

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

PRINTED: 02/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/20/2014
NAME OF PROVIDER OR SUPPLIER CLARK-LINDSEY VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 101 WEST WINDSOR ROAD URBANA, IL 61801		
(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 371 SS=F	<p>Annual Licensure and Certification Survey 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that food was prepared in way to prevent potential contamination. This failure has the potential to affect all 77 residents.</p> <p>The findings includes:</p> <p>1. On 2-18-14 at 10:00 A.M.the meat slicer was observed to be unclean. The meat slicer blade had accumulated food residue and grease around the edge of the blade, on the blade guard, on the product carrier and the product drop area below the blade. Residue was in the cracks and crevices. E9 (Dietary Manager) asked a fellow employee the last time the meat slicer was used and no one knew.</p> <p>2. On 2-18-14 at 10:00 A.M., the table mounted can opener blade on the cook's preparation table</p>	F 371			

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 371	<p>Continued From page 1</p> <p>had dried, caked on food residue, the finish was rusty, and was nicked. The table mounted can opener blade in the salad preparation area had moist and dry food residue on it.</p> <p>3. On 2-18-14 at 10:00 A.M., the exhaust ventilation hood above the cooking equipment (range, grill, ovens, and etc) had accumulated grease, dust and grill inside the hood and on the surface. Uncovered sauce was being prepared in a jacketed stream kettle.</p> <p>4. On 2-18-14 at 10:00 A.M., the large floor mounted mixer in the cook's preparation area had accumulated food splatters on the back of the mixer and on the safety shroud. The splash area and the armature had caked on brown residue. All the observed residues could fall into food while the mixer was in operation.</p> <p>5. On 2-18-14 at 10:00 A.M., the front of the tilt skillet had grease and dust residues.</p> <p>6. On 2-18-14 at 10:00 A.M., the back side of the condensers in the two walk-in refrigeration units had accumulation dust lint that could be pulled through the units and blown on to the food.</p> <p>7. On 2-18-14 between 1:30 P.M. and 2:45 P.M., the steam tables were observed in the three dining rooms. All three of the steam table wet wells were not clean. The water in the wells had food residue on the bottoms of the wells and floating residue. A heavy accumulation of lime and scale was on the surfaces of the wet wells.</p> <p>E9 acknowledged that he was aware of the observation.</p>	F 371			

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F 371	Continued From page 2 According to the facility's resident roster received on 2-18-14, 77 residents resides at the facility and 19 residents are in certified beds.	F 371			