 7)</p> <p>300.650a) 300.650d) 300.661</p> <p>Section 300.650 Personnel Policies</p> <p>a) Each facility shall develop and maintain written personnel policies that are followed in the operation of the facility. These policies shall include, at a minimum, each of the following requirements.</p> <p>d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>Section 300.661 Health Care Worker Background Check</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure website-based checks were done for 10 staff members (V3, V4, V5, V6, V7, V8, V9, V10, V11, V12) prior to hiring new employees. This failure has the potential to affect all 32 residents residing in the facility.</p> <p>The findings include:</p> <p>The Health Care Worker Background Check code shows, "(225 ILCS 46/15) Sec. 15. Definitions. In this Act: "Initiate" means obtaining from a student, applicant, or employee his or her social security number, demographics, a disclosure statement, and an authorization for the Department of Public Health or its designee to request a fingerprint-based criminal history records check; transmitting this information electronically to the Department of Public Health; conducting Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, and the List of Excluded Individuals and Entities database on the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or conducting similar searches as defined by rule; and having the student, applicant,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>or employee's fingerprints collected and transmitted electronically to the Illinois State Police."</p> <p>The roster provided by the facility on July 15, 2024, shows there are 32 residents residing in licensure beds.</p> <p>The additions and terminations form provided on July 16, 2024, shows V3 (Registered Nurse/RN) was hired on May 18, 2024, V4 (Licensed Practical Nurse/LPN) was hired on May 23, 2024, V5 (RN) was hired on May 15, 2024, V10 (Certified Nursing Assistant/CNA) was hired on May 17, 2024 and V9 (CNA) was hired on May 21, 2024. There were no website checks done on any of them.</p> <p>The additions and terminations form provided on July 16, 2024 shows V6 (CNA) was hired on June 20, 2024. Her website checks were done on July 16, 2024.</p> <p>The additions and terminations form provided on July 16, 2024 shows V7 (CNA) was hired on June 6, 2024. Her website checks were done on July 16, 2024.</p> <p>The additions and terminations form provided on July 16, 2024 shows V8 (CNA) was hired on June 4, 2024. Her website checks were done on July 16, 2024.</p> <p>The additions and terminations form provided on July 16, 2024 shows V11 (Laundry/Housekeeping) was hired on June 7, 2024. Her website checks were done on July 16, 2024.</p> <p>The additions and terminations form provided on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>July 16, 2024 shows V12 (Cook) was hired on June 5, 2024. Her website checks were done on July 16, 2024.</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated she checked the websites that day (July 16, 2024). V16 also stated, she did not check the websites for V3 (RN), V4 (LPN), V5 (RN), V10 (CNA) and V9 (CNA).</p> <p>The facility's policy for employee criminal background checks (no date) shows, "1. The name is entered in the Illinois Department of Corrections for Sex Offender Search."</p> <p>The facility's policy for health care worker background check revised March 2011 shows, "3. Name is searched in various registries on the IDPH (Illinois Department of Public Health) website. If any of the registries indicate a disqualification then the individual cannot be hired."</p> <p>(C) Statement of Licensure Violations (3 of 7)</p> <p>300.610a) 300.696f)1)2)A)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW HOME - FREEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032</b>
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S9999	<p>Continued From page 5</p> <p>the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.696 Infection Prevention and Control</p> <p>f) Infectious Disease Surveillance Testing and Outbreak Response</p> <p>1) The facility shall have a testing plan and response strategy in place to address infectious disease outbreaks. Pursuant to the plan and response strategy, the facility shall test residents and facility staff for infectious diseases listed in Section 690.100 of the Control of Communicable Diseases Code in a manner that is consistent with current guidelines and standards of practice.</p> <p>2) Each facility shall conduct testing of residents and staff for the control or detection of infectious diseases when:</p> <p>A) The facility is experiencing an outbreak; or</p> <p>Based on interview and record review the facility failed to ensure residents and staff were tested for COVID-19 once an outbreak started or developed symptoms of COVID-19. This failure has the potential to affect all 32 residents who reside at the facility.