

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3001109		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 03/18/2026	
NAME OF PROVIDER OR SUPPLIER Timbercreek Rehab and Health Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET , PEKIN, Illinois, 61554			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000				
	Initial Licensure Health Survey						
S9999	Final Observations		S9999				
	Statement of Licensure Violations (1 of 8):						
	300.615e)						
	Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information						
	e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act).						
	This requirement is not met as evidenced by:						
	Based on record review and interview the facility failed to complete Criminal History Background Checks within 24 hours of admission for three of ten residents (R1, R13, and R14) reviewed for Admission Background Checks in the sample of 14.						
	Findings include:						
	The facility's Abuse, Prevention, and Prohibition Policy dated 12/2025 documents, "Screening: The facility will prescreen potential residents for behaviors, needs and personal histories which might lead to conflict, neglect, or abuse."						
	1.R1's Admission Record documents R1 was admitted to the facility on 3/6/26.						
	R1's Criminal History Background Check documents being completed on 3/9/26 (three days after R1 was admitted						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 to the facility). 2. R13's Admission Record documents R13 was admitted to the facility on 3/12/26. R13's Criminal History Background Check documents being completed on 3/17/26 (five days after R13 was admitted to the facility). 3. R14's Admission Record documents R14 was admitted to the facility on 3/4/26. R14's Criminal History Background Check documents being completed on 3/9/26 (five days after R14 was admitted to the facility). On 3/18/26 at 10:30 AM V1 (Administrator-In-Training) verified V21 (Business Office Manager/BOM) is responsible for completing the residents' Criminal History Background Checks within 24 hours of a resident being admitted to the facility. V1 verified R1, R13, and R14's Criminal History Background Checks were not completed within 24 hours of R1, R13, and R14's admission to the facility. On 3/18/26 at 10:55 AM V21 (BOM) stated, "I do not have a good answer why the residents' Criminal History Background Checks are not getting completed within 24 hours of admission." V21 verified R1, R13, and R14's Criminal History Background Checks were not completed within 24 hours of R1, R13, and R14's admission to the facility. (C) 2 of 8: 300.670a) 300.670c)1) Section 300.670 Disaster Preparedness a) For the purpose of this Section only, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the facility. c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under			S9999			

Illinois State Department of Health

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S9999	Continued from page 2 varied conditions to: 1) Ensure that all personnel on all shifts are trained to perform assigned tasks; 3) Evaluate the effectiveness of disaster plans and procedures. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were performed twice annually for each shift of facility personnel and failed to ensure fires drills were held quarterly for each shift of facility personnel. This failure has the potential to affect all 88 residents residing within the facility. Findings include: The facility's Detailed Census Report dated 3/17/26 documents 88 residents currently reside within the facility. The facility's Maintenance Director Job Description undated documents the maintenance director is responsible for conducting fire drills. The facility's annual Disaster Drills were reviewed from 3/17/25 through 3/17/26 and document only one disaster drill was performed during this timeframe on 3/10/26 during second shift. The facility's annual Fire Drills were reviewed from 3/17/25 through 3/17/26 and document only fire disaster drills were held during this timeframe on 3/15/26 during third shift, 1/26/26 during first shift, 5/19/25 during second shift, and 4/30/25 during day shift. On 3/17/26 at 12:38 PM V7 (Maintenance Director) stated, "I have only been in this position for a few months. There is no documented evidence that the facility held fire drills quarterly for each shift, or disaster drills twice annually for each shift." On 3/18/26 at 11:24 AM V1 (Administrator-In-Training) verified the facility did not perform the required fire drills each shift quarterly or the required disaster drills twice annually for each shift. (C) 3 of 8: 300.1640a) 300.1640f)		S9999				

Illinois State Department of Health

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S9999	Continued from page 3 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. These are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a multidose insulin vial and multidose insulin pens were labeled with resident identifiers and labeled when opened for three of three residents (R4, R11, and R12) reviewed for labeling and storage of medications in the sample of 14. Findings include: The facility's Drug Labeling policy dated 6/25 documents, "The label of each individual container shall clearly indicate the resident's full name, physician's name, prescriber number, name and strength of drug, directions for administration, date of issue, the initials of the pharmacist filling the prescription, and the amount of medication contained in each individual prescription. On 3/17/26 at 12:37 PM V16 (LPN/Licensed Practical Nurse) was passing medications out of the C-Hallway medication cart. In the top drawer of this cart were two Degludec insulin pens 200 u/ml (units per milliliter) and an opened vial of Lantus insulin 100 u/ml that were opened and half used that did not have labels indicating which residents the Degludec insulin pens or Lantus insulin vial were being used for or dates of when the vial and insulin pens were opened. The top of this medication cart also contained R4's Aspart insulin pen 200 u/ml that was opened and was not labeled with the date of when opened and R12's Fiasp insulin pen 100 u/ml that was opened and was not labeled with the date of when opened.		S9999				

