STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
	145453		B. WIN	IG		04/27/2010		
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			•	80	REET ADDRESS, CITY, STATE, ZIP CODE 03 ROYAL DRIVE 1CHENRY, IL 60050	, , , , , ,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE	
F 516	Continued From pa	ige 39	F 5	516				
	resident-identifiable							
	resident-identifiable accordance with a gent agrees not to	ease information that is e to an agent only in contract under which the use or disclose the to the extent the facility itself to.						
		afeguard clinical record loss, destruction, or						
	by: Based on observatifailed to keep residence to keep residence to cation so that unanaly have access to personal to the cation.	NT is not met as evidenced ion and interview the facility ent records in a secure authorized persons do not sonal medical and personal e records were accessible to all ors at the facility.						
	Findings include;							
F9999	Admissions office of inside. Just inside (approximately 8) be E2 (Assistant Admithe hallway and wa contained and she records" E2 then rewere not safeguard	ur of the facility on 4/18/10 the door was open and no one was the doorway were several poxes marked as "closed files". Inistrator) was coming down as asked what the boxes responded, "Closed resident ealized that these records ded and in a secure location, close and lock the office door.	F99	999				
F9999	T		F99	999				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUII	ULTIPLE CONSTRUCTION  LDING		COMPLETED	
		145453	B. WIN	IG	04/2	7/2010	
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB				STREET ADDRESS, CITY, STATE, ZIP COI 803 ROYAL DRIVE MCHENRY, IL 60050	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F9999	Every facility shall or rules entitled "Food Adm. Code 750).  Section 750.100 Go Food shall be in so spoilage, filth, and obe safe for human obtained from sour relating to food and prepared or hermed been processed in wholesale food proprohibited except w Subpart K, Reduce Part.  Section 750.120 Go a) At all times, incluprepared, displayed shall be protected fincluding dust, insee equipment and uter coughs and sneeze overhead leakage of condensation. The hazardous foods shall in the section of th	Food Handling Sanitation comply with the Department's I Service Sanitation" (77 III.	F99	999			

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

	ND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145453	B. WING			04/2	7/2010
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 803 ROYAL DRIVE MCHENRY, IL 60050		
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	provided in this Par Section 750.140 Res b) Potentially hazar refrigeration after p tagged with the dat rapidly cooled to an Potentially hazardo prepared in large q cooled, utilizing suc food to 4 inches or or water circulation Potentially hazardo be pre-chilled and hor below unless mathe hot storage req Section 750.150.  Section 750.180 Co Foods  a) Raw animal food meat, and foods co foods, shall be cool food to the following except as specified this Section 4) 165°F (74°C) or field-dressed wild g fish, stuffed meat, sor stuffing containing these Regulations by:  Based on observation review the facility face.	t.	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145453	B. WIN	IG _		04/2	7/2010
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			<b>,</b>	8	REET ADDRESS, CITY, STATE, ZIP CODE 03 ROYAL DRIVE MCHENRY, IL 60050		
(X4) ID PREFIX TAG			ID PREF TAG	EFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
F9999	Fahrenheit (F) to put failed to cool the tup revent foodborne stated intention to reserve it to the resid 185 residents (who foodborne illness, in auto immune disord fatality from foodborne in fatality from foodborne illness, in auto immune disord fatality from foodborne in fatality from	e of at least 165 degrees revent foodborne illness, and rkey breasts in a manner to illness. The facility stated their reheat the turkey in 2 days and ents. This failure had placed receive oral diets) at risk for including 1 resident who has der and is at very high risk of orne illness.  e:  0:15 AM three 8-inch deeping turkey breasts were noted in the walk-in cooler. Multiple been piled together in each were covered in plastic wrap. In to the touch. The turkey ut into smaller pieces and were ook) stated that he had placed	F99	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON  A. BUILDING		IPLE CONSTRUCTION	(X3) DATE SU COMPLE	
		145453	B. WIN	1G _		04/2	7/2010