</p> <p>The findings include:</p> <p>The facility's Resident Roster provided on 7/15/24 shows that there are 32 residents residing in the facility.</p> <p>The facility provided list of staff and residents who have been tested for COVID-19 show that their COVID-19 outbreak started on 7/6/24 when R23</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>developed a cough and wheezing and tested positive for COVID-19 on 7/6/24. R23's room mate and dining room table mate were tested for COVID-19 and two day shift Certified Nursing Assistants (CNAs) that had worked in R23's unit were tested. No other residents or staff were tested at that time.</p> <p>The facility provided schedule shows that V20 (CNA) worked night shift on the unit where R23 resided on 7/4/24, 7/5/24, 7/6/24 and 7/9/24. The testing list shows that V20 tested positive on 7/10/24 after developing symptoms of COVID-19. The list does not document that V20 was tested any time before 7/10/24.</p> <p>The facility provided list shows that R2 tested positive for COVID-19 on 7/12/24. Staff that provided care to R2 were not tested at that time. V26 (Infection Control Nurse/Nurse Manager) tested positive for COVID-19 on 7/13/24. V21 (PM shift CNA that provided care to R2 on 7/12/24) tested positive on 7/14/24. V27 (Activity Aide) tested positive for COVID-19 on 7/15/24.</p> <p>R3's Nursing Notes dated 7/9/24 shows, "CNAs reported noting that this resident is having chills, tiredness, runny nose, and chills." R3's Nursing Notes and the list provided by the facility does not document that R3 was tested for COVID-19. R3 resides in the room next to R23 that tested positive for COVID-19 on 7/6/24.</p> <p>On 7/16/24 at 11:18 AM, V2 (Director of Nursing) said that R23 developed COVID-19 symptoms and tested positive for COVID-19. V2 said that R23 would go out to the dining room for meals and then go back into her room. V2 said that they tested all staff and residents that were within 6 feet from her (2 residents and 2 staff members</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>were tested). V2 said that when V20 (CNA) tested positive, the unit was already wearing surgical masks due to R23 testing positive and V20 said that she felt like she didn't expose anyone so no one else was tested at that time. V2 said that when V21 (CNA) came back positive, they did not test any additional residents or staff because the unit was already wearing masks. At 2:10 PM, V2 said that V20 (CNA) should have been tested if she was working. V2 said that R2 is a two person assist and total care and there was only two CNAs on the unit at a time so anyone who had worked when R2 became positive should have been tested. (R2 became positive on 7/12/24 and no CNAs were tested until 7/14/24). V2 said that no testing was done after V27 (Activity Aide) tested positive for COVID-19 on 7/15/24 since all staff were wearing masks at that time. V2 said that COVID-19 symptoms include cough, shortness of breath, fever, GI symptoms, vomiting, runny nose, chills, body aches, sore throat and headache. V2 said that any resident that develops those symptoms when they are in an outbreak should be tested for COVID-19 immediately. V2 said that R3 should have been tested for COVID-19 on 7/9/24 when she developed symptoms.</p> <p>The facility's COVID-19 Testing Plan and Response Strategy Policy revised 5/30/23 shows, "Symptomatic residents suspected of having covid will be tested ....If a resident is discovered to be COVID-19 positive, the facility will use contact tracing approach to determine which other residents and/or HCP (Health Care Personnel) are identified as close contacts or who had a higher-risk exposure. Those identified as close contacts or who had a higher-risk exposure will be tested at day 1, day 3 and day 5 ... .. If additional cases are identified through contact</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>tracing, the facility will expand testing as determined by the distribution and number of cases throughout the facility and ability to identify close contacts using a broad base approach. If the facility is unable to conduct contact tracing or contacts cannot be identified, the facility will follow a broad-based approach and will test the unit, floor or other specific area of the facility where the positive COVID-19 case was identified ... .. If a HCP (Health Care Personnel) is discovered to be COVID-19 positive, the facility will use a contact tracing approach to determine which other residents and/or HCP are identified as close contacts or who had a higher-risk exposure. Those identified as close contacts or who had a higher-risk exposure will be tested a day 1, day 3 and day 5 .... If additional cases are identified through contact tracing, the facility will expand testing as determined by the distribution and number of cases throughout the facility and ability to identify close contacts using a broad base approach. If the facility is unable to conduct contact tracing or contacts cannot be identified, the facility will follow a broad-based approach and will test the unit, floor or other specific area of the facility where the positive COVID-19 case was identified."