Illinois State Department of Health

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S9999	Continued from page 4 On 3/17/26 at 12:38 PM V16 (LPN) verified R4's Aspart insulin pen and R12's Fiasp insulin pen were not labeled with the date when opened. V16 also verified the two opened Degludec insulin pens and open vial of Lantus located in the C-hallway medication cart drawer were not labeled with resident identifiers. On 3/17/26 at 1:30 PM V2 (Director of Nursing) stated all residents' insulin pens and insulin vials should have a label indicating which resident the medication is being used for and should be dated when opened. V2 confirmed the nurses have been using the unlabeled, opened Degludec insulin pens for R4 and the nurses have been using the unlabeled, opened Lantus insulin vial for R11. (C) 4 of 8: 300.2210b)1)4) Section 300.2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken windowpanes; and any other similar hazards. 4) Maintain the interior and exterior finishes of the building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance). These requirements are not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the roof, floors, walls, ceilings, and heating and cooling vents were kept clean, in good repair, and free of leaks. This has the potential to affect all 88 residents residing within the facility. Findings include: The facility's Detailed Census Report dated 3/17/26 documents 88 residents currently reside within the facility. The facility's Maintenance Director Job Description (undated) documents, "Responsible for supervising and		S9999				

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S9999	Continued from page 5 coordinating the activities of the maintenance department to ensure environmental center compliance in accordance of Federal, State, and Local ordinances, regulations and building codes. Ensures center is maintained in a sanitary, attractive, and orderly condition, in good repair, free from hazards such as those caused by electrical, plumbing, ventilation, heating, and cooling systems." On 3/17/26 at 9:40 AM the bathroom shared between R1 and R2 was observed to be in unsanitary and damaged condition. The bathroom floor lacked any floor coverings and was heavily stained with an orange substance. A strong urine odor was present throughout the space. Additionally, multiple holes were noted in the bathroom walls. R1's room was also observed to be in disrepair. The walls contained multiple holes, including a basketball-sized area of exposed drywall located above R1's bed. There was also a missing cover base extending from the heating unit to the adjacent wall. On 3/17/26 at 12:15 PM, a large trash can was observed in the center of the main dining room collecting water from an actively leaking ceiling. The trash can contained approximately eight inches of standing water along with visible trash. Directly above the trash can, a four-foot by two-foot ceiling vent was heavily covered in gray dust and debris. The surrounding ceiling tiles showed brown staining and visible bulging, indicating potential water damage. Additionally, eight ceiling air vents throughout the main dining room were observed to be covered in dark gray dust and debris. The ceiling tiles surrounding these vents also exhibited similar accumulations of dust and debris. Two additional four-foot by two-foot ceiling vents in the dining area were likewise covered in dark gray dust and debris. On 3/17/26 at 9:45 AM R1 stated, "I keep the door closed to my bathroom because it stinks so bad and is so dirty. My room could use a remodel." On 3/17/26 at 9:50 AM R2 stated his bathroom has not had floor coverings since he has lived at the facility. On 3/17/26 at 9:55 AM V20 (Housekeeper) verified the bathroom shared between R1 and R2 has not had floor coverings for as long as she can remember. On 3/17/26 at 12:30 PM V18 (CNA/Certified Nursing Assistant) stated, "I have worked here for four years, and the dining room ceiling has leaked for the four years I have worked here every time it rains. There has		S9999				

