	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE S COMPLI	
		145907	B. WING		01/2	20/2012
	ROVIDER OR SUPPLIER	ON	25	EET ADDRESS, CITY, STATE, ZIP CODE 520 GROSS POINT ROAD VANSTON, IL 60201	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 371	temperature should hotter) and the cold Farenheit (The star cold foods should be colder). The last sees Scampi was measured and was served to the Test tray temperature service Aid) on 1-1 floor. Standard temperature foods should be 14 following temperature. Italian Sausage measurement of the tray temperature foods should be 14 following temperature. Italian Sausage measurement foods should be 14 following temperature. Italian sausage regranheit flalian sausage regranheit flal	(The standard holding I be 140 degrees Farenheit or I pureed pasta was 60 degrees ndard holding temperature for se 45 degrees Farenheit or erving of Pureed Shrimp ared at 124 degrees Farenheit R16 by E6 (Food Service Aid). The serving of Pureed Shrimp ared at 124 degrees Farenheit R16 by E6 (Food Service Aid). The serving of Pureed Shrimp ared at 124 degrees Farenheit R16 by E6 (Food Service Aid). The serving of Pureed Shrimp ared at 124 degrees Farenheit. The serving of the ser	F 371			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		145907	B. WIN	1G _		01/20	0/2012
	ROVIDER OR SUPPLIER	ON	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	distinct part designs sheltered care. This requirement is Based on observati interview, the facility (R1, R4, R8) in a sa (R15) in the supplet sheltered care unit. Findings include: 1. During the initial approximately 10:44 the doorway in her eyes closed as if as noted on the left sid was present and sta approximately 1 we and returned to faci of her head. The Physician's Ord shows R1 is a 94 yeand returned to faci of her head. The Physician's Ord shows R1 is a 94 yeand returned to faci of her head. The Physician's Ord shows R1 is a 94 yeand returned to faci of her head. The Physician's Ord shows R1 is a 94 yeand returned to faci of her head. The Physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician's Ord shows R1 is a 94 yeand returned to faci of her head. The physician is a 94 yeand returned to faci of her head. The physician is a 94 yeand returned to faci of her head. The physician is a 94 yeand returned to faci of her head. The physician is a 94 yeand returned to faci of her head.	not met as evidenced by: on, record review and y continue to retain 3 residents ample of 7, and 1 resident mental sample, in it's while providing skilled care.	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145907	B. WI			04/04	
	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE	01/20	0/2012
ALDEN E	STATES OF EVANST	ON			VANSTON, IL 60201		
(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 APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	and forgetfulness a continuous oxygen frequent neurologic attempted to ambul requiring reminders assistance. On 3 of 3 days obserom with painful faby surveyor if she were ponded negative R1's care plan dat necessary care relaremains on shelter assessed as high risurveyor attempting independently. Post fall recomment a room closer to the monitoring. R1's redays after the fall. 2. R4 was observed during the initial tout 10:35am. R4 told sinor propel wheel chefor locomotion. R4 admitted to the faci transferred to the SMedicare benefits we Resident Census detransitioned from the on 10/21/11. Physician's Order Sthows diagnoses in Dysphagia, Pneum Facility identified R4.	iencing periods of confusion and is maintained on therapy, close monitoring and al assessments. R1 has ate independently to the toilet, from staff to call for ervation, R1 remains in her acial expressions. When asked as experiencing pain, R1 lely. ed 1/12/12 does not address ative to head trauma. R1 led care unit and, now sk for falls, was observed by to ambulate to the toilet dations include placing R1 in enurses' station for closer from was not changed for five d in her room, in a wheel chair on 1/17/12 at approximately curveyor she is not able to walk fair and is dependent on staff stated she was initially lity's Skilled Unit and was heltered Care Unit when her	F99	999			

	OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION IG	COMPLE	
		145907	B. WIN	۱G _		01/20	0/2012
	PROVIDER OR SUPPLIER	ON		2	REET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201		
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F9999	12/28/11 shows He 8.9 GM/dl (Gram por Normal Hemoglobin Since admission to been treated for a Scoccyx, Right Heel Ischium. E9 (nurse approximately 9:30 observation that R4 on a weekly basis. treatment to the Salateral Foot, Right Right Second Toe as surveyor that she oright heel as she busheel chair. R4 was protectors in place. Anterior Foot wound POS shows an ordebe worn during the 2 of 2 days with noon The POS shows R4 diagnosis of Dysphichoking on water dobservation on 1/17 Chest X-Ray report basilar hazy infiltration 1/20/12 at approximately 10:0 sitting in arm chair, R8 was in her room 25% of her lunch medical situation of the situation of	moglobin levels ranging from er dilution) to 9.8 GM/dl. In level is 12.0 to 17.0 GM/dl. The Unit on 10/21/11, R4 has stage II pressure ulcers to the Right Buttocks and Right to told surveyor on 1/18/12 at am during wound treatment is seen by a wound specialist R4 continues to receive wound crum, Left Ischium, Left Anterior and Exterior Foot, and Right Heel. R4 told fiten experiences pain in the Imps it often while sitting in the Is observed with no heel E9 stated that the Right dis an arterial wound. The er for compression stocking to daytime. R4 was observed on compression stocking on. If on swallow precautions for agia. R4 was observed uring medication pass 7/12 at approximately 1:00 pm. dated 1/19/12 shows 'Right e is noted.' E9 told surveyor eximately 9:15am that this e sign of Pneumonia and R4 burse of antibiotics. Sheltered Care Unit.	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION G	COMPLE	
