STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E572	A. BUILDING _____ B. WING _____	R 01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKOKIE MEADOWS NURSING CENTER I I	4600 WEST GOLF ROAD SKOKIE, IL 60076

(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 226} SS=E	First Certification Revisit To Survey Date 12/8/14 483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to educate staff on the reporting of a crime and the location of posting to report a crime. The facility also failed to follow its policy on abuse prevention program. The findings include: On 1/21/2014 at 10:50am, E12 CNA (Certified Nurse Assistant) states he would report a crime to his supervisor and he was not aware of another number to call if there was a crime. E12 states he does not remember receiving in-service specifically on reporting of a crime. On 1/21/2014 at 11:00am, E13 (Nurse) states she has not receive in-service on report of a crime after October 2014. E13 states she would call the local police if she witnessed a crime. On 1/21/2015 at 11:03am, E1 (Administrator) states she was not able to get all staff in-serviced as yet on the reporting of a crime. On 1/22/2015 at 11:00am, E1 states she is still working on getting all staff in-serviced on the reporting of a crime. The facility in-service sign in sheet for reporting of a crime dated 1/6/2015 and continued on	{F 226}		

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

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{F 226}	Continued From page 1 1/21/2015, showed that all shift / all shift list 39 employee signatures. Facility ' s current list of all employees showed a list of 55 employees that currently works with the residents directly. The facility ' s undated policy on Abuse Prevention Program Facility Procedures 111 Orientation and Training of Employees showed that staff will receive a review of ...an employee ' s obligation under the law for reporting a suspected crime to the facility, the state survey agency and local law enforcement ...	{F 226}		
{F 248} SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to plan and evaluate and failed to modify activities to meet the needs, preferences and abilities of two residents (R4 and R6) in a sample of 12 residents. Findings include: R4 is a 62 year old resident that suffers from bipolar disorder and chronic back pain and leg pain. R4 recently completed physical therapy to improve his strength after suffering a ruptured blood vessel in the R leg. Subsequently, on 12/19/14, an order was given for R4 to ride a stationary bike for 10 minutes three times a week.	{F 248}		

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{F 248}	Continued From page 2 R4 was observed in group meetings and around the facility but not going for his scheduled activity of biking. E11 (PRSD) provided a schedule that indicated that R4 should attend biking on Monday, Thursday, and Friday . He is scheduled from 1:30- 2pm. E11 stated that she knew he had not gone yet. E18 (PRSC) was interviewed on 1/21/15 at 11:10am, about how often he has gone to biking. E18 stated that he had not been so far. E18 was asked why and responded that :"It is a relatively new order. I have invited him and reminded him several times to come, but he still has not." E18 was asked if she has documented these invitations in the past. E18 stated that she had not documented this anywhere. E10 (nurse) was asked to confirm the order regarding the bike. E10 stated that it is still a current order. The order has been present for more than a month without any assessment or care plan to attend his biking activity or possible preferences/needs to enhance his desire to attend the activity. R6 who is diagnosed as having head trauma and being Bipolar had a care plan dated 10/14/2014 and a revised care plan dated 1/13/2015 that both state that R6 is cognitively impaired; problem is e/b (evidenced by) poor memory, difficulty expressing himself, problems with reception and transmission of information. Both plans state he rarely socializes with others d/t (due to) poor communication skills. Care plan goal for R6 stated: R6 will improve	{F 248}		

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{F 248}	Continued From page 3	{F 248}		

current level of cognitive function by participating in the facility activities at least 2 x/day through the review date. Since the plan of correction dated December 8, 2014, R6 is documented as attending community meeting on 12/23/14; Bingo on 12/30/14; Bingo on 1/13/15; Community meeting on 1/20/2015.

The facility's One-to-One Protocol states the purpose as: to provide a personalized forum for resident with specific psychosocial need who a not appropriate for group intervention due to medical, behavioral and/or extreme psychosocial withdrawal, mood state-related problems.
His documented 1:1 interventions only occurred on 12/26/14; 1/9/15; 1/16/15 and 1/21/15

Care plan interventions include: Provide a program of activities that accommodates the resident's abilities like non-insight activity groups, parties and social events. Activities (bingo/pokeno) that R6 attends are thought provoking and require the ability to hear a card or number and apply the direction by making the correct application in a very short period of time.
R6 was observed in a bingo session on 1/20/2015 sitting alone with his head down and eyes closed while bingo numbers were being called out. When E12 arrived and stood beside R6, E12 (Certified Nursing Assistant) manipulated the bingo board for R6 without any involvement of R6. Witnessed by E-13 (PRSC) who agreed that the bingo process is very fast paced and stated R6 would best benefit by having 1:1's.