Illinois State Department of Health

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S9999	Continued from page 6 always been a trash can in the dining room catching the rainwater. The dining room ceiling tiles have always been stained." V18 verified that all residents within the facility use the dining room for either activities or dining. On 3/17/26 at 12:35 PM V17 (CNA) stated, "I have worked here for two years, and the dining room ceiling has leaked ever since I have worked here." On 3/17/26 at 12:38 PM V7 (Maintenance Director) stated, "I have only been in this job for a few months and as you can see the facility is ran down and needs a lot of work. I have not had time to clean any of the ceiling vents in the dining room. I have not been made aware that (R1 and R2's) bathroom floor is missing tiles. I know (R1 and R2's) rooms need patched and repainted but have not had time to get to their rooms. I was made aware that the roof was leaking into the dining room around two weeks ago. I am guessing the roof is leaking around the air cooling unit on tip of the roof. No one has looked for the leak or fixed the leak yet." (C) 5 of 8: 300.2410c) Section 300.2410 Furnishings c) Each bedroom shall have window shades, or equivalent, that are in good repair. This requirement is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident's room window had a window shade or curtain for one of 14 residents (R2) reviewed for environment in the sample of 14. Findings include: The facility's Maintenance Director Job Description undated documents the maintenance director is responsible for preparing the residents' rooms for new admission and performing all routine maintenance in accordance to Federal, State, and Local ordinances, regulations, and building codes. On 3/17/26 at 9:50 AM R2 was sitting in a wheelchair in his room. R2's window had no window coverings. R2 stated, "I would like to at least have a blind. In the morning it is really bright in here." R2 stated he has		S9999				

Illinois State Department of Health

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S9999	Continued from page 7 not had a blind or curtain covering his window since R2 was admitted here on 3/13/26. On 3/17/26 at 9:55 AM V20 (Housekeeper) verified R2 has not had a blind or curtain covering his window since R2 was admitted to the facility. On 3/17/26 at 12:38 PM V7 (Maintenance Director) stated, "I was not aware of (R2) not having a blind or curtain to cover his window." On 3/18/26 at 12:30 PM V1 (Administrator-In-Training) stated, "It is (V7's) responsibility to ensure all new admissions have window treatments in their rooms." (C) 6 of 8: 300.696d)2) 300.696 Infection Prevention and Control 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 This requirement was not met as evidenced by: Based on observation, interview and record review, the facility failed to perform hand hygiene between residents during medication administration for three of eight residents (R6, R8, R9) reviewed for medication administration in the sample of 14. Findings include: The facility's Standard Precautions policy, dated 2019, documents, "Hand Hygiene. Appropriate hand hygiene is essential in preventing transmission of infectious agents. Purpose: to cleanse hands to prevent the spread of potentially deadly infections; to provide a clean and healthy environment for residents, staff and visitors; to reduce the risk to the healthcare provider of colonization or infections acquired from a resident. Hand hygiene continues to be the primary means of preventing the transmission of infection." On 3/17/26 at 12:23 PM, V19 (Licensed Practical Nurse)		S9999				

Illinois State Department of Health

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S9999	Continued from page 8 prepared R6's noon medications which included one crushed Oxycodone tablet and an oral solution Morphine concentrate (narcotic pain medications). The two medications were drawn up together in an oral syringe. V19 entered R6's room and administered the liquid to R6 orally, while touching the bed frame side rails and R6's face. Without performing any hand hygiene, V19 then went to the medication cart, opened the computer, opened the medication cart and prepared R8's noon medication. V19 entered R8's room after knocking on the door and handed the medication cup to R8 who was coming out of the bathroom. V19 took the medication cup from R8's hand and threw it away outside of the room. Without performing any hand hygiene V19 then prepared R9's oral noon medications and entered R9's room to administer them. R9 was sitting up in bed when V19 handed R9 the medication cup. R9 stated he isn't eating lunch today because he isn't feeling well and stated, "maybe the flu or something". V19 disposed of R9's medication cup and went back to the medication cart. Without any hand hygiene V19 opened her computer screen and pulled a medication cup for the next resident. On 3/17/26 at 12:35 PM, V19 stated that during medication pass, she usually just washes her hands when she uses pudding or applesauce, or her hands get sticky, and she does not wash them or use hand sanitizer after each resident's medications. V19 stated "I don't do hand hygiene between every room unless I can see or feel my hands need cleaned." (C) 7 of 8: 300.1060c) 300.1060d) 300.1060f) 300.1060g) 300.1060 Vaccinations c) A facility shall administer or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213(b) of the Act)		S9999				