</p> <p>The Centers for Disease Control regarding Contact Tracing shows, "A person is still considered a close contact even if they were wearing a mask while they were less than six feet from someone with COVID-19 for a cumulative total of 15 minutes or more over a 24-hour period."</p> <p>(B) Statement of Licensure Violations (4 of 7)</p> <p>300.2050c)1)A 300.2080a)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Section 300.2050 Meal Planning</p> <p>Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.</p> <p>c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables.</p> <p>1) A serving consists of:</p> <p>A) ½ cup chopped raw, cooked, canned or frozen fruit or vegetables;</p> <p>Section 300.2080 Menus and Food Records</p> <p>a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.</p> <p>This REQUIREMENT was not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Based on observation, interview and record review the facility failed to ensure residents were served the required portion size during the noon meal. This applies to 13 of 13 residents (R1, R2 &amp; R12-R22) reviewed for portion size in the sample of 22.</p> <p>The findings include:</p> <p>The facility's menu for week 4 Monday shows, "beef barley soup ..., fried cod with tartar sauce and lemon, Reuben sandwich, zucchini and potato bake, mashed potatoes, green beans ..."</p> <p>On July 15, 2024 at 10:32 AM, V13 (Dietary Aide) was serving the noon meal to the residents (R1, R2, &amp; R12-22) on the park west unit. She served the mashed potatoes with a 2 ounce (oz) spoodle (blue), the green beans with a 2 oz spoodle (blue) and the beef barley soup with a 1 oz scoop (black).</p> <p>On July 15, 2024 at 1:20 PM, V15 (Assistant Dietary Manager) stated, the mashed potatoes should have been served with a 4 oz scoop and the green beans with a 4 oz spoodle.</p> <p>The facility's serving sizes (no date) shows, "Soup- 6 oz = Lg (large) soup ladle or 6 oz (lg black) spoodle, Vegetables- ½ c (cup) = 4 oz = 1 gray scoop or 4 oz (lt (light) gray) spoodle, Potatoes or Rice- ½ c = 4 oz = 1 gray or (lt gray) spoodle. (AW) Statement Licensure Violations (5 of 7)  300.2100  Section 300.2100 Food Handling Sanitation</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure staff had a current food handling certificate. The facility also failed to ensure food items were labeled, dated and thrown out past the acceptable holding dates and ensure the kitchenettes were clean. This failure has the potential to affect all 32 residents residing in the facility.</p> <p>The findings include:</p> <p>The roster provided by the facility on July 15, 2024 shows, there are 32 residents residing in licensure beds.</p> <p>1. On July 15, 2024 at 10:32 AM, the kitchenette on the park west unit was dirty with food debris on the floor. Baskets, cups and pitchers were observed on the floor. Opened and emptied coffee creamer containers and mustard packets were observed on the floor. The refrigerator had diced ham in a baggie labeled June 9, 2024. There were 2 bottles of Gatorade opened and half used with no date and 2 containers of a red sauce with no date. There was a sign up that showed, "Anything past 7 days must be discarded."</p> <p>On July 15, 2024 at 1:20 PM, V15 (Assistant Dietary Manager) stated, they are supposed to be cleaning the kitchenettes and refrigerators.</p> <p>The PW/MC (park west/ memory care) checklist</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>dated December 9, 2021 shows, " ...sweep, wipe down refrigerators/freezer, everything needs to be dated!, throw out old food or anything without dates."</p> <p>2. On July 16, 2024 at 10:32 AM, V13 (Dietary Aide) was serving the noon meal on the park west unit. V14 (Dietary Aide) was helping pass trays. She stated, she serves the meals sometimes.</p> <p>On July 16, 2024 at 1:05 PM, V16 (Human Resources) stated, V13 and V14 both dietary aides did not have a food handlers certificate.