E-14 (Activity Director) stated that R6 just smiles and watches others when he is in Bingo or Pokeno and that E-14 involves R6 in informal 1:1's, and that reality groups would benefit R6 the

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{F 248}	Continued From page 4 most.	{F 248}		
{F 280} SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement and revise care plans for 2 residents (R5 & R6) reviewed in a sample size of 12. Findings include: R5 is a 70 year old man with a diagnosis of Schizoaffective and obsessive compulsion disorders. On 1/21/15 at 9:47am, R5 was	{F 280}		

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{F 280}	Continued From page 5	{F 280}		

observed sitting on the back wall during the community morning meeting. During the interview, R5 stated that he did not want to receive the coffee that is rewarded for attending the meeting, because he may have an accident. When probed further, R5 stated that he has accidents when he eat and drinks certain foods. R5 stated "I mess my pants sometimes cause some foods go right through me. I hate it when I leak, that is why I don't drink the pop." "when I mess myself, I try to get it off me cause my body smells, I don't like that cause I am used to being clean." When asked how often it happens, R5 states it happens at least a couple times a week.

Discussions with the following staff at approximately 11:45am showed that neither E2 (Director of Nurses); E3(Asst. Director of Nursing); E16 (Registered Nurse) were aware and unable to speak to the frequency that R5 was experiencing incontinency episodes. Review of the nursing assistants ADL (activities of daily living) documentation forms dated from December 11, 2014 to January 19, 2015 showed no documentation of incontinency with R5. In the presence of E2, R5 was interviewed in his room. At that time, R5 restated that he has period of incontinency with urine and bowel and that he attempts to clean him self and and has asked for help as needed. R5 identified E12 (Certified Nurse Assistant); E17 (Certified Nurse Assistant) and E19 (Certified Nursing Assistant) has assisted him. E19 confirmed to E2 that R5 has had periods of incontinence that E19 has not recorded.

R5's care plan initiated on 11/13/14 intervention states the following for R5:

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{F 280}	Continued From page 6	{F 280}		

Monitor/document/report PRN any possible causes of incontinence. The facility was unable to provide any documentation at this time. As of 1/21/2015, the care plan does not reflect any updates regarding the ongoing continence issues of R5.

R6 is a 68 year old man diagnosed with head trauma and Bipolar.
R6 had a care plan dated 10/14/2014 and a revised care plan dated 1/13/2015 that both state that R6 is cognitively impaired; problem is e/b (evidenced by) poor memory, difficulty expressing himself, problems with reception and transmission of information. Both plans state he rarely socializes with others d/t (due to) poor communication skills.

The facility's One-to-One Protocol states the purpose as: to provide a personalized forum for resident with specific psychosocial need who a not appropriate for group intervention due to medical, behavioral and/or extreme psychosocial withdrawal, mood state-related problems.
His documented 1:1 interventions only occurred on 12/26/14; 1/9/15; 1/16/15 and 1/21/15

Care plan interventions include: Provide a program of activities that accommodates the resident's abilities like non-insight activity groups, parties and social events. Activities (bingo/pokeno) that R6 attends are thought provoking and require the ability to hear a card or number and apply the direction by making the correct application in a very short period of time.
R6 was observed in a bingo session on 1/20/2015 sitting alone with his head down and eyes closed while bingo numbers were being called out. When E12 arrived and stood beside

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{F 280}	Continued From page 7 R6, E12 (Certified Nursing Assistant) manipulated the bingo board for R6 without any involvement of R6. Witnessed by E-13 (PRSC) who agreed that the bingo process is very fast paced and stated R6 would best benefit by having 1:1's. The facility Plan of Correction dated 12/10/2014 states care plans will be continuously reviewed, revised and updated by each PRSC/PRSD, activity director, care plan coordinator and dietary supervisor quarterly/ annually. Problems will be revised based on their current issues/problems, goals will be validated if met/unmet and interventions will be revised/changed based on effectivity. This did not occur for R5 or R6.	{F 280}		
{F 282} SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement and revise care plans for 2 residents (R5 & R6) reviewed in a sample size of 12. Findings include: R5 is a 70 year old man with a diagnosis of Schizoaffective and obsessive compulsion disorders. On 1/21/15 at 9:47am, R5 was observed sitting on the back wall during the	{F 282}		