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S9999	Continued from page 9 d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act) f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act) g) All persons determined to be susceptible to the hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act) This requirement was not met as evidenced by: Based on Interview and Record Review, the facility failed to screen, educate and offer Pneumococcal and Hepatis B vaccinations to residents. This failure has the potential to affect all 88 residents residing in the facility. Findings include: The facility's Hepatitis B vaccine information statement (undated), documents "Hepatitis B vaccine can prevent Hepatitis B. Hepatitis B is a liver disease that can cause mild illness lasting a few weeks, or it can lead to a serious lifelong illness. Hepatitis B vaccine is recommended for certain unvaccinated adults: People who have household contact with someone infected with the Hepatitis B virus, health care and public safety workers at risk for exposure to blood or body fluids, residents and staff of facilities for developmentally disabled persons, people with chronic liver disease, kidney disease, HIV (Human Immunodeficiency Virus) infection, infection with Hepatitis C, or diabetes, anyone who wants protected from hepatitis." The facility's Pneumococcal Vaccine schedule for adults equal to and over the age of 65 years old informational sheet (undated), documents the pneumococcal vaccine is recommended for adults over 65 and adults with immunocompromising conditions. The facility's Immunization Report dated 3/1/25-3/31/26 and provided by V9 (Licensed Practical Nurse/ Infection Preventionist), does not document any facility residents have been given a Hepatitis B vaccine or a Pneumococcal vaccine in the past 12 months and only		S9999				

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S9999	Continued from page 10 lists influenza vaccinations. On 3/18/26 at 9:45 AM, V9 stated she does not have any formal screening or education that they give residents Hepatitis or a protocol for Hepatitis B immunizations. On 3/18/26 at 10:20 AM, V9 confirmed she looked in the resident records and she does not have any information that residents are screened, educated or offered the pneumococcal vaccine or the Hepatitis B vaccination series. V9 stated, "I don't have any refusals, documentation that we screened, offered or educated residents for the Pneumococcal and Hepatitis B vaccines. I wasn't aware that we need to offer them." On 3/18/26 at 1:33 PM, V1 (Administrator in Training) stated, "The facility does not have a policy for Hepatitis B or Pneumococcal vaccinations. We were instructed by corporate that we just follow CDC (Centers for Disease Control) guidelines." The facility's Detailed Census Report dated 3/17/26, documents 88 residents currently reside within the facility. (C) 8 of 8: 300.2100 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Code." This requirement was not met as evidence by: Based on observation, interview and record review, the facility failed to store chemical cleaners away from food items, monitor the level of quaternary ammonia in the kitchen's three compartment sanitation sink, ensure a thermometer is located inside a reach in refrigerator, ensure a walk in refrigerator storing meat was kept at 41 degrees or less, monitor and record refrigerator, freezer and prepared food temperatures, monitor and record sanitation levels in the kitchen's dishwasher, keep prepared cold foods covered and in the cooler, label open food in coolers, freezers and dry storage with expiration dates, perform and record cool down temperatures for foods cooked ahead and then stored in coolers or freezers and ensure kitchen staff, including a cook, have completed required food handler and sanitation courses. These failures have the potential to affect all 88 residents residing in the		S9999				

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S9999	Continued from page 11 facility. Findings include: The facility's Dietary Supervisor job description (undated) documents, "Title variations: Dietary Manager. Position description: Responsible for planning, directing, controlling, and supervising functions and personnel within the dietary department. Safely and efficiently provides nutritionally appropriate food to residents for the purpose of maintaining and enhancing their overall health. Ensures the provision of quality food service and nutrition care in accordance to the federal, state and local regulations. Principal responsibilities: Responsible for the daily operations of nutrition service within the dietary department, according to facility policy and procedures and federal, state and local regulations. Provides leadership and guidance to ensure that food quality, safety standards, and resident needs are satisfactorily met. Ensures compliance with nutrition standards, government regulations, and center policies and procedures. Maintains standards for food preparation and quality of food service. Follows food safety and sanitation guidelines per company policy and procedure and state and federal codes and regulations. Performs regular audits of dietary services to ensure safe food handling. Develops and ensures adherence to cleaning schedules and other tools needed to maintain sanitation and cleanliness of the kitchen and other areas where food is stored or served." The facility's Cook job description (undated) documents, "Responsible for preparing and serving meals according to the menu, monitoring methods of food handling, preparation, meal service, and equipment cleaning. Safely and efficiently provides nutritionally appropriate food to residents for the purpose of maintaining and enhancing their overall health. Ensures the provision of quality food service and nutrition care in accordance with federal, state and local regulations. Principal responsibilities: Prepares food according to safe food handling guidelines per company policy and procedure and state and federal codes and regulations. In the absence of the Dietary Manager, Dietary Aide is accountable to the Cook. Maintains standards for food preparation and quality of food service. Tests food to determine if properly cooked, palatable, and at correct temperatures to meet resident needs. Follows food safety and sanitation guidelines per company policy and procedure and state and federal codes and regulations. Performs regular audits of dietary services to ensure safe food handling. Identifies and corrects safety hazards; reports safety		S9999				

