

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	
F 371	Continued From page 18 Department dated 5/11/13 stated that the facility has a history of Thawing meats in stagnant water.  An Ice machine was located next to the dietary serving window. There were 2 trays of coffee cups on top of the ice machine for residents to use when getting liquids. These cups were dirty and stained. The scoop for ice was located inside the machine. The handle of the scoop was lying directly on the ice. The interior walls had brown debris on the surface. On the white plastic cube dispenser inside the ice machine there was a white and pink substance caked on the lip of the ice machine. This substance was flaking off onto the ice. A dirty black cart was also by the dietary window serving area. The sleeves on the cart had debris and build up of a black substance in the corner of the shelves.  The CMS 672 form titled "Resident Census and Conditions of Residents" dated 5/13/13 documented that 112 residents resided at the facility.	F 371			
F9999	FINAL OBSERVATIONS  300.610 a) 300.610c)2 300.2100 750.110 c) 750.110 k) 5 750.110 l) 750.180 b)  Licensure Violations:  Section 300.610 Resident Care Policies	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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 page 19  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 the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  c) The written policies shall include, at a minimum the following provisions:  2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray);  Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).  Section 750.110 Special Requirements	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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 page 20  c) Only clean whole Grade A eggs, with shell intact and without cracks or checks, or pasteurized liquid, pasteurized shell, pasteurized frozen, or pasteurized dry egg products shall be used, except that hard-boiled peeled eggs, commercially prepared and packaged, may be used.  k) 5) NOTE: Food service establishments whose primary consumers are highly susceptible individuals, such as nursing homes, hospitals, day care centers and nursery schools, shall not serve raw or under-cooked animal foods (see Section 750.180(b)).  l) Pasteurized shell eggs or egg products shall be substituted for raw eggs in the preparation of foods such as Caesar salad, hollandaise or bearnaise sauce, mayonnaise, meringue, eggnog, ice cream, and egg-fortified beverages that are: 1) Not properly cooked to 145°F (63°C) or above for 15 seconds for shell eggs that are broken and prepared in response to a consumer's order and for immediate service; 2) Not properly cooked to 155°F (68°C) or above for 15 seconds for shell eggs that are not prepared for immediate service; or 3) Not included in a consumer advisory as described in subsection (k).  Section 750.180 Cooking Potentially Hazardous	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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 page 21 Foods  b) Raw and under-cooked animal foods that are served or offered for sale in a ready-to-eat form are exempt from the cooking requirements of subsections (a)(1) through (5) of this Section, provided the food establishment serving the food follows the consumer advisory requirements specified in Section 750.110(j). Examples of this type of food include raw marinated fish; raw molluscan shellfish; steak tartare; lightly cooked fish; rare meat; and soft cooked eggs. Establishments such as nursing homes, hospitals, day care centers and nursery schools that serve a highly susceptible population, including the elderly, young children under age four, pregnant women, and individuals who are ill or have compromised immune systems, shall not serve raw or under-cooked animal foods, or must comply with subsections (a)(1) through (5) of this Section.  These Regulations were not met as evidenced by:  A. Based on observation, interview, and record review, the facility failed to use appropriate methods to prepare and serve potentially hazardous food. This deficient practice effects three residents (R1, R3, R10) from the sample, and two residents (R24 and R25) outside of the sample who were served unpasteurized fried shell eggs that were not cooked to a safe temperature that would congeal the yolks. R1,	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	<p>Continued From page 22</p> <p>R3, R10, R24, and R25 who were served and then consumed the fried eggs, are considered to be in a highly susceptible population; immuno compromised, and at risk for the development of food borne illness (Salmonella).</p> <p>At 8:42am R1 was observed in the dining room ingesting a fried over easy egg with runny yolk. The box the eggs were packed in were labeled as fresh. The word pasteurized was not on the box. The steam table was observed at 8:47am with 15 fried eggs with runny yolks running all over each other only measured 100 degrees Fahrenheit and an additional serving plate with six fried eggs with runny yolks was sitting on top of the steam table.</p> <p>The Findings include:</p> <p>1. On 5/16/13 at 8:42am residents were observed eating eggs for breakfast. The yolk of the eggs were runny and pooling on the plates. At 8:44am E6 (Dietary manager), was asked what kind of eggs (pasteurized or unpasteurized) were used for breakfast. E6 stated, "I do not know what kind of eggs they are." E7 (Cook) gave the box that the eggs were in to the surveyor. The box was labeled fresh eggs. The word pasteurized was not on the box.</p> <p>At 8:46am E7 was asked to cook an egg like he would for a resident. E7 cracked the egg and poured it on the grill. With the corner of the spatula E7 poked several holes in the yoke and did a little circular motion in the center of the egg. E7 then flipped the egg making the total cooking</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	<p>Continued From page 23</p> <p>time three minutes. The egg was immediately placed on a serving plate. E7 inserted a thermometer. The temperature reading reached 110 degrees Fahrenheit. During this time the steam table had a steel tray holding 15 eggs with broken runny yokes running all over the other eggs in the pan. This tray was in the steam table. Right on top of the steam table was a serving plate with six eggs with runny yokes. The temperature obtained at that time was 100 degrees Fahrenheit. E7 stated, "I turned off the steam table 15 minutes ago, approximately 8:25am." It was noted that residents continued to be served breakfast including fried eggs from the steam table.