

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145860	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/07/2024
NAME OF PROVIDER OR SUPPLIER  Grove of Skokie, The		STREET ADDRESS, CITY, STATE, ZIP CODE  9000 LA Vergne Avenue Skokie, IL 60077	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>34069</p> <p>Based on observation, interview, and record review the facility failed to follow the Statement of Resident Rights when a resident was left exposed showing his bare chest and legs visible from the hallway. This failure affected one resident (R86) reviewed for privacy in a total sample of 26.</p> <p>Findings include:</p> <p>On 06/04/24 at 05:56 AM, R86 was observed with his bare chest and legs exposed in his wheelchair from the hallway while V12 (Certified Nurse Aide) was observed changing the linen on R86's bed.</p> <p>On 06/04/24 at 05:59 AM, R86 said he prefers his door closed when changing and does not want to be exposed to the public.</p> <p>On 06/05/24 at 01:07 PM, V2 (Director of Nursing) stated staff should use the privacy curtain or close the door for privacy.</p> <p>On 06/04/24 at 06:00 AM, V12 (Certified Nursing Assistant) said staff should close the door or use the privacy curtain when changing a resident to ensure privacy.</p> <p>On 06/04/24 at 06:22 AM, R60 said R86 was exposed and visible from across the hallway.</p> <p>On 06/06/24 at 02:32 PM, V14 (Social Service Director) said she was told by V1 (Administrator) R86 has a preference to be in his brief and does not want to use the privacy curtain or his door closed. V14 said she added the behavior care plan today. V14 said she was unaware of R86 having these behaviors/preferences and did not see any of these behaviors charted in R86's medical record.</p> <p>Statement of Resident Rights documents: Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. (1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>34069</p> <p>Based on observation, interview, and record review the facility failed to follow the Kitchen Policy by not labeling and dating a package of pita bread and a bulk bag of Indian (Baking) Flour. This failure has the capacity to affect 131 residents with an oral diet. The facility also failed to follow Sanitizer Manufacturer Instructions and Procedures for 3 Compartment Sinks by not immersing blender items for one minute. This failure has the capacity to affect 13 residents on a puree diet.</p> <p>Findings include:</p> <p>On 6-4-24 at 8:00 AM, surveyor observed walk-in refrigerator and noted pita bread wrapped in foil. The pita had no label with open/made date and expiration date. On 6-4-24 at 8:08 AM, surveyor observed dry food storage and noted an (opened) bag of Indian flour with no label with open date or expiration date.</p> <p>On 6-4-24 at 8:08 AM, V11 (Dietary Manager) said all food should be dated with open date and expiration date. V11 said the open date determines how long the food can be used. V11 said he will remove the pita bread and the Indian flour.</p> <p>Kitchen Policy dated 7-23-23 documents: e. Refrigerated food should be covered, dated, and labeled, and shelved to allow air circulation. i. Dry Storage: iv. large bulk items rice, flour, etc, are labeled.</p> <p>On 6-4-24 at 9:40 AM, surveyor observed V13 (Cook) sanitize blender items for less than 30 seconds in the 3 compartment sink.</p> <p>Manufacturer's Instructions documents: 3. Sanitize equipment and utensils by immersion in a use-solution of 1-2 ounces of this product per 4 gallons of water (or equivalent dilution) for at least 60 seconds at a temperature of 75 degrees.</p> <p>Procedures For 3 Compartment Sinks documents: Immerse utensils in Sanitizer Sink for a full minute.</p> <p>On 6-6-24 at 11:45 AM, V13 (Cook) said items are sanitized for 2 minutes to ensure all the bacteria is removed.</p> <p>On 6-4-24 at 9:45 AM, V11 (Dietary Manager) said staff should sanitize items for 30 seconds.</p> <p>Facility Roster dated 6-4-24 documents: 13 residents on puree diet.</p> <p>Facility Roster dated 6-4-24 documents: 131 residents on oral diet.</p>		