Illinois State Department of Health

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NAME OF PROVIDER OR SUPPLIER Timbercreek Rehab and Health Care Center				STREET ADDRESS, CITY, STATE, ZIP CODE 2220 STATE STREET , PEKIN, Illinois, 61554			
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S9999	Continued from page 12 concerns as required. Attends and participates in scheduled in-service training, educational classes and meetings to maintain current certification as applicable and as managed by regulatory agencies and company policies." The facility's Labeling and Dating Foods policy (undated) documents "All food stored will be properly labeled according to the following guidelines. (Dry storage) Once a case is opened, the individual food items from the case are dated with the date the item was received into the facility and placed in/on the proper storage unit utilizing the "first in- first out" method of rotation. Expiration dates on commercially prepared, dry storage food items will be followed. (Refrigerated storage) Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacture's expiration date. (Freezer storage) Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date." The facility's Handling Leftover Food policy (undated) documents "Leftover foods will be properly handled, cooled, and stored to ensure food safety minimal waste. Leftover food items to be re-used are checked at the end of meal service to ensure they are less than 41 degrees Fahrenheit (F) for cold food and greater than 135 degrees F, or per state regulations, for hot food. Foods that are outside the correct range shall be discarded for food safety. All leftover food that meets these safety and quality parameters shall be immediately started in the cooling process. The cooling item is monitored to ensure that the food reaches 70 degrees F within two hours and 41 degrees or less in four more hours and not to exceed six hours total. Food is loosely covered and placed in the refrigerator or on ice bath. The temperatures are recorded and documented on the food cover. Once the food has correctly cooled to 41 degrees F or less it is sealed tightly and labeled to identify the contents and has a use by date that is clearly visible. Leftover foods stored in the refrigerator shall be wrapped, dated, labeled with a use by date that is no more than 72 hours from the time of the first use. Leftover foods stored in the freezer shall be wrapped air-tight and moisture proof, dated, and labeled. The date, item, and amount shall be clearly posted. All staff are trained in the preparation and handling of leftovers." On 3/17/26 at 9:50 AM V10 (Cook) stated the facility's former Dietary Manager (V14) quit about a month ago.		S9999				

Illinois State Department of Health

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S9999	Continued from page 13 V10 stated V15 (Corporate Dietary Manager) has been in the facility for a couple of weeks but she went out of state and will not be in the facility this week. V10 stated he is the Cook but does not have any certificates for food handling or sanitation. At this time, V12 (Dietary Aide) stated he does not have a food handling or sanitation certificate. On 3/17/26 at 10:00 AM the facility kitchen was toured. The walk in cooler internal thermometer documented the coolers temperature was 45 degrees F. This cooler does not have a temperature log to document daily temperature monitoring. Inside of this refrigerator there was a large metal pan covered loosely with aluminum foil labeled "open faced turkey, exp (expiration) 3/18". Another large pan was covered with loose foil, and half dollar sized hole was ripped in one corner exposing the contents. This foil documents "ground pork for 3/17 chili". V10 confirmed at this time that both meat items were cooked ahead and that there are no cool down logs of temperature monitoring of the meats during cooling. V10 stated "We do not have documentation or logs of any kind. Those were taken when (V14, former Dietary Manager) left. They (kitchen staff) do not record refrigerator temperatures, freezer temperatures or cool down logs. We have no books or forms." At this time V11 (Dietary Aide) confirmed that the facility's kitchen does not have any forms to record on and so they have not been checking refrigerator temperatures, freezer temperatures or monitoring of any kind. V11 stated "They (administration) took all our books for recording. There is no daily monitoring documented in the kitchen since (V14) left." On 3/17/26 at 10:05 AM, The facility's reach-in cooler contained several glasses of poured milk on trays. These glasses were not covered or dated. This cooler does not contain an internal thermometer and does not have a temperature log to document daily temperature monitoring. The facility's walk-in freezer contained three, half sheet cake pans of frozen hamburger patties covered with loose aluminum foil that documents "cook first". These plans do not document a date of expiration. This freezer also contained a large metal pan labeled "tator-tot casserole, 2/3". This pan does not document an expiration date. At this time, V10 confirmed he does not have a cool down recording for the casserole. On 3/17/26 at 10:10 AM the facility's kitchen dry storage room contained an opened large box of cake mix that documents "open 12/18", a medium sized plastic container labeled "dry powdered milk, date 7/7", a		S9999				