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{F 282}	Continued From page 8	{F 282}		

community morning meeting. During the interview, R5 stated that he did not want to receive the coffee that is rewarded for attending the meeting, because he may have an accident. When probed further, R5 stated that he has accidents when he eat and drinks certain foods. R5 stated "I mess my pants sometimes cause some foods go right through me. I hate it when I leak, that is why I don't drink the pop." "when I mess myself, I try to get it off me cause my body smells, I don't like that cause I am used to being clean." When asked how often it happens, R5 states it happens at least a couple times a week.

Discussions with the following staff at approximately 11:45am showed that neither E2 (Director of Nurses); E3(Asst. Director of Nursing); E16 (Registered Nurse) were aware and unable to speak to the frequency that R5 was experiencing incontinency episodes. Review of the nursing assistants ADL (activities of daily living) documentation forms dated from December 11, 2014 to January 19, 2015 showed no documentation of incontinency with R5. In the presence of E2, R5 was interviewed in his room. At that time, R5 restated that he has period of incontinency with urine and bowel and that he attempts to clean him self and and has asked for help as needed. R5 identified E12 (Certified Nurse Assistant); E17 (Certified Nurse Assistant) and E19 (Certified Nursing Assistant) has assisted him. E19 confirmed to E2 that R5 has had periods of incontinence that E19 has not recorded.

R5's care plan initiated on 11/13/14 intervention states the following for R5:

Monitor/document/report PRN any possible

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{F 282}	Continued From page 9	{F 282}		

causes of incontinence. The facility was unable to provide any documentation at this time. As of 1/21/2015, the care plan does not reflect any updates regarding the ongoing continence issues of R5.

R6 is a 68 year old man diagnosed with head trauma and Bipolar.
R6 had a care plan dated 10/14/2014 and a revised care plan dated 1/13/2015 that both state that R6 is cognitively impaired; problem is e/b (evidenced by) poor memory, difficulty expressing himself, problems with reception and transmission of information. Both plans state he rarely socializes with others d/t (due to) poor communication skills.

The facility's One-to-One Protocol states the purpose as: to provide a personalized forum for resident with specific psychosocial need who a not appropriate for group intervention due to medical, behavioral and/or extreme psychosocial withdrawal, mood state-related problems.
His documented 1:1 interventions only occurred on 12/26/14; 1/9/15; 1/16/15 and 1/21/15

Care plan interventions include: Provide a program of activities that accommodates the resident's abilities like non-insight activity groups, parties and social events. Activities (bingo/pokeno) that R6 attends are thought provoking and require the ability to hear a card or number and apply the direction by making the correct application in a very short period of time.
R6 was observed in a bingo session on 1/20/2015 sitting alone with his head down and eyes closed while bingo numbers were being called out. When E12 arrived and stood beside R6, E12 (Certified Nursing Assistant) manipulated

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{F 282}	Continued From page 10 the bingo board for R6 without any involvement of R6. Witnessed by E-13 (PRSC) who agreed that the bingo process is very fast paced and stated R6 would best benefit by having 1:1's. The facility Plan of Correction dated 12/10/2014 states care plans will be continuously reviewed, revised and updated by each PRSC/PRSD, activity director, care plan coordinator and dietary supervisor quarterly/ annually. Problems will be revised based on their current issues/problems, goals will be validated if met/unmet and interventions will be revised/changed based on effectivity. This did not occur for R5 or R6.	{F 282}		
{F 332} SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to have a five percent (5%) or lower medication error rate. There were 2 medication errors out of 27 medication opportunities, resulting in a 7.4 % medication error rate. 2 residents (R13,R14) from the supplemental sample were affected. Findings include: On 1/20/15 at 11:56am, observed E9(Registered Nurse) administering medications to R13. R13's medications included Insulin, Novalog 2 units	{F 332}		

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{F 332}	Continued From page 11	{F 332}		

sub-cutanous per flex pen administration. Observed E9 pointed the insulin flex pen in a downward orientation into the opening of the sharps container, then pressed the injection button on the pen to expel the 2 units. Also, E9 did not use a tapping motion to move possible air bubbles to the needle opening of the flex pen. As a result, R13 did not receive the correct dose of insulin.

