STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUIL	DING	G	С	
		145828	B. WIN	G			6/2006
	ROVIDER OR SUPPLIER CARE CENTER			45	EET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL HICAGO, IL 60653		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F 469	Continued From pa	ge 14	F 4	69			
F9999	pest control program allowed this probler proportions. The inf		F99	99			
	LICENSURE VIOLA	ATIONS:					
	300.2100 300.2210a) 300.2210b)1)2)4)6) 300.2220a)1) 300.2220d) 300.2420g)	7)8)					
	Every facility shall of	Food Handling Sanitation comply with the Department's I Service Sanitation" (77 III.					
	Section 300.2210 N	<i>l</i> laintenance					
	plan for maintenand	all have an effective written ce, including sufficient staff, ent, and adequate supplies.					
	b) Each facility shall	II:					
	and free of the follo or ceilings; peeling loose boards; warp floor covering, such	building in good repair, safe wing: cracks in floors, walls, wallpaper or paint; warped or ed, broken, loose, or cracked as tile or linoleum; looses; loose or broken window er similar hazards.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145828		B. WING		C 07/26/2006	
NAME OF PROVIDER OR SUPPLIER AVENUE CARE CENTER			<u> </u>	4	EET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL HICAGO, IL 60653	<u> </u>	<i>3,</i> 2000
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	Continued From pa	ge 15	F99	999			
	mechanical, water and sewage dispose functioning condition inspections of these and Maintain the of the building as not clean and safe (pair types of maintenant). 6) Maintain the on the grounds in a presentable condition. 7) Maintain the litter, insect and rocal maintain the litter insect an	interior and exterior finishes eeded to keep it attractive and nting, washing, and other ce). grounds and other buildings asafe, sanitary and					
	eliminating sites of screens of not less	entry into the building with than 16 mesh screen to the ny breaks in construction.					
	Section 300.2220 H	Housekeeping					
	housekeeping inclu	all have an effective plan for ding sufficient staff, sent, and adequate supplies.					
	orderly condition. T	ilding in a clean, safe, and his includes all rooms, sements, and storage areas.					
	d) All cleaning com	pounds, insecticides, and all					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SURV	
		145828	B. WIN	G		07/26	5 6 /2006
	PROVIDER OR SUPPLIER			45	EET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL CHICAGO, IL 60653	0172	3/2000
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE D	BE CROSS-	(X5) COMPLETION DATE
F9999	shall be stored in lot Section 300.2420 E g) Cleaning equipm provided as set fort through 300.2220. These REGULATIO by: Based on observation environmental tour N). and E3 (Housel observations made resident and staff in sanitize and maintadining area, numerol laundry room, and salso failed to have a solutions which word disease causing orgof blue pellets (antiof rat poison) mixed were noted in corner the pellets were lot Based on observatione that the kitchen was free from the pellets was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the contamination and facility could not enter the kitchen was free from the contamination and facility could not enter the con	cardous compounds or agents acked cabinets or rooms. Equipment and Supplies and supplies shall be a hin Sections 300.2210 ONS are not met as evidenced ons made on 7-7-06 during between 1-3pm with E2 (D.O. Keeping), random thruought the survey, and atterviews, the facility failed to ain the floors, walls, ceilings, bus resident bathrooms, storage rooms. The facility and use appropriate cleaning all prevent the spread of ganisms. Also small mounds are coagulant commercial brand a with small black droppings are of the resident room 212. The cose and not in a container. On and interview, it was also a Facility failed to ensure the own a backup of sewage and to was free from rodent noreasing the risk for food food-borne illness. The asure that the food served to stored, prepared, and anitary conditions.	F99	99			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		145828	B. WIN				C 6/2006	
	ROVIDER OR SUPPLIER		•	4	REET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL CHICAGO, IL 60653			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE I	BE CROSS-	(X5) COMPLETION DATE	
F9999	blue pellets mixed were noted in corne	ge 17 ental tour small mounds of with small black droppings ers of the resident room 212. no idea who placed the pellets	F99	999				
	there, but they look with E3 stated that pellets came from,	ed like rat poison. Interview he had no ideas where the but they looked like a of rat poison. The pellets were						
	company does not because they can be different areas of the residents as candy type of rat poison is by bleeding internal	Pest Control) stated that his " use those types of poison be carried by the mice in the facility and be eaten by the " He further stated that "that is an anti-coagulant. Rats die an alti-coagulant. Rats die lly. This is an extremely urgent re taking anticoagulant						
		aware that the pellets were floor housed both ambulatory romised residents.						
	staff was observed . E4 (housekeeper sanitizing solution value took surveyor to a sis what we use to c	ne 3rd floor, housekeeping cleaning the residents' rooms) was asked what type of vere they cleaning with? E4 storage closet. E4 stated "this lean with," handing the beled 'non-acid bowl and which was empty.						
	indicates on the lab E4 then stated this facility) with. Survey	y surveyor that this bottle sel to be a toilet bowl cleaner. is what we use to clean (the yor asked where are the tored. No other supplies were						

