

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

PRINTED: 03/31/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146035	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/25/2015
NAME OF PROVIDER OR SUPPLIER NORTH ADAMS HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 2259 EAST 1100TH STREET MENDON, IL 62351		
(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	F 000			
F 371 SS=F	Validation survey for Subpart U: Alzheimer Unit The North Adams Home is in compliance with Subpart U, 77 Illinois Administrative Code, Section 300.7000 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 observation, record review, and interview, the facility failed to clean the tops of in-place equipment located in the kitchen. This failure has the potential to effect all 52 residents residing in the facility. Findings include: The facility Census and Condition Report, dated 3/23/2015, indicates 52 residents reside in the facility. On 3/24/2015, at 10:50 a.m., the top of the convection oven was covered with dirt/debris.	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	Continued From page 1 Additionally, a couple of empty oven racks were sitting on top of the dirt/debris. The convection oven is located in the kitchen. On 3/24/2015, at 10:50 a.m., E4 (Food Service Director) observed [and confirmed] the dirt on top of the convection oven. E4 removed the empty oven racks, from the top of the convection oven, and placed them on the sink for cleaning. E4 stated there are no cleaning policies and cleaning assignments are made "as we go".	F 371			