On 1/21/15 at 11:55am, observed E10(Registered Nurse), administering medications to R14. R14's medications included Insulin, Novalog 2 units sub-cutanous per flex pen administration. Observed E10 pointed the flex pen straight up. E10 did not " tap the flex pen gently, " but rather pushed the injection button to expel the 2 units. As a result, R14 did not receive the correct dose of insulin.

A review of the manufacturer guideline titled Patient Instruction to the Use of NovoLog FlexPen, under the heading " Giving the airshot before each injection, " shows " Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units [...]. F. Hold you NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few time to make any air bubbles collect at the top of the cartridge [...]. G. Keep the needle pointing upwards, press the push-button all the way in [...].

On 1/21/15 at 1:35pm, E2 (Director of Nursing), stated," I gave in-service on use of flex pen device to Registered Nurses in the facility." E2 described the use of the flex pen including all the

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{F 332}	Continued From page 12 details found in the Manufacturer ' s Instructions. On 1/22/15 at 10:15am, E2 stated ," I did not ask Nurses who were in-serviced in the use of the flex pen for a return demonstration at that time."	{F 332}		
{F 333} SS=D	483.25(m)(2) RESIDENTS FREE OF SIGNIFICANT MED ERRORS The facility must ensure that residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that residents are free from significant medication errors for 2 residents (R13,R 14) in the supplemental sample, reviewed for significant medication errors. Findings include: On 1/20/15 at 11:56am, observed E9(Registered Nurse) administering medications to R13. R13's medications included Insulin, Novalog 2 units sub-cutanous per flex pen administration. Observed E9 pointed the insulin flex pen in a downward orientation into the opening of the sharps container, then pressed the injection button on the pen to expel the 2 units. Also, E9 did not use a tapping motion to move possible air bubbles to the needle opening of the flex pen. As a result, R13 did not receive the correct dose of insulin. On 1/21/15 at 11:55am, observed E10(Registered Nurse), administering medications to R14. R14's	{F 333}		

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SKOKIE MEADOWS NURSING CENTER I I	4600 WEST GOLF ROAD SKOKIE, IL 60076

(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 333}	Continued From page 13 medications included Insulin, Novalog 2 units sub-cutanous per flex pen administration. Observed E10 pointed the flex pen straight up. E10 did not " tap the flex pen gently, " but rather pushed the injection button to expel the 2 units. As a result, R14 did not receive the correct dose of insulin. A review of the manufacturer guideline titled Patient Instruction to the Use of NovoLog FlexPen, under the heading " Giving the airshot before each injection, " shows " Before each injection small amounts of air may collect in the cartridge during normal use. To avoid injecting air and to ensure proper dosing: E. Turn the dose selector to select 2 units [...]. F. Hold you NovoLog FlexPen with the needle pointing up. Tap the cartridge gently with your finger a few time to make any air bubbles collect at the top of the cartridge [...]. G. Keep the needle pointing upwards, press the push-button all the way in [...]. On 1/21/15 at 1:35pm, E2 (Director of Nursing), stated," I gave in-service on use of flex pen device to Registered Nurses in the facility." E2 described the use of the flex pen including all the details found in the Manufacturer ' s Instructions. On 1/22/15 at 10:15am, E2 stated ," I did not ask Nurses who were in-serviced in the use of the flex pen for a return demonstration at that time." Insulin is used to treat symptoms associated with Diabetes. R13 and R14's medical diagnosis includes Diabetes.	{F 333}		
{F 364} SS=F	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP	{F 364}		

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{F 364}	Continued From page 14	{F 364}		

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 observation, interview and record review, the facility failed to inservice all kitchen staff on new policies/procedures and logs, to ensure the kitchen staff followed the procedures for recording time and temperature of cooked foods and procedure for transferring prepared foods from the cooking kitchen to receiving kitchen, to demonstrate ability to correctly calibrate thermometers to take food temperatures, and to prevent the prolonged holding of cooked food. These failures have the potential to affect all 82 residents in the facility.