		145907	B. WIN	IG _		01/20	0/2012
	ROVIDER OR SUPPLIER	ON	<u> </u>	2	REET ADDRESS, CITY, STATE, ZIP CODE 520 GROSS POINT ROAD EVANSTON, IL 60201	, , , , , ,	,
(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	Anemia, Depression Disease, Diabetes and Plan dated 1/2/12 sepending most of the is reliant on staff to living, including becamed bathing R8 also Tract Infection relative term memory deficion Weight spread sheut 1/1/12 shows insidion The most recent not 10/25/11 shows a sweight weight monified not address this on (Registered Dietitian working in this capathree months. E5 wanderess the weight and R8 wants to lose evidence to support weight loss program On 1/20/12 survey care plan develope weight loss, including weight loss, conduct assessment and assupplement. 4. R15 was observed tour on 1/17/12 at a receiving Oxygen very per minute. R15 was coughing. R15 is a surveyor she has a	noses including Pernicious n, Gastro-esophageal Reflux and Overactive Bladder. Care shows decreased mobility, ne time in chair (chairfast). R8 complete activities of daily mobility, transfers, toileting experiences frequent Urinary red to overactive bladder, short t. et for period 1/1/11 through ous weight loss of 18 pounds. utritional assessment dated tated goal maintaining stable toring. R8's plan of care does going weight loss. E5 n) told surveyor she has been acity at the facility for the past vent on to say she did not loss because it was gradual se weight. There is no t R8 being on a planned	F99	999			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	ON		25	EET ADDRESS, CITY, STATE, ZIP CODE 520 GROSS POINT ROAD VANSTON, IL 60201	,	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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	receiving Oxygen. O 9:10am, R15, still in distressed, told surre choking during the seems to be getting been running a low-days) and she's now chest muscles. R15 out of her room with the onset of the brobeen confined to he stand. R15 states he needs assistance to R15's Care Plan she Gastro-esophageal Asthma. R15 remain During a daily statu Administrator, on 1/10:15am, E1 acknow there are residents	s again observed in her room On 1/19/12 at approximately her room, appearing veyor she was coughing and night and respiratory condition worse. R15 stated she has grade fever since Sunday (5 wexperiencing soreness in the describes being able to walk in the use of a walker but since winchial congestion, she has er room and finds it difficult to the legs are wobbly and she of get to the toilet. Ows co-morbid conditions of Reflux Disease and Bronchial ins in the Sheltered Care unit.	F99	999			
	Facility	ontract Between Resident and					
	at the expiration of contract, or when the resident's care character of funds or from public contract shall be ex and the following in	rson is admitted to a facility, or the period of previous he source of payment for the nges from private to public to private funds, a written recuted between a licensee					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F9999	any, as defined in Sof Attorney Act; or C) A member of family. (Section 2-2) This requirement is Based on record refailed to execute a refailed to execute	or s guardian, if any, or agent, if section 2-3 of the Illinois Power of the person's immediate	F99	9999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F9999	at approximately 10 she was first admitt where she was recent R4 went on to say the with ambulation but and has become to stated she believes additional PT but not money to afford this Care Plan Progress R4 was admitted to Further notes dated transferred to "assist further states R4 is medications and has E1 (Administrator) to provide a copy of E1 presented a copy of E1 presented a copy admission to the Ske E11 (Admissions E an interview on 1/18 utilizes the same considered Care unit the Sheltered Care unit the Sheltered Unit will longer apply. Social with residents and for stay within the facare plan meeting is residents' transfer. During a meeting was approximately 10:15 within the facility's prontract when residents.	tour of the facility on 1/17/12 0:05am, R4 told surveyor that ed to the Skilled Care unit eiving physical therapy (PT). hat she was gaining strength now is no longer receiving PT o week to walk or stand. R4 she could benefit from eeds to save up enough	F99	999			

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	ROVIDER OR SUPPLIER	ON	•	2	REET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201		
