

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

PRINTED: 03/10/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145989</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARKER NURSING &amp; REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>516 WEST FRECH STREET STREATOR, IL 61364</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 000	INITIAL COMMENTS	F 000			
F 456 SS=F	<p>Annual Licensure and Certification Survey. 483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the dishwasher chlorine sanitizer was mixed at required concentration and failed to ensure that the temperature of the dishwasher was maintained at the manufacturer's recommended temperature to ensure sanitation. This failure has the potential to effect all 55 residents in the facility.</p> <p>Findings include:</p> <p>On 3/2/2015 at 9:25AM, E4(Dietary Cook), ran a cycle on the facility's dishwashing machine. Throughout the rinse cycle, the temperature gauge on the dishwasher read 0 degrees Fahrenheit. At this same time, E4 tested the concentration of the dishwasher's chlorine sanitizer with a chlorine testing strip. The chlorine strip did not identify the presence of chlorine, measuring 0 parts per million.</p> <p>The Instruction Manual for the facility's dishwasher, dated October 2000, documents the minimum water temperature required for the rinse cycle of the chemical sanitizing dishwasher is 120</p>	F 456			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 456	Continued From page 1 degrees Fahrenheit.  On 3/2/2015 at 9:30AM, E4 (Dietary Cook) stated," The rinse cycle is reading 0 degrees Fahrenheit, and should be at least 120 degrees Fahrenheit, and the chlorine sanitizer strips are supposed to read at 100 parts per million according to the recommendations." E4 then stated no chlorine sanitizer is present while the dishwasher operates, and verified the chlorine testing strips show no change in color to indicate that chlorine is present.  On 3/2/2015 at 10:15AM, E3 (Maintenance Director) stated, "The chlorine is spraying out of a hole in the tubing (of the dishwasher.) The rinse cycle is not reaching 120 degrees Fahrenheit because of the leak in tube, and the sanitizer strips are not showing the presence of any chlorine sanitizer because of this hole in the tube."	F 456			
F 520 SS=F	The Centers for Medicare and Medicaid Services Resident Census and Conditions of Residents form 672, dated 3/2/15 and signed by E2, Director of Nursing, documents 55 residents currently reside at the facility. 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS  A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.	F 520			

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F 520	<p>Continued From page 2</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct quarterly Quality Assurance meetings and ensure that the Medical Director, or Physician designee, attended Quarterly Quality Assurance meetings. This failure has the potential to affect all 55 residents in the facility.</p> <p>Findings include:</p> <p>On 3/4/15 at 9:00 AM, E1 (Administrator) provided the facility's Quality Assurance Attendance Record sign in sheets. These records were dated as follows: 2/26/14, 4/16/14, 6/18/14 &amp; 1/21/15. E6 (Medical Director) was not in attendance for the following dates: 2/26/14, 4/16/14 and 6/18/14.</p> <p>On 3/4/15 at 9:15 AM, E1 confirmed that E6 (Medical Director) was not in attendance for the</p>	F 520			

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F 520	Continued From page 3 Quality Assurance meetings dated: 02/26/14, 4/16/14, and 6/18/14. E1 also verified that the facility has not conducted any Quality Assurance meetings between 6-18-14 and 1-21-15.  The Resident Census and Conditions of Residents Report (CMS Form 672) dated 3/2/15 and signed by E2 (Director of Nursing) documents that 55 residents currently reside in the facility.	F 520			