Findings include:
Per the Plan of Correction with the correction date of January 6, 2015, the facility initiated a new written time and temperature policy, new time and temperature log for when foods are finished cooking and a temperature log when foods are at the receiving kitchen. Per the plan of correction " Staff in both the cooking kitchen and the receiving kitchen has been in-serviced on the new policy and logs. " Per inservice attendance logs dated 12/30/15, E6(Dietary Aide), E7(Dietary Aide), and E20(Cook) were not in attendance of inservices on new policies and procedures. Facility was unable to provide documentation showing staff in the cooking
Kitchen was inserviced on new policy and logs.

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{F 364}	Continued From page 15 On 1/21/2015 at 11:30AM, E5(Dietary Manager) confirmed as of 1/20/2015 E6, E7 and E20, as well as staff in the cooking kitchen, were not inserviced on the new policies and procedures as per the Plan of Correction. Per the March, 2014 Procedure for Transferring Prepared Foods from Kitchen to Kitchen states " 1) when picking up hot foods their temperature will be taken to ensure they are at or above the base temperature of 140F. 6) When arriving at the destination kitchen hot foods will have their temperature taken to ensure no heat loss occurred during the transfer. " Per the Food Temperature Monitoring Daily Checklist, since the inservice date Dec 30, 2015 - January 20, 2015, food temperatures 15 entire meals were missing out of a total of 59 meals served. Per the Pick Up/Return/Serving Temp form, food temperatures for 41 meals were incompletely recorded out of a total of 59 meals served. Per the Procedure for Recording Time and Temperature of Cooked Foods, " Cooks will record cooked temperatures and the time finished cooking on the appropriate log and sign, or initial, in the proper location. Record the time foods are removed from the oven or stove top. Record the temperature of the foods at this time " Per interview with E4 (Food Service Director), the form stating " Food Items " and " Holding Temperature " , as well as the revised form beginning 1/6/15, has been utilized until 1/20/15 to record the final cooking temperatures of foods as per the Procedure for Recording Time and Temperature of Cooked Foods. Per the forms dated 1/1/15-1/19/15, food temperatures and times for 28 meals were incompletely recorded out of a total of 57 meals. Per the Plan of Correction with the correction date of January 6, 2015, " Dietary Manager will	{F 364}		

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{F 364}	Continued From page 16	{F 364}		

monitor compliance by reviewing the log daily and by taking temperatures at both the cooking kitchen and the receiving kitchen three times per week for four weeks to ensure compliance. " E4 stated the missing data was a result of a " training issue - we are always working on it. "
In 1/20/15 at 11:00AM when E5 was asked to calibrate a thermometer in order to take temperatures of food items for lunch, E5 stated " I don ' t know how to calibrate a thermometer. " E5 provided the 2010 policy " Calibrating Thermometers " which states " Thermometers used to check food temperatures will be calibrated ... at regular intervals. " E5 stated they calibrate thermometers by sending the thermometers to the kitchen next door if she notices the temperatures of foods are " off " but no schedule for calibrating thermometers exist and E5 was unable to demonstrate how to successfully calibrate her thermometer. Z1 (dietitian) stated the calibration policy is " pretty loose and it leaves it open to interpretation. "

On 1/20/2015 at 2:00 PM chicken patties for dinner were being heated in the combi oven with 9 minutes left of cooking. E21 (Cook) stated the chicken patties were pre-cooked and only needed to be heated to 160F which would occur in approximately 9 minutes. Per E21, the chicken patties only needed a total cooking time of 20 minutes to reach 165F and the only other product that needed to be cooked in the combi oven before dinner were French fries. When the chicken patties were heated, the cook stated he would then place them in the oven to be held until dinner at 4:45 PM for a total hold time of approximately 2 hours and 35 minutes. On 1/22/2015 at 11:30 AM, Z1 stated that the chicken patties were cooked too early for dinner service.

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{F 364}	Continued From page 17	{F 364}		

Per the cooking kitchen time and temperature logs, vegetables were finished cooking for 4:45 PM dinner service at 2:00 PM on 1/6/15, at 2:00 PM on 1/9/15, at 2:00 PM on 1/10/15, at 2:00 PM on 1/11/15, and 2:09 PM on 1/13/15.