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F9999	f) The facility sany accident, injury resident's condition This requirement is Based on observati interview, the facility the new occurrence resident (R4) in a safetiment in the same served are same served uring the initial tou 10:35am. R4 told same spends most of chair. Care Plan dated 1/1 risk for impaired skilidentified R4 as have Since admission to been treated for a Safetiment.	Medical Care Policies shall notify the physician of or unusual change in a or (A, B) not met as evidenced by: on, record review and or failed to immediately report of redness on the heel of one ample of 7 residents. In the day sitting in her wheel or integrity. The Facility oring pressure sores. The Unit on 10/21/11, R4 has or integrity in the stage II pressure ulcers to the	F99		,		
	Ischium. E9 (nurse) approximately 9:30a observation that R4 on a weekly basis. I treatment to the Sac Lateral Foot, Right Right Second Toe a was noted with an a	Right Buttocks and Right told surveyor on 1/18/12 at am during wound treatment is seen by a wound specialist R4 continues to receive wound crum, Left Ischium, Left Anterior and Exterior Foot, and Right Heel. R4's left heel area of redness. E9 stated that elopment and that he would					

-	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
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	ROVIDER OR SUPPLIER	ON	ı	:	REET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201		
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F9999	notify R4's physicial treatment. R4 told surveyor that in both heels as she sitting in her wheel no heel protectors were review of R4's Nur 1/20/12 at approxim documentation of the present and was as R4's reddened left in the wound specialist the finding. E9 were specialist was sche today (1/20/12). Section 330.2000 for the section of the word in the	at she often experiences pain be bumps them often while chair. R4 was observed with	F99	999			
	nad been opened a	ind not dated on the shell in					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION NG	COMPLE	
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F9999	the walk-in freezer. not know what it is, dated and labeled." The upright freezer stove contained 5(3 ice-cream. Two of ice-cream had hole top of the ice-cream ice-cream (Neapolita container covering to "the ice-cream should be contained a copened and not date be dated." The walk-in cooler floor to the right of to "It's just dirt." The walk-in cooler of strawberries on one opened, not dated a "we were going to describe to be proper temperature individual needs. (E. Based on observatifailed to served footemperatures. This	E4(FSS) stated, "You would it is chicken, it should be on the same side as the galloon) containers of the five 3 galloons of in the lids that covered the n. One of the containers' of an) had ice inside the the ice-cream. E4(FSS) stated all be covered completely." was on the opposite side of the an of Chicken Base that was ed. E4(FSS) stated, "It should had black liquid fluid on the he shelving. E4(FSS) stated, contained a cartoon of e of the shelves that was and wilted. E4(FSS) stated, lump that today." Food Preparation and Service be attractively served at the s and in a form to meet 3) on and interview the facility	F99	999			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,				
	145907	B. WIN	IG	_{01/2}	20/2012	
	ON	•		E, ZIP CODE		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		X (EACH CORRECTIV CROSS-REFERENCE	/E ACTION SHOULD BE D TO THE APPROPRIATE	(X5) COMPLETION DATE	
facility. On 1-18-2012 at 10 Meeting, 9 out of 9 foods are served of On 1-18-2012 at 11 temperatures were E6 and E7(Food Se was served. The histandard holding te should be 145 degree last serving of Pure measured at 124 diserved to R16 by E Test tray temperatures service Aid)) on 1-1 floor. Standard ten foods should be 14 following temperatures that Italian Sausage mer Farenheit Pureed Italian sausage reg Farenheit Regular shrimp was regular pasta was 10 foods at 10 foods 1-19-2012 at 10 foods 1-19-2	2:00AM during the Group residents stated "The hot old." :35AM on the 3rd floor food taken at the steam table with ervice) before the lunch meal of pureed pasta was 130 (the imperature for hot foods rees Fahrenheit or hotter); the was 60 degrees Farenheit (the imperature for cold foods rees Farenheit or colder). The red Shrimp Scampi was regrees Farenheit and was 6 (Food Service Aid). In the swere taken with E7(Food 18-2012 at 12:30PM on the 3rd inperatures for holding hot 0 degrees Farenheit. The lares were observed: Schanical soft was 109 degrees arge was 130 degrees stage was 130 degrees ular was 126 degrees stage was 130 degrees stage starenheit 100 degrees Farenheit 110 degrees 110 degr	F99	999			
