

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

PRINTED: 12/08/2014
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 12/04/2014 |
|--|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER SYMPHONY OF DECATUR | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET DECATUR, IL 62526 | | |
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| F 000 | INITIAL COMMENTS Annual Certification Survey | F 000 | | | |
| F 371 SS=F | Complaint Investigation #1464924/IL72968-no deficiencies 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interview, the facility failed to ensure that food was protected from potential cross-contamination, ensure that food contact surfaces were smooth and clean, and failed to ensure that cooking utensils, equipment, and food contact surfaces were being effectively chemically sanitized. This has the potential to affect all 167 residents. The findings include: 1. On 12-1-14 at 9:30 A.M. in kitchen A, gnats were flying around the juice dispensing machine, around the floor drain in front of the juice dispensing machine, and gnats were on the serving utensils hanging on the rack above the | 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>three compartment sink. The three compartment sink is adjacent to the juice dispensing machine. The front of the juice boxes had juice spills on them and gnats were flying around the spills. The juice dispensing head shroud was removed and the inside of shroud and the food contact surfaces of the dispensing head had accumulated dried and moist residue. Dust and lint was present on the three compartment sink overhead rack and serving utensil hooks. E8, Dietary Manager confirmed the presence of gnats, dust, lint, unclean juice dispenser head, spills, and acknowledged the conditions around the juice dispensing machine.</p> <p>2. On 12-1-14 at 9:30 A.M. in kitchen A, dust, lint, and greasy residue was present on the fire extinguisher system piping, on top of the coffee machine, and on the window air conditioner. Three loaves of bread were on the counter under the fire extinguisher system. A gap was present between the window air conditioner and the window opening.</p> <p>3. The handwashing lavatory was not maintained in a clean condition to promote effective employee handwashing. On 12-1-14 at 9:30 A.M. in kitchen A, the only handwashing lavatory was not clean. Green beans and other food residue were in the bowl of the lavatory and along with other residue and unclean surfaces.</p> <p>4. On 12-2-14 in kitchen A at 9:15 A.M., E9, 5 AM to 1 PM server was cleaning steamtable pans and other cooking equipment at the three compartment sink. E9 was pulling the pans out of the third sink with sanitizing solution in it. The height of the solution was lower than the height of the pans. Therefore, the pans had not been</p> | F 371 | | | |

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| F 371 | <p>Continued From page 2</p> <p>completely immersed into the solution. E9 stated that she does not completely immerse the pans in the sink. E9 turned over the pan in the solution and then immediately pulled the pan out and placed it on the drying rack. E9 did not allow the entire pan to be immersed for one minute in the solution according to the labeled directions.</p> <p>5. On 12-2-14 in kitchen A at 9:15 A.M., the counter mounted manual can opener's blade was nicked and the blade surface was not smooth.</p> <p>6. The bread was not stored in a way to prevent potential contamination. On 12-2-14 in kitchen B at 9:30 A.M., bread racks were next to the employee handwashing lavatory. Loaves of bread were on the open high boy bread racks. Soap, water and handwashing residue were on the bread wrappers.</p> <p>7. On 12-2-14 in kitchen B at 10:10 A.M., the in place sanitizing solution under the cook's preparation table measured, using test strips, to be less than 100 parts per million (ppm) of available quaternary ammonia. According to label directions, the sanitizing solution must provide 150 to 400 ppm of available quaternary ammonia compound in the solution. E10, AM Cook stated he does use the sanitizing solution from the container under the cook's preparation table.</p> <p>8. On 12-2-14 in kitchen B at 9:30 A.M., the table mounted manual can opener blade was nicked, unclean, had metal filings in the gears and the finish was worn off. E10 stated he does use the can opener.</p> <p>9. On 12-2-14 in kitchen B at 9:50 A.M., the</p> | F 371 | | | |

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| F 371 | Continued From page 3 electrical conduit, light covers, fire extinguisher pipes and piping in the exhaust ventilation hood over the grill, range, steamers, and ovens were not clean. Dust, lint, and greasy residue were on the surfaces. Food is prepared and cooked on the cooking equipment under the ventilation hood. The contaminants could fall into the uncovered food. 10. On 12-2-14 in kitchen A at 11:15 A.M., the inside painted exhaust ventilation hood had peeling and flaking black paint. The peeling and flaking paint was loose to the touch. During the meal service on 12-2-14 between 11:15 A.M. to 12:40 P.M., uncovered steamtable pans and pots with food were on the range under the hood. The flaking paint could fall into the food. | F 371 | | | |
| F 441 SS=F | According to the facility's "Resident Census and Conditions of Residents" dated 12-1-14, 167 residents reside at the facility. 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective | F 441 | | | |

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| F 441 | <p>Continued From page 4 actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to implement the infection control program by failing to accurately track infection information and by failing to have evidence of data analysis and trending. These failures have the potential to affect all 167 residents who reside at the facility.</p> <p>Findings Include: The facility's Infection Control Logs and Isolation Tracking Logs from September through November 2014 had incomplete information in 52 of the 134 documented infections. These entries lacked information to facilitate accurate analysis,</p> | F 441 | | | |

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| F 441 | <p>Continued From page 5 including dates of onset of the infections, room numbers of infected residents, types of infections, and indication of nosocomial versus community acquired infections.</p> <p>On 12/2/14 at 11:15 am E3, Infection Control Coordinator, stated that November's Infection Control Log was not complete.</p> <p>On 12/3/14 at 11:00 am E3 confirmed that September through November 2014 Infection Control/Isolation Logs have missing information E3 stated, "I can go back and complete all of them if needed....I do look at all the information that I have logged to see if there's a pattern.....I throw it away when I'm done with it."</p> <p>On 12/3/14 at 12:45 pm E1, Administrator provided an Isolation/Infection Monthly Report for October 2014, that was also incomplete. The report lacked the type of infections as well as the total number of infections.</p> <p>On 12/3/14 at 1:45 pm, E1 confirmed that October's Monthly Report was incomplete and stated, "it is missing information...(E3) doesn't have an analysis other than what I gave you...that is all she had for this year."</p> <p>The infection control policy dated 3/11/10 states "The (infection control) data will be analyzed to identify risks, trends and outcomes." The policy further states that documentation of data should include "Infection control reports used to describe types of infections and to identify trends and patterns."</p> <p>According to the Resident Census and Conditions of Residents dated 12/1/14 167 residents reside</p> | F 441 | | | |

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| F 441 | Continued From page 6 in the facility. | F 441 | | | |