

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005672</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/16/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MAGNOLIA MANOR SHELTER CARE HM</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1100 GRANT ELDORADO, IL 62930</b>
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(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) COMPLETE DATE
S 000	Initial Comments  Annual Licensure Survey  Complaint investigation 1553751/IL78598 - No findings were cited.	S 000		
S9999	Final Observations  Statement of Licensure Violations  330.1910a) 330.1910b)  Section 330.1910 Director of Food Services  a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of 40 hours each week.  b) The head cook may be designated to fill this position as long as it does not interfere with the responsibilities of either position.  This requirement was not met as evidenced by:  Based on observation, interview, and record review, the facility failed to provide a full time, qualified dietary supervisor. This failure has the potential to affect all 40 residents in the facility.  Findings include:  On 7/15/15 at 1:00 p.m., the dishwashing machine was not adding sanitizer to the rinse cycle. The rinse water was checked with chlorine test strips, and the level registered as 0 parts per	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>million.</p> <p>When asked, on 7/15/15 at 1:00 p.m., when the level was last checked, E9, Food Service Worker stated that she didn't know.</p> <p>When asked, on 7/16/15 at 11:00 a.m., who was in charge of the kitchen, E1, Administrator, stated that E5 Food Service Supervisor, was over the kitchen, adding that E5 only worked one day per week, on Fridays.</p> <p>According to the Facility Data Sheet dated 7/14/15, the facility had 40 residents.</p> <p style="text-align: center;">(AW)</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to add sanitizer to the rinse cycle of the dishwasher. This failure has the potential to affect all 40 residents in the facility.</p> <p>Findings include:</p> <p>On 7/15/15 at 1:00 p.m., the dishwashing machine was not adding sanitizer to the rinse cycle. The rinse water was checked with chlorine test strips, and the level registered as 0 parts per</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>million. On closer examination, the pump mechanism for infusing the sanitizer was in poor condition and malfunctioning.</p> <p>When asked, on 7/15/15 at 1:00 p.m., when the level was last checked, E9 stated that she didn't know, and was unaware of a log or whether or not one was kept.</p> <p>According to the Facility Data Sheet dated 7/14/15, the facility had 40 residents.</p> <p style="text-align: center;">(B)</p>	S9999		