Based on observation, interview and record review, the facility failed to inservice all kitchen staff on new policies/procedures and logs, to ensure the kitchen staff followed the procedures for recording time and temperature of cooked foods and procedure for transferring prepared foods from the cooking kitchen to receiving kitchen, to demonstrate ability to correctly calibrate thermometers to take food temperatures, and to prevent the prolonged holding of cooked food. These failures have the potential to affect all 82 residents in the facility.

Findings include:
Per the Plan of Correction with the correction date of January 6, 2015, the facility initiated a new written time and temperature policy, new time and temperature log for when foods are finished cooking and a temperature log when foods are at the receiving kitchen. Per the plan of correction " Staff in both the cooking kitchen and the receiving kitchen has been in-serviced on the new policy and logs. " Per inservice attendance logs dated 12/30/15, E6(Dietary Aide), E7(Dietary Aide), and E20(Cook) were not in attendance of inservices on new policies and procedures. Facility was unable to provide documentation showing staff in the cooking

On 1/21/2015 at 11:30AM, E5(Dietary Manager) confirmed as of 1/20/2015 E6, E7 and E20, as well as staff in the cooking kitchen, were not inserviced on the new policies and procedures as

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{F 364}	Continued From page 18	{F 364}		

per the Plan of Correction.
Per the March, 2014 Procedure for Transferring Prepared Foods from Kitchen to Kitchen states " 1) when picking up hot foods their temperature will be taken to ensure they are at or above the base temperature of 140F. 6) When arriving at the destination kitchen hot foods will have their temperature taken to ensure no heat loss occurred during the transfer. " Per the Food Temperature Monitoring Daily Checklist, since the inservice date Dec 30, 2015 - January 20, 2015, food temperatures 15 entire meals were missing out of a total of 59 meals served. Per the Pick Up/Return/Serving Temp form, food temperatures for 41 meals were incompletely recorded out of a total of 59 meals served.
Per the Procedure for Recording Time and Temperature of Cooked Foods, " Cooks will record cooked temperatures and the time finished cooking on the appropriate log and sign, or initial, in the proper location. Record the time foods are removed from the oven or stove top. Record the temperature of the foods at this time " Per interview with E4 (Food Service Director), the form stating " Food Items " and " Holding Temperature " , as well as the revised form beginning 1/6/15, has been utilized until 1/20/15 to record the final cooking temperatures of foods as per the Procedure for Recording Time and Temperature of Cooked Foods. Per the forms dated 1/1/15-1/19/15, food temperatures and times for 28 meals were incompletely recorded out of a total of 57 meals.
Per the Plan of Correction with the correction date of January 6, 2015, " Dietary Manager will monitor compliance by reviewing the log daily and by taking temperatures at both the cooking kitchen and the receiving kitchen three times per week for four weeks to ensure compliance. " E4

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{F 364}	Continued From page 19	{F 364}		

stated the missing data was a result of a " training issue - we are always working on it. " In 1/20/15 at 11:00AM when E5 was asked to calibrate a thermometer in order to take temperatures of food items for lunch, E5 stated " I don ' t know how to calibrate a thermometer. " E5 provided the 2010 policy " Calibrating Thermometers " which states " Thermometers used to check food temperatures will be calibrated ... at regular intervals. " E5 stated they calibrate thermometers by sending the thermometers to the kitchen next door if she notices the temperatures of foods are " off " but no schedule for calibrating thermometers exist and E5 was unable to demonstrate how to successfully calibrate her thermometer. Z1 (dietitian) stated the calibration policy is " pretty loose and it leaves it open to interpretation. "

On 1/20/2015 at 2:00 PM chicken patties for dinner were being heated in the combi oven with 9 minutes left of cooking. E21 (Cook) stated the chicken patties were pre-cooked and only needed to be heated to 160F which would occur in approximately 9 minutes. Per E21, the chicken patties only needed a total cooking time of 20 minutes to reach 165F and the only other product that needed to be cooked in the combi oven before dinner were French fries. When the chicken patties were heated, the cook stated he would then place them in the oven to be held until dinner at 4:45 PM for a total hold time of approximately 2 hours and 35 minutes. On 1/22/2015 at 11:30 AM, Z1 stated that the chicken patties were cooked too early for dinner service. Per the cooking kitchen time and temperature logs, vegetables were finished cooking for 4:45 PM dinner service at 2:00 PM on 1/6/15, at 2:00 PM on 1/9/15, at 2:00 PM on 1/10/15, at 2:00 PM