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F9999	noted in the room. Idown stairs on ano other supplies located 3) E6 (housekeepi were observed with a full bucket of water dark. There were resprays noted. Survey clean the resident E6 stated that his dother floors, and he ustated that she had bucket, but she also the tiles with foam of the wever she did not a solution. The toilet states that the solution. The toilet states that the solution. The toilet states that the solution with water solution. The toilet states that the solution with water solution. The toilet states that the solution with water solution. The toilet states that the solution into a clear he gets it from a lart. E3 (Sup) identifie eliminator. E3 stated did not have any culast of it on yesterd.	E4 stated that "there are some ther floor." There were no ted during this survey. Ing) and E7 (housekeeping) a cleaning cart. The cart had er which appeared dirty and no cleaning bottles, cans, or eyor asked E6 what do you rooms with? Intuities are to mop and sweep uses "toilet bowl cleaner." E7 "odor killer" in the water to uses "Scrubbing bubbles" on cleaner and steel cleaner. In the water to a ratio of half water & half bowl cleaner bottle's label tion is to be used full strength. E8 (housekeeping) stated that I cleaner and mixes the to a ratio of half water & half bowl cleaner bottle's label tion is to be used full strength. E8 the uses foam cleaner for duses a spray bottle to ar she stated she did not have at this survey. E8 pours a large amount of a "ning bucket." He stated that ger container in the basement duse solution as an odor ed that he uses Pine Sol, "but urrently," saying he "used the ay." No Pine Sol nor pine cted, and no bottle of cleaning	F99	999			

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		B. WIN	IG		C 07/26/2006		
NAME OF PROVIDER OR SUPPLIER AVENUE CARE CENTER			•	45	EET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL CHICAGO, IL 60653	, ,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIATE	BE CROSS-	(X5) COMPLETION DATE
F9999	6) The following in soiled and dirty: a) Bathrooms in the observed with dirty 302, 310, 322, 214. b) Wall and floor tile 219, 322, and 220 in room 109 were origarette burns. c) The radiators were broken, 306, 307, and 309, the first floor. A large were noted inside the direction of the direc	e following bedrooms were and/or stained walls or floors: 311, 102, 109, 119, and 110. Les behind the toilet in room were loose and broken. Tiles beeved burned with multiple and soiled in rooms 322, 304 and the day/dining room on the radiator in room 310. Addining room on the first floor, are observed on the walls and and a large accumulation of the walls and the dor inside this closet was dirty. A mop was also in the and extremely dirty. The keep a clean and sanitary tousekeeping staff did not eaning supplies needed to	F99	9999			

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	PROVIDER OR SUPPLIER			4	REET ADDRESS, CITY, STATE, ZIP CODE 505 SOUTH DREXEL CHICAGO, IL 60653	, 0172	5/2000
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F9999	residents' bed fram and floors. Record review (#8) cans in the residen and sprayed with b bleach located or form. There are no record supplies were last of was responsible for a regular basis. Est to buy supplies was idea when they were not re-ordered cleaning supplies a last available. 7) On 7/7/06, betwook, a tour of the kitches accompanied by the Rodent droppings of food storage area of addition, there was floor drain in the material approximately 2 feet table. The sewage faucets from the sirposition. This was of the kitchen staff wouther the drain, using an preparing and platting residents. At no time service of food halt disinfected, until diream.	also indicated that garbage ts' rooms are to be cleaned leach. There was no supply of bund in the facility. ds as to when cleaning ordered by the facility or who rordering cleaning supplies on a (Corp) stated that the money is available, and she had no re last ordered or why they d. Staff was not aware when and sanitation supplies were reen 11:30A.M. and 12:20P.M. en was conducted, e Food Service Director. were on the floor of the dry under the food racks. In a backup of sewage from a	F99	199			

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F9999	during the kitchen to the problem with the occurring for appropriate a maintenance submitted. 8) Other observation tour were as follows: a) The skillets and accumulation of ha the bottom. b) The stove was hardened black subthe stovetop and converted the stovetop and converted the stove but was of the stove but was c) The exhaust fan accumulation of during and a large container and a large container and a large container and a dirty sticky be containers.	our, the Director stated that e sewage backup had been at similar to 5 months, and report had already been ons made during the kitchen is: large cauldrons had an red, dried black substance on the eavily encrusted with a postance completely covering booking eyes. In an interview on the control of the substance off is unable to do so. In ear the stove had a large set and dirt. The containing coffee grounds are of "Thicken Up" each had bred inside of the containers	F99	999				
		(~)						