Illinois State Department of Health

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S9999	Continued from page 14 large plastic canister labeled "sugar 3/1, exp (expiration) 3/4", and an opened bag of breadcrumbs dated "1/11 exp". All of these opened food items dates do not document a year or year of expiration. This same dry storage room contains opened bags of pasta including spiral noodles with no date, macaroni noodles that document "exp 3/12", spaghetti noodles that documents "date open,10/22", a second package of spaghetti noodles that documents "opened date 2/7", and a bag of bowtie noodles that documents "open 3/15". These packages do not document a year or a year of expiration. On 3/17/26 at 10:15 AM the kitchens stove and food preparation area contained a tall metal cart with shelves next to the counter where food is prepared. This cart contained a partially full spray bottle of blue liquid labeled "glass cleaner", an aerosol can labeled "oven cleaner" as well as a bucket with used grill brushes and rags with a dark grease-like substance on them. These cleaning chemicals and items sit next to open jugs of cooking oil, two large tubs of butter, and opened beef base food additive. At this time V10 stated the tubs have butter in them and the beef base is used for preparing pureed diet meat. V10 stated he isn't sure why there are chemicals on these shelves and confirmed they should not be stored next to food. On 3/17/26 at 10:20 AM, V10 stated kitchen staff use the sanitation sink water from the kitchen's three compartment sink to wipe down and sanitize surfaces and food preparation areas in the kitchen. V10 stated "We do not check the sanitation levels or record them anywhere since they no longer have those logs to record results on." On 3/17/26 at 10:22 AM V13 (Dishwasher) confirmed there are no documentation sheets to documents any temperature or sanitation checks for the facility's dish machine. V13 stated, "I think it's a high temperature dishwasher, because we have to check the temperature and the sanitation level. I don't have any documentation to show that this is checked because they took our forms." On 3/17/26 at 12:00 PM, the kitchen's steam table was being prepared by V10. At this time, V12 was standing next to a rack of cold food items including dished up cottage cheese, glasses of chocolate milk, dished pudding, bowls of lettuce salad and a box of ice cream cups. These cold food items did not have ice or cooling measures and were sitting at room temperature throughout the meal plating procedures. At 12:14 PM, V10			S9999			

Illinois State Department of Health

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S9999	Continued from page 15 finished placing all metal pans on the steam table for the facility's lunch meal. At this time, V10, V12 and V13 began plating food for resident delivery. V10 stated he did not check the food temperatures once on the steam table, or before plating food and sending out trays. V10 stated "I did not check them, because we are not recording those anywhere." On 3/18/26 at 11:40 AM, V15 (Corporate Dietary Manager) confirmed has been working at the facility in the interim dietary manager's role. V15 stated she is off this week and will return on the weekend. V15 confirmed she was aware that some employees do not have the food handling and sanitations courses. V15 confirmed that V10 is a cook and does not have a food handler or sanitation certificate. V15 stated "Dry storage and food items in cold storage should be labeled with dates that include the year and should be clear on the expiration of the item. I was not aware that the kitchen staff do not have logs for food temperatures, cooler temperatures, sanitation quaternary levels, dish machine sanitation records, and logs for cooked food cooling down temperatures. I am not the one who took those logs away and I don't know they aren't being done." V15 stated that her focus wasn't on those things, and so she wasn't aware. V15 confirmed that the recording of these items should be done to know that food is being stored, cooled down, and held at correct temperatures and to know the dish machine and the quaternary sanitation levels are adequate levels for sanitation in a hazardous environment for bacteria and foodborne illness. The facility's Detailed Census Report dated 3/17/26, documents 88 residents currently reside within the facility. (C)		S9999				