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{F 364}	Continued From page 20 on 1/11/15, and 2:09 PM on 1/13/15.	{F 364}		
{F 371} SS=F	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, interview and record review, the facility failed to inservice all kitchen staff on new policies/procedures and logs, to ensure the kitchen staff followed the procedures for recording time and temperature of cooked foods and procedure for transferring prepared foods from the cooking kitchen to receiving kitchen, to demonstrate ability to correctly calibrate thermometers to take food temperatures, and practice safe and sanitary food handling practices. These failures have the potential to affect all 82 residents in the facility. Findings Include: Per the Plan of Correction with the correction date of January 6, 2015, the facility initiated a new written time and temperature policy, new time and temperature log for when foods are finished cooking, and a temperature log when foods are at the receiving kitchen. Per the plan of correction " Staff in both the cooking kitchen and the receiving	{F 371}		

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{F 371}	Continued From page 21	{F 371}		

kitchen has been in-serviced on the new policy and logs. " Per inservice attendance logs dated 12/30/15, E6(Dietary Aide), E7(Dietary Aide), and E20(Cook) were not in attendance of inservices on new policies and procedures. Facility was unable to provide documentation showing all staff in the cooking kitchen was inserviced on new policy and logs. On 1/21/2015 at 11:30AM, E5 (Dietary Manager) confirmed as of 1/20/2015 E6, E7 and E20, as well as dietary aide staff in the cooking kitchen, were not inserviced on the new policies and procedures as per the Plan of Correction.

Per the March, 2014 Procedure for Transferring Prepared Foods from Kitchen to Kitchen states " 1) when picking up hot foods their temperature will be taken to ensure they are at or above the base temperature of 140F. 6) When arriving at the destination kitchen hot foods will have their temperature taken to ensure no heat loss occurred during the transfer. " Per the Food Temperature Monitoring Daily Checklist, since the inservice date Dec 30, 2015 - January 20, 2015, food temperatures 15 entire meals were missing out of a total of 59 meals served. Per the Pick Up/Return/Serving Temp form, food temperatures for 41 meals were incompletely recorded out of a total of 59 meals served.

Per the Procedure for Recording Time and Temperature of Cooked Foods, " Cooks will record cooked temperatures and the time finished cooking on the appropriate log and sign, or initial, in the proper location. Record the time foods are removed from the oven or stove top. Record the temperature of the foods at this time " Per interview with E4 (Food Service Director), the form stating " Food Items " and " Holding Temperature " , as well as the revised form beginning 1/6/15, has been utilized until 1/20/15

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{F 371}	Continued From page 22	{F 371}		

to record the final cooking temperatures of foods as per the Procedure for Recording Time and Temperature of Cooked Foods. Per the forms dated 1/1/15-1/19/15, food temperatures and times for 28 meals were incompletely recorded out of a total of 57 meals.
Per the Plan of Correction with the correction date of January 6, 2015, " Dietary Manager will monitor compliance by reviewing the log daily and by taking temperatures at both the cooking kitchen and the receiving kitchen three times per week for four weeks to ensure compliance. " E4 stated the missing data was a result of a " training issue - we are always working on it. "
On 1/20/15 at 11:00AM when E5 was asked to calibrate a thermometer in order to take temperatures of food items for lunch, E5 stated " I don ' t know how to calibrate a thermometer. " E5 provided the 2010 policy " Calibrating Thermometers " which states " Thermometers used to check food temperatures will be calibrated ... at regular intervals. " E5 stated they calibrate thermometers by sending the thermometers to the kitchen next door if she notices the temperatures of foods are " off " but no schedule for calibrating thermometers exist and E5 was unable to demonstrate how to successfully calibrate her thermometer. Z1 (dietitian) stated the calibration policy is " pretty loose and it leaves it open to interpretation. "
On 1/20/15 at 11:15, E6 was preparing tuna sandwiches, walked away from his food prep area to get a thermometer while leaving the tuna exposed, returned to the food prep area with the same gloves on his hands, and proceeded to handle the prepared tuna without changing his gloves or washing his hands. On 1/20/15 at 12:00 PM, E6 touched his face with gloved hands and immediately touched ham sandwiches he