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 03 ROYAL DRIVE IICHENRY, IL 60050		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F9999	temperature of 145 provides the following 140 F to 70 F withing within 4 additional in turkey reached 140 was at 109 degrees AM.  On 4/19/10 at 1:15 Supervisor) confirm raw prior to cooking "preparation of pote which states poultry parts of the food to policy also states policy also states poecedures for quick pieces of meat into foods in shallow parts of the food to policy also states poecedures for quick pieces of meat into foods in shallow parts of the food to policy also states poecedures for quick pieces of meat into foods in shallow parts of the food to policy also states poecedures for quick pieces of meat into foods in shallow parts of the food to policy also states poecedures for quick pieces of meat into foods in shallow parts of the food in shallow	9/10 to a final cooking degrees F. The Cooling Log ing directions, "Cool food from a 2 hours, then cool to 41 Finours." The log shows the degrees F at 9:30 AM and a F two hours later at 11:30  PM E5 (Food Service ned the turkey breasts were g. E5 presented a policy titled, entially hazardous foods" y should be cooked to heat all at least 165 degrees F. This otentially hazardous food will a degrees F to 70 degrees F e policy does not address ck cooling, i.e., cutting larger smaller sections, or placing	F9s	999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145453	B. WIN	G		04/2	7/2010
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB				80	EET ADDRESS, CITY, STATE, ZIP CODE 3 ROYAL DRIVE CHENRY, IL 60050		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	(	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 44	F99	99			
	(Dietary Aide) all st any foodservice/sal On 4/19/2010 E35	), E33 (Dietary Aide) and E26 ated they have not attended nitation in-services prior.  (Dietitian) stated she has not ice sanitation in-services to					
		(A)					
	Screening and Req History Record Info e) In addition to the Section 2-201.5(a) facility shall, within resident, request a check pursuant to the Information Act [20 or older seeking and Background checks resident's name, daidentifiers as require Police. (Section 2-2) This requirement within 24 hours of a second secon	etermination of Need puest for Resident Criminal promation whe screening required by of the Act and this Section, a 24 hours after admission of a criminal history background he Uniform Conviction ILCS 2635] for all persons 18 mission to the facility. It is shall be based on the attention of the Act of birth, and other ed by the Department of State 201.5(b) of the Act) as not met as evidenced by:  and record review the facility sident background checks admission. This is for 5 he sample (R49, R88, R38,					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED				
	145453		B. WIN	B. WING			04/27/2010		
NAME OF PROVIDER OR SUPPLIER  ALDEN TERRACE OF MCHENRY REHAB			•	8	REET ADDRESS, CITY, STATE, ZIP CODE 803 ROYAL DRIVE MCHENRY, IL 60050				
(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 SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE		
F9999	according to admit/background check according to the Re Check Request form  R88 was admitted to according to admit/background check according to the Re Check Request form  R38 was admitted to according to admit/background check according to the Re Check Request form  R89 was admitted to according to the Re Check Request form  R89 was admitted to according to admit/background check according to the Re Check Request form  R84 was re-admitted according to admit/originally admitted to 10/29/09, then re-a a previous background check of initiate a current  On 4/19/10 at 2:30 Administrator/Admit background check office. If the request	o the facility on 4/10/10 discharge report. R49's was initiated on 4/12/10 esident Criminal Background m.  o the facility on 4/9/10 discharge report. R88's was initiated on 4/12/10 esident Criminal Background m.  o the facility on 4/9/10 discharge report. R38's was initiated on 4/12/10 esident Criminal Background m.  o the facility on 4/9/10 discharge report. R38's was initiated on 4/12/10 esident Criminal Background m.  o the facility on 4/9/10 discharge report. R89's was initiated on 4/12/10 esident Criminal Background m.  ed to the facility on 3/31/10 discharge report. R84 was on 2/9/09 and discharged on dmitted on 3/31/10. R84 had und check that was done go (2/9/10). The facility failed background check.	F99	999					