</p> <p>On 5/16/13 at 10:15am, E6 stated, "I took fried eggs off the menu for a few weeks. I just put them back on the menu. We only use pasteurized eggs. When asked how to fry an egg, E6 stated that once the egg is cracked, the egg would be put on the grill. When the white gets hard I would flip it." E6 did not know what temperature to cook the egg to. On 5/16/13 at 12:15pm during a phone interview Z1 (Order Technician from the Food Service Company) stated "Item number 271456 that was ordered on 4/9/13 are unpasteurized eggs."</p> <p>On 5/16/13 at 10:02 am E16 (Registered Dietitian) that consults with the facility stated, that eggs should be cooked to 145 degrees Fahrenheit if given directly to the resident, and 155 degrees Fahrenheit if it is going to the steam table. The facility should only use pasteurized eggs. E16 was not aware that the facility uses unpasteurized eggs.</p>	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	<p>Continued From page 24</p> <p>On 5/16/13 at 10:35am, E7 (Cook) stated, "I cook 20 to 30 eggs at a time. I do not check the temperature of the eggs while they are on the grill. I will check a few once they are in the steam table." E7 was unable to state the difference between pasteurized and unpasteurized eggs. E7 states he fried about 90 eggs and scrambled 15 eggs for breakfast that morning.</p> <p>On 5/16/13 at 10:50am, E8 (Dietary Aide) stated, "I was trained to check the temperature of food on the steam table. I usually check when it is first put in and 30 minutes later. I forgot to check the temperatures today. I have never seen the cook recheck the eggs temperature ever."</p> <p>Instructions from the box containing the eggs instruct the user to, "Raw eggs must be heated to 140 degrees Fahrenheit for at least three and one half minutes." The recipe provided by the facility regarding preparation of scrambled eggs documents "Unpasteurized eggs when cooked to order in response to resident request and to be eaten promptly after cooking shall be cooked to an internal temperature of 145 degrees for 15 seconds; until the white is completely set and the yolk is congealed".</p> <p>The facility policy titled "Egg handling", documented under number seven "Eggs are to be cooked to 145 degrees Fahrenheit if served immediately. Eggs that are to be held prior to food service must be cooked to a minimum of 155 degrees Fahrenheit for 50 seconds." Under number eight it is documented, "Fried or soft cooked eggs may only be served if the egg is pasteurized."</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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 page 25  R10's medical record includes a diagnosis of Hepatitis C. On 5/16/13 at 3:20pm in the conference room R10 stated, "I had two eggs for breakfast this morning. The yolks were runny. I get them a couple of times a week."  R3's diagnoses includes HIV (Human Immuno-deficiency Virus. On 5/16/13 at 3:30pm in the conference room R3 stated, " I had two eggs for breakfast today. The yolks were runny, that's how I like them. I have fried eggs two to three times a week."  R24's diagnoses includes Cancer. At 3:20 PM on 5/16/13, R24 stated "I had a fried egg, it was a soft fried egg.  R1's diagnoses includes Lung Cancer. R1 stated on 5/16/13 at 3:25 PM, "I was served fried egg today."  R25's diagnoses includes Cancer. R25 stated on 5/16/13 at 3:30 PM "I did received a fried egg this morning, egg was runny. I didn't ask for it, I prefer scrambled eggs."  Documents provided by the facility document that 75 residents received fried unpasteurized egg on 5/16/13 at 8:42am  The 2008 Food Service Sanitation Code state the following:  Section 750.180 Cooking Potentially Hazardous Foods	F9999			



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	<p>Continued From page 26</p> <p>a) Raw animal foods, such as eggs, fish, poultry, meat, and food containing these raw animal foods, shall be cooked to heat all parts of the food to the following temperatures and times, except as specified in subsections (b) and (c) of this Section:</p> <p>1) 145 degrees Fahrenheit (163 degrees Celsius) or above for 15 seconds for:</p> <p>A) Shell eggs that are broken and prepared in response to a consumers's order and for immediate service.</p> <p>2) For pork and game animals, comminuted fish and meats, injected meats, and shell eggs that are not prepared for immediate service, 155 degrees Fahrenheit (68 degrees Celsius) for 15 seconds.</p> <p>On 5/16/13 the surveyor confirmed through observation, interview and record review the facility took the following actions:</p> <p>1. All unpasteurized eggs were discarded from facility on 5/16/2013 at 10:00am. Only pasteurized raw eggs will be purchased starting 5/16/2013.</p> <p>2. Spring/Summer menu's include scrambled eggs and other variations of eggs excluding fried eggs due to the difficulty in maintaining fried egg's internal temperature. Fried eggs will no longer be served at the facility as of May 16, 2013 at 10:00am.</p> <p>3. All dietary staff including dietary manager, cooks and dietary aides were inserviced on</p>	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E212</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANKFORT TERRACE NURSING CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>40 NORTH SMITH FRANKFORT, IL 60423</b>		
(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	<p>Continued From page 27</p> <p>5/16/2013 at 11 am by facility dietitian regarding egg preparation. All remaining dietary staff have been inserviced by consultant dietitian on 5/16/13 at 4 PM.</p> <p>4. All residents who consumed fried eggs at breakfast on 5/16/13 will be monitored by nursing staff for 72 hrs. This monitoring began at 10:30am on May 16, 2013 until 7-3 shift on May 19, 2013. Vital signs and any changes in condition will be monitored by nursing staff and attending physician will be notified as needed.</p> <p>5. A Quality Assurance audit form will be started to ensure egg products are served at the proper temperature. Administrator/Designee will conduct audit and any findings will be addressed immediately. This Quality Assurance audit began on May 16, 2013 at 12:00pm.</p> <p>6. The results of the monitoring completed under this POC are submitted to the QA/QI Committee for review and follow-up.</p> <p>7. All facility residents will be notified that the facility will no longer be serving fried eggs through resident council meeting on 5/17/2013 at 8:15 A.M.</p> <p style="text-align: center;">(B)</p>	F9999			