STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145944	A. BUILDING _____ B. WING _____	04/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRESENCE MCAULEY MANOR	**400 WEST SULLIVAN ROAD AURORA, IL 60506**

(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 Annual Licensure and Certification Complaint Investigation Federal #1572077/IL#76587- No deficiency.	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to develop, analyze and reassess interventions to prevent falling. This deficient practice affected one (R11) of 4 residents reviewed for falls in the sample of 14. Findings include: The fall log shows R11 has a history of falling. Three of the last six falls dated (7/25/14, 9/20/14, 3/22/15) were around 11:00 pm. The facility did not assess why or what the resident was doing at 11:00pm. R11's Resident Incident Report for the fall on 3/22/15 at 11:05 pm. states resident said, "She didn't lock the brakes on her wheelchair when she tried to transfer from the wheelchair to the bed and the chair slipped." R11's new care plan intervention for the 3/22/15 fall was to wear nonskid socks. Nothing was said about	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 323	Continued From page 1 reeducating the resident to lock the brakes. R11's Fall Incident Report for the fall of 4/21/15 states nurse aid responded to call light. Found resident on the floor. Resident said, "I forgot to lock the wheelchair brakes when I went to sit down and the chair slid." The Post Incident Action sheet for 4/21/15 immediate post incident action stated reeducate resident on the importance of using call light for assistance by staff. (Staff already said the call light was on). The new care plan intervention for the fall of 4/21/15 was orientate resident to environment and how to call for assistance. There was no mention of educating R11 to lock wheelchair brakes or if there is a reason R11 is not locking the brakes. During interview on 4/24/15 at 12:30 am. R11 said, "She did not remember falling." E7(Minimum Data Set Coordinator) on 4/24/15 at 11:00 am. said, "The care plan should be relevant to the incident."	F 323		
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on review of Resident Council Minutes, interviews and direct observation, the facility failed to cook and serve food that was palatable and at the proper temperature. This has the	F 364		

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	145944	A. BUILDING _____ B. WING _____	04/24/2015

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PRESENCE MCAULEY MANOR	**400 WEST SULLIVAN ROAD AURORA, IL 60506**

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F 364	Continued From page 2	F 364		

potential to affect all 54 residents in the facility. The facility census is per the Facilities Census and Condition document dated 4/21/2015.

The findings include:

Resident Council Minutes for May, 2014, August,2014, September, 2014, December, 2014 and February, 2015 each document residents concerns about prepared foods being not warm on arrival from the kitchen, meats being tough and vegetables being under cooked or over cooked when served.

On 4/21/2015 at 11:30 AM R8 stated that food is not hot when served, is tasteless and vegetables are under cooked.

On 4/22/2015 from 10:15am to 10:55AM, R3, R12, R15, R16, R17, R18, R19, R20, R21 and R22 each stated that food isn't hot when served to residents and the temperature control on the steam table needs to be "turned up" (hotter).

Resident Council Minutes for May, 2014, August, 2014, September, 2014 December, 2014 and February, 2015 complain of hot foods being served cold from the steam table, vegetables being served under cooked and meats being tough to eat/chew.

On 4/23/15 at 11:30 AM food temperatures were taken as soon as they were taken out of the oven and were as follows: baked chicken-176.5degrees, green beans-200 degrees, beef stew-173 degrees noodles-172 degrees the noodles were dry, without moisture, lima beans temperature-165 degrees the lima beans appeared dry and shriveled.

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F 364	Continued From page 3 On 4/23/2015 the above foods were taken directly to and placed on the steam table on the lower level by the main dining room (next to the kitchen). On 4/23/2015 at 1:00PM food temperatures were taken on the test tray. The temperatures were as follows: chicken-153 degrees, lima beans-131.8 degrees and green beans-131 degrees, noodles were 120 degrees. The test tray was tasted. The lima beans were under cooked and the green beans and noodles had no taste. On 4/23/15 at 12:20 PM and again at 4:15 PM E5 (Dietary Manager) stated that the first floor steam table (used by main dining room) is turned on to heat up in the early morning and turned off after dinner. During the observation of the lunch meal, it was observed that the dials for the steam table were turned to the number "7" and there was a red light observed above the number indicating that the table was on and operating. On 4/24/2015 at 9:45 AM, E4(Culinary) said moving forward, the facility will heat plates to keep food warm and order a double heating shelf to help alleviate the food losing temperatures when transported from the steam table to the resident for consumption.	F 364		