</p> <p>The facility did not provide a policy on food handler's certificates. (AW) Statement of Licensure Violations (6 of 7)</p> <p>300.3210a)</p> <p>Section 300.3210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of a facility. (Section 2-101 of the Act)</p> <p>Based on observation, interview and record review the facility failed to assist residents with eating in a dignified manner for 5 of 5 residents (R7-R11) reviewed for resident rights in the sample of 23.</p> <p>The findings include:</p> <p>On 7/15/24 during the noon meal in the dining</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>room, V17 (Certified Nursing Assistant/CNA) was observed feeding R7 while standing on the side of her. V19 (CNA) was observed feeding R8, R9 and R10 while standing on the side of them. V18 (CNA) was observed feeding R11 while standing on the side of her. There was a chair next to R11 at the dining room table but V18 only used it for part of the assistance with the meal.</p> <p>On 7/16/24 at 11:18 AM, V2 (Director of Nursing) said that if a staff member is assisting a resident with eating, they should sit at their side so the resident can see them and know what is going on.</p> <p>The facility's Residents' Rights for People in Long-Term Care Facilities Booklet revised 11/2018 that is provided to them upon admission shows, "Your right to dignity and respect .... Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life ..."</p> <p>(AW) Statement of Licensure Violations (7 of 7)</p> <p>300.3210f) 300.3240b) 300.3240c)</p> <p>Section 300.3210 General</p> <p>f) The facility shall make reasonable efforts to prevent loss and theft of residents' property. Those efforts shall be appropriate to the particular facility and may include, but are not limited to, staff training and monitoring, labeling property, and frequent property inventories. (Section 2-103 of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative and to the Department. (Section 3-610(a) of the Act)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure missing controlled substances were reported to the abuse coordinator and the Department. This applies to 1 of 4 residents (R12) reviewed for abuse in the sample of 23.</p> <p>The findings include:</p> <p>On 7/16/24 at 1:33 PM, V22 (Registered Nurse/RN) said he was alerted that there was a concern when he inquired to the pharmacy about the status of R12's Tramadol (controlled narcotic medication). V22 said the pharmacy would not refill R12's Tramadol as it was too soon because they had just refilled it. V22 said he alerted V2 (Director of Nursing/DON) about the missing Tramadol. V22 said they do not have the narcotic count sheet for R12's Tramadol 50 mg tablets.</p> <p>On 7/16/24 at 11:25 AM, V2 (DON) said V22 came to her and reported the Tramadol card was missing (on 6/25/24). On 7/16/24 at 1:04 PM, V2 said she did not report the missing Tramadol to the State. V2 said she does not have any documents or written investigation on the missing</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>Tramadol as she resolved the matter the same day.</p> <p>On 7/16/24 at 3:14 PM, V1 (Administrator/Abuse Coordinator) said missing controlled substances are to be investigated and reported. V1 said V2 told her about the Tramadol being located. V1 said the medication was missing for such a short time that she did not report anything.</p> <p>On 7/16/24 at 2:10 PM, V28 (Licensed Practical Nurse/LPN) said he received a call from V2 on 6/25/24. V28 said V2 explained that R12's Tramadol was missing and asked him about any information he could provide regarding the whereabouts of the card of Tramadol.</p> <p>On 7/16/24 at 2:48 PM, V25 (Pharmacy Supervisor) said they sent Tramadol 50 mg tablets to be given once a day to R12 (quantity 30) to the facility on 6/22/24.</p> <p>R12's Medication Review Report dated 7/16/24 shows she has an order for Tramadol.</p> <p>The facility's Abuse/Neglect Prevention Program Facility Policy and Procedures (Revised 5/15/24) shows the DON or Administrator will initiate and supervise the incident investigation upon learning of a suspected incident or accident. Incidents include situations which could constitute misappropriation of resident property. It is the policy of the facility to accurately investigate and record all allegations of misappropriation of resident property in accordance with applicable state and federal guidelines. A written report of the allegation of misappropriation of resident property will be sent to the Illinois Department of Public Health within 24 hours or within two hours if the allegation involves a crime.</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6007231</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PARKVIEW HOME - FREEPORT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1234 SOUTH PARK BOULEVARD FREEPORT, IL 61032</b>
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(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 16  (B)	S9999		