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{F 371}	Continued From page 23 was preparing for lunch without washing his hands. Review of facilities food service handwashing policy indicates that staff are to wash hands immediately after hands coming in contact with their clothing, skin, hair, jewelry or equipment. On 1/20/15 at 12:15PM, review of the cooling logs dated 1/14/15 for cooked pork indicated cooling began at 9:10AM at 171F. The next data shows product at 10:10AM at 120F. The next data shows product at 11:10AM at 89F, and then 12:10AM at 65F. Per the data collected, unable to determine if pork cooled from 135F to 70F within two hours. Based on observation, interview and record review, the facility failed to inservice all kitchen staff on new policies/procedures and logs, to ensure the kitchen staff followed the procedures for recording time and temperature of cooked foods and procedure for transferring prepared foods from the cooking kitchen to receiving kitchen, to demonstrate ability to correctly calibrate thermometers to take food temperatures, and practice safe and sanitary food handling practices. These failures have the potential to affect all 82 residents in the facility. Findings Include: Per the Plan of Correction with the correction date of January 6, 2015, the facility initiated a new written time and temperature policy, new time and temperature log for when foods are finished	{F 371}		

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{F 371}	Continued From page 24	{F 371}		

cooking, and a temperature log when foods are at the receiving kitchen. Per the plan of correction " Staff in both the cooking kitchen and the receiving kitchen has been in-serviced on the new policy and logs. " Per inservice attendance logs dated 12/30/15, E6(Dietary Aide), E7(Dietary Aide), and E20(Cook) were not in attendance of inservices on new policies and procedures. Facility was unable to provide documentation showing all staff in the cooking kitchen was inserviced on new policy and logs. On 1/21/2015 at 11:30AM, E5 (Dietary Manager) confirmed as of 1/20/2015 E6, E7 and E20, as well as dietary aide staff in the cooking kitchen, were not inserviced on the new policies and procedures as per the Plan of Correction.

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{F 371}	Continued From page 25	{F 371}		

form stating " Food Items " and " Holding Temperature " , as well as the revised form beginning 1/6/15, has been utilized until 1/20/15 to record the final cooking temperatures of foods as per the Procedure for Recording Time and Temperature of Cooked Foods. Per the forms dated 1/1/15-1/19/15, food temperatures and times for 28 meals were incompletely recorded out of a total of 57 meals.
Per the Plan of Correction with the correction date of January 6, 2015, " Dietary Manager will monitor compliance by reviewing the log daily and by taking temperatures at both the cooking kitchen and the receiving kitchen three times per week for four weeks to ensure compliance. " E4 stated the missing data was a result of a " training issue - we are always working on it. "
On 1/20/15 at 11:00AM when E5 was asked to calibrate a thermometer in order to take temperatures of food items for lunch, E5 stated " I don ' t know how to calibrate a thermometer. " E5 provided the 2010 policy " Calibrating Thermometers " which states " Thermometers used to check food temperatures will be calibrated ... at regular intervals. " E5 stated they calibrate thermometers by sending the thermometers to the kitchen next door if she notices the temperatures of foods are " off " but no schedule for calibrating thermometers exist and E5 was unable to demonstrate how to successfully calibrate her thermometer. Z1 (dietitian) stated the calibration policy is " pretty loose and it leaves it open to interpretation. "
On 1/20/15 at 11:15, E6 was preparing tuna sandwiches, walked away from his food prep area to get a thermometer while leaving the tuna exposed, returned to the food prep area with the same gloves on his hands, and proceeded to handle the prepared tuna without changing his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E572	A. BUILDING _____ B. WING _____	R 01/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKOKIE MEADOWS NURSING CENTER I I	4600 WEST GOLF ROAD SKOKIE, IL 60076

(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 371}	Continued From page 26 gloves or washing his hands. On 1/20/15 at 12:00 PM, E6 touched his face with gloved hands and immediately touched ham sandwiches he was preparing for lunch without washing his hands. Review of facilities food service handwashing policy indicates that staff are to wash hands immediately after hands coming in contact with their clothing, skin, hair, jewelry or equipment. On 1/20/15 at 12:15PM, review of the cooling logs dated 1/14/15 for cooked pork indicated cooling began at 9:10AM at 171F. The next data shows product at 10:10AM at 120F. The next data shows product at 11:10AM at 89F, and then 12:10AM at 65F. Per the data collected, unable to determine if pork cooled from 135F to 70F within two hours.	{F 371}		