PRINTED: 03/03/2015 FORM APPROVED

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		IL6012595	B. WING		01/2	2/2015
NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE		
ABINGTO	ON OF GLENVIEW		NVIEW RO <i>E</i> W, IL 60025			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations	NATAR POWER PROPERTY OF THE PARTY OF THE PAR			
	Every facility shall or rules entitled "Food Adm. Code 750). Section 750.120 Ge a) At all times, incluprepared, displayed other than whole, ununprocessed raw verom potential containsects, rodents, ununecessary handliflooding, drainage, a overhead drippage temperature of pote be 41°F or below, o except as otherwise a) Every facility for housekeeping in	cood Handling Sanitation comply with the Department's Service Sanitation" (77 III. Reneral - Food Protection ding while being stored, I, served or transported, food approcessed raw fruits and regetables shall be protected amination, including dust, inclean equipment and utensils, ing, coughs and sneezes, and overhead leakage or from condensation. The rentially hazardous foods shall in 135°F or above, at all times, it is provided in this Part. If shall have an effective plan including sufficient staff, ent, and adequate supplies.				
		ng in a clean, safe, and orderly udes all rooms, corridors, and storage areas.				
	This requirement was	as NOT MET as evidenced				
	review, the facility fa floor pantry refrigera manner by failing to in accordance with i two residents (R25,	on, interview and record ailed to store food in the third ator in a clean and sanitary label, date and discard food ts policy. This failure involved R26) in the supplemental potential to affect all of the				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

02/13/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6012595	B. WING		01/2	2/2015
			DRESS, CITY,	STATE, ZIP CODE	1 0112.	2/2013
ABINGT	ON OF GLENVIEW		NVIEW ROAW, IL 60025			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	49 residents on the and West wings.	third floor in the North, South				
	Findings include:					
	(Administrator) indic has no certified Med	ntrance into the facility, E1 cated the third floor currently dicare or Medicaid beds and residents, excluding the East wing).				
	third floor pantry had that read "Attention placed in this refrige name and be dated be discarded." The to contain the follow of diabetic nutritiona name or date label, date of February 20 cover dated 12/7/14 containing pineapple covering most of the unopened yogurt co and a stamped expirefrigerator also constrawberries, one parand one covered bo name or date label. On 1/20/15 at 3:45 F	PM, the refrigerator in the d a sign taped on the door Patients and Visitors: Food erator must have the patient's. After 24 hours, the food will pantry refrigerator was found ring items: one opened bottle at supplement with no resident with a stamped expiration 14; one plastic container with and the name of R26 e with green fuzzy matter of food surfaces; and one entainer with the name of R25 ration date of 12/4/14. The stained one Styrofoam cup of arfait dish of cottage cheese will of soup, each with no				
TO SERVICE STATE OF THE SERVIC	pantry refrigerators a and expired foods, a more than 24 hours.	and disposing of unlabeled as well as any foods left for				
	The facility presente Refrigerators dated	d a policy titled Cleaning of 1/21/15 that reads	TOPOCONICIONIS POLICIAI ALALAA		положения выпосных выпосных на поставления выпосных на	

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"Environmental Services wilt clean the

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TIIII TOTO L	eparament of rubile	r realth				
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6012595	B. WING		01/5	22/2015
	2201/252 02 01/25/155				1 01/2	LZ/Z013
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ABINGT	ON OF GLENVIEW		NVIEW ROA			
		GLENVIE	W, IL 60025			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
		•		DEFICIENCY)		
S9999	Continued From pa	ge 2	S9999		*************************************	
00000			03333			
		Monday, using warm water				
	with sanitizer, wiping		and the second s			
		ices will daily check the panty				
	-	sident's refrigerators. All food or must be clearly marked with				
		er 24 hours, food will be				
		on dates will be checked and				
	all outdated items w					
		(AW)				
	200.045.)					
	300.615e)					
	Section 300.615 De	termination of Nood				
		uest for Criminal History				
-	Record Information	acstroi Orinina Flistory				
		screening required by Section				
		t and this Section, a facility				7
		s after admission of a				
		criminal history background				
		ne Uniform Conviction				1111
		ıll persons 18 or older seeking				
		ility, unless a background				
		by a hospital pursuant to the				
		ct. Background checks shall				
		ident's name, date of birth,				
	and other identifiers		on resource			
		Police. (Section 2-201.5(b)	San Caraca			
	of the Act).		The state of the s			
	This requirement wa	s NOT MET as evidenced				
	by:	TO I WILL AS EVIDENCED				
	- , -	по-				
	Based on interview a	and record review, the facility				
	failed to perform crin	ninal background checks on	TYPEAGE			
	residents within 24 h	ours of admission for nine				
		R28 R29 R30 R31 R32			ļ	

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R33, R34) of ten residents reviewed for criminal

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE COMF	(3) DATE SURVEY COMPLETED	
IL6012595			B. WING		01/2	22/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
ABINGT	ON OF GLENVIEW		NVIEW ROA W, IL 60025				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 3	S9999				
	background checks	.					
	Findings include:						
	On 1/20/15, the facility submitted a list of residents that were admitted from October, 2014 to January, 2015.						
	The following was noted:						
	R11 and R23 were admitted to the facility on 1/19/15 and their criminal background checks were performed on 1/21/15.						
**************************************	R28 was admitted to the facility on 1/17/15. R28's criminal background check was performed on 1/21/15.						
		admitted to the facility on iminal background checks 1/21/15.					
		admitted to the facility on iminal background checks 1/21/15.					
Occident to the second to the		o the facility on 1/13/15. ground check was performed					
The second secon		o the facility on 1/15/15. R34 ' nd check was performed on					
	in part that when the resident is coming to initiates a backgroun background checks	P.M., E22 (Admissions) stated a facility confirms that a the facility, the facility and check. Normally, are initiated on the day admitted to the facility. If a					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND FLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	i:	СОМ	PLETED	
		IL6012595	B. WING		01/	22/2015	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
ABINGT	ON OF GLENVIEW		NVIEW ROA				
			W, IL 6002				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	resident is admitted admission staff has resident's background chay. When resident their background chay. The facility ha and Sundays, that is the weekend. R11 background checks the day following the E22 confirmed that the right bottom corbackground check is check was initiated. R23, and R28 - R34	I to the facility after the left the facility for the day, the bund is initiated on the next its are admitted on a holiday, necks are initiated on the next is staff that work on Saturdays initiate background checks on R23, and R28 - R34 's is should have been initiated on the ir admission to the facility. Ithat the date documented on ner of the criminal is the date the background E22 doesn't know why R11, it's criminal background tiated on the day after they	S9999				

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