	Continued From particular facility. On 1-18-2012 at 10 Meeting, 9 out of 9 foods are served continued From particular facility. On 1-18-2012 at 11 temperatures were E6 and E7(Food Sowas served. The histandard holding teshould be 145 degree last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last serving of Puremeasured at 124 diserved to R16 by E7 Test tray temperatures were last served to R16 by E7 Test tray temperatures were last served to R16 by E7 Test tray temperatures were last served to R16 by E7 Test tray temperatures were last served to R16 by E7 Test tray temperatures were last served to R16 by E7 Test tray temperatu	ROVIDER OR SUPPLIER STATES OF EVANSTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 facility. On 1-18-2012 at 10:00AM during the Group Meeting, 9 out of 9 residents stated "The hot foods are served cold." On 1-18-2012 at 11:35AM on the 3rd floor food temperatures were taken at the steam table with E6 and E7(Food Service) before the lunch meal was served. The hot pureed pasta was 130 (the standard holding temperature for hot foods should be 145 degrees Fahrenheit or hotter); the cold pureed pasta was 60 degrees Farenheit (the standard holding temperature for cold foods should be 45 degrees Farenheit or colder). The last serving of Pureed Shrimp Scampi was measured at 124 degrees Farenheit and was served to R16 by E6 (Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid)) on 1-18-2012 at 12:30PM on the 3rd floor. Standard temperatures for holding hot foods should be 140 degrees Farenheit. The following temperatures were observed: Italian Sausage mechanical soft was 109 degrees Farenheit Pureed Italian sausage was 130 degrees Farenheit Regular shrimp was 110 degrees Farenheit Regular shrimp was 110 degrees Farenheit Regular shrimp was 110 degrees Farenheit On 1-19-2012 at 10:00AM, E1(Administrator) stated, " The thermometers' were calibrated correctly, the heating element is broken on the	ROVIDER OR SUPPLIER STATES OF EVANSTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 facility. On 1-18-2012 at 10:00AM during the Group Meeting, 9 out of 9 residents stated "The hot foods are served cold." On 1-18-2012 at 11:35AM on the 3rd floor food temperatures were taken at the steam table with E6 and E7(Food Service) before the lunch meal was served. The hot pureed pasta was 130 (the standard holding temperature for hot foods should be 145 degrees Fahrenheit or hotter); the cold pureed pasta was 60 degrees Farenheit (the standard holding temperature for cold foods should be 45 degrees Fahrenheit or colder). The last serving of Pureed Shrimp Scampi was measured at 124 degrees Farenheit and was served to R16 by E6 (Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid)) on 1-18-2012 at 12:30PM on the 3rd floor. Standard temperatures for holding hot foods should be 140 degrees Farenheit. The following temperatures were observed: Italian Sausage mechanical soft was 109 degrees Farenheit Pureed Italian sausage was 130 degrees Farenheit Regular shrimp was 110 degrees Farenheit regular pasta was 110 degrees Farenheit regular pasta was 110 degrees Farenheit on 1-19-2012 at 10:00AM, E1(Administrator) stated, "The thermometers' were callibrated correctly, the heating element is broken on the	ROVIDER OR SUPPLIER STATES OF EVANSTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 facility. On 1-18-2012 at 10:00AM during the Group Meeting, 9 out of 9 residents stated "The hot foods are served cold." On 1-18-2012 at 11:35AM on the 3rd floor food temperatures were taken at the steam table with E6 and E7(Food Service) before the lunch meal was served. The hot pureed pasta was 130 (the standard holding temperature for cold foods should be 145 degrees Farenheit or colder). The last serving of Pureed Shrimp Scampi was measured at 124 degrees Farenheit and was served to R16 by E6 (Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid)) on 1-18-2012 at 12:30PM on the 3rd floor. Standard temperatures were observed: Italian Sausage mechanical soft was 109 degrees Farenheit Italian sausage was 130 degrees Farenheit trail as sausage mechanical soft was 109 degrees Farenheit Regular shrimp was 110 degrees Farenheit Regular pasta was 110 deg	ROVIDER OR SUPPLIER STATES OF EVANSTON SUMMARY STATEMENT OF DEFICIENCIES (READ DEFICIENCY WIST DE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 facility. On 1-18-2012 at 11:35AM on the 3rd floor food temperatures were taken at the steam table with E6 and E7(Food Service) before the lunch meal was served. The hot pureed pasta was 130 (the standard holding temperature for hot odds should be 45 degrees Farenheit the standard holding temperature for cold foods should be 45 degrees Farenheit and was served at 124 degrees Farenheit and was served cold. Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid). Test tray temperatures were taken with E7(Food Service Aid) and the standard holding temperatures for holding hot foods should be 140 degrees Farenheit. The following temperatures for holding hot foods should be 140 degrees Farenheit. The following temperatures for holding hot foods should be 140 degrees Farenheit. The following temperatures were observed: Italian Sausage mechanical soft was 109 degrees Farenheit pureed Italian sausage was 130 degrees Farenheit pureed Italian sausage regular was 126 degrees Farenheit pureed Italian sausage regular was 126 degrees Farenheit pureed Italian sausage regular was 126 degrees Farenheit heading element is broken on the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	R/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 01/20/2012		
		145907					
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF EVANSTON				STREET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201			
(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	
F9999	Continued From pa	ge 18	F9999				
	-Annual Licensure t	or Shelter Care					