STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14A357	A. Building B. Wing	09/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Square	620 North Ottawa Avenue Dixon, IL 61021

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and record review, the facility failed to ensure kitchen staff wore hair restraints and failed to ensure the freezer was in working order. This applies to all 24 residents residing in the facility. The findings include: The facility's Long-Term Facility Application for Medicare and Medicaid (CMS 671), dated 9/22/25, shows the facility census is 24. On 09/22/2025 at 9:30 AM, V3, Food Service Director, opened the freezer door. The ceiling contained ice drops. There were multiple boxes and containers of food items covered with ice and frost on the top shelves of the freezer. The freezer fan was running and making a very loud clanking noise. There was a food cart with loaves of bread and trays of foiled covered dishes, dated 8/16/25. The dishes were covered in ice, and some were attached to the shelf above them with ice. V3 said she was not sure what the dishes were, but they should be thrown out and said, the health department was here last week and told us the food items on the top shelf should be thrown out. The thermometer in the freezer showed 20 degrees Fahrenheit. V3 said the freezer temperature should be 0 degrees Fahrenheit. V3 said she was not sure why the fan was so loud; it usually didn't sound like that. The facility's Big Freezer Temperature log for September 2025 shows the freezer temperature was not checked on 9/21/25 PM shift and had not been checked yet this morning (9/22/25). On 9/22/25 at 11:15 AM, during the plating of the noon meal, V4, Dietary Aide, was at the end of the steam table, plating sides on resident plates and trays. V3 had a goatee and mustache of various hair lengths not covered with a hair restraint. On 9/22/25 at 11:43 AM, V3 reviewed the Big Freezer temperature log and V3 confirmed the temperature had not been checked on 9/21/25 PM, and 9/22/25 AM. V3 said the freezer is to be checked when the cook comes in the morning, when the PM cook comes in early afternoon, and then before the cook leaves for the night. On 09/23/2025 at 1:45 PM, V14, Maintenance Director, said the buildup of ice on the fan, caused fan to make noise. V14 said staff leave the door open which causes the ice to build up on the food products and ceiling. On 09/24/2025 at 10:38 AM, V3 said kitchen staff should wear hair nets and beard covers. V3 said all hair should be covered. The facility's Cold Food Storage Policy, dated 4/2/25, shows, Freezers must maintain temperatures of 0 degrees Fahrenheit or lower. Maintenance issues (e.g., broken seals, condensation, frost buildup) must be reported and addressed promptly. The facility's Hairnet Use in Kitchen Areas, dated 4/4/25, shows, All individual must wear appropriate hair restraints, including hairnets and/or beard nets (if applicable) while in any food preparation, service, or storage areas. Individuals with facial hair (beards or long mustaches) must also wear beard nets.

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