Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|--|---|--|-------------------------------|--------------------------|
|   |   |  | A. BOILDING.                            |  | c                             |                          |
| IL6008692   |   | B. WING  |   | 08/21/2024   |                               |                          |
| NAME OF I   | PROVIDER OR SUPPLIER  | STREET ADI   | DRESS, CITY, S                          | STATE, ZIP CODE  |                               |                          |
| DANISH  | HOME, THE   |  | TH NEWCA:<br>, IL 60631                 | STLE AVENUE  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | .D BE                         | (X5)<br>COMPLETE<br>DATE |
| Z 000   | COMMENTS  |  | Z 000                                   |  |                               |                          |
|   | COMPLAINT INVE  | STIGATION  |   |  |                               |                          |
|   | 2486152/IL176345 - 300.697  |  |   |  |                               |                          |
| Z9999   | FINDINGS  |  | Z9999                                   |  |                               |                          |
|   | Statement of Licens   | sure Violations:   |   |  |                               |                          |
|   | 300.697a)<br>300.697b)1)A)B)C)  | D)E)F)G)H)I)   |   |  |                               |                          |
|   | Section 300.697 Infection Preventionists  |  |   |  |                               |                          |
|   | A facility shall designate a person or persons as Infection Preventionists (IP) to develop and implement policies governing control of infections and communicable diseases. The IPs shall be qualified through education, training, experience, or certification or a combination of such qualifications. The IP's qualifications shall be documented and shall be made available for inspection by the Department. (Section 2-213(d) of the Act). The facility's infection prevention and control program as required by Section 300.696(e) shall be under the management of an IP. |  |   |  |                               |                          |
|   | completion of, initial prevention training, equivalent training, subsection (b)(1) to after accepting an I required initial infect training shall be ma   | omplete, or provide proof of I infection control and provided by CDC or covering topics listed in the facility, within 30 days P position. Documentation of the control and prevention aintained in the employee file. |   |  |                               |                          |
|   | candidate shall:  | , ,, _ <sub>1</sub> _ <sub>1</sub>   |   |  |                               |                          |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|--|--|--|---|-------------------------------|--------------------------|
|   |  | IL6008692  | B. WING                                  |   |                               | C<br>21/2024             |
| NAME OF   | PROVIDER OR SUPPLIER   |  | DRESS, CITY, S                           | STATE, ZIP CODE   | 00/2                          | 1/2024                   |
|   |  |  |  | STLE AVENUE   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>'MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETE<br>DATE |
| Z9999   | Continued From pa  | ge 1   | Z9999                                    |   |                               |                          |
|   | Have completed at least 19 hours of training in infection prevention and control including, but not limited to, training in the following areas: |  |  |   |                               |                          |
|   | B) Principles of Precautions C) Prevention of  | Standard Precautions Transmission-Based of Healthcare-Associated   |  |   |                               |                          |
|   | Disinfection, and As   | tal Cleaning, Sterilization,   |  |   |                               |                          |
|   | G) Employee/C<br>H) Surveillance<br>Investigations   | Occupational Health<br>and Epidemiological<br>I Stewardship  |  |   |                               |                          |
|   | This REQUIREMENT is not met as evidenced by:   |  |  |   |                               |                          |
|   | failed to ensure the preventionist compl training for infection  | eted the required certification<br>prevention and control which<br>affect all 8 residents residing   |  |   |                               |                          |
|   | Findings include:  |  |  |   |                               |                          |
|   | DON) stated V2 is to<br>for the facility. Whe<br>certification, V2 star<br>When asked if there<br>the facility hold the<br>"The former DON h     | 7 pm, V2 (Director of Nursing, he infection preventionist (IP) n asked to see V2's IP ted, "I (V2) haven't done it." e were any other employees in IP certification, V2 stated, ad it (IP Certification). When I was going to me by default. I |  |   |                               |                          |

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|---|--|--|--|---|-------------------------------|--------------------------|
|   |  |  |  |   | С                             |                          |
|   |  | IL6008692  | B. WING                                  |   | 08/2                          | 1/2024                   |
| NAME OF   | PROVIDER OR SUPPLIER   |  |  | STATE, ZIP CODE   |                               |                          |
| DANISH  | HOME, THE  |  | TH NEWCAS<br>, IL 60631                  | STLE AVENUE   |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                      | PROVIDER'S PLAN OF CORREC<br>(EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPR<br>DEFICIENCY) | ULD BE                        | (X5)<br>COMPLETE<br>DATE |
| Z9999   | have to do these 20 been able to take til asked how long has in this facility, V2 st the specialized IP to do the training." V2 the time. It's been so When asked the pulas the facility's IP, V can better be able to convey (to staff) in a infection control praction of Nursing" documed Scope: This post Infection Prevention Nursing's primary reprovision of quality to the residents of (Federal, State and regulations."  On 8/20/24 at 2:15 V2 (DON) "is new" grace period for IP V2 "came on board IP certification has reached and Procedure for 0 2023" documents, if of (the facility) to prenvironment to previnfectious diseases occurring in the U.S. the world." | o hours of training. I have not me off for the training." When a V2 been in the DON position ated, "April 2023." V2 stated raining is online, and "I have to stated, "I haven't been allotted romething I know I have to do." Impose of V2 being certifying V2 stated, "It's required, so I or give the knowledge to a way is guidance" for actices in the facility.  In the Director of responsibility is to ensure the operations on a 24-hour basis the facility) in accordance with Local standards and  pm, V1 (Administrator) stated and it's been over the year certification. V1 stated since, it's been there to do," but the operations on a 24-hour basis the facility in accordance with Local standards and pm, V1 (Administrator) stated and it's been over the year certification. V1 stated since, it's been there to do," but the one completed yet.  In 5/11/2023 and titled "Policy COVID-19 - Post May 11, n part, "Policy: It is the policy ovide a safe and healthy outbreak is presently outbreak is presently of the completed yet.  In 5/11/2023 and titled "Policy ovide a safe and healthy outbreak is presently outbreak is presently outbreak is presently of addendum to "Policy and ID-19 - Post May 11, 2023") | Z9999                                    |   |                               |                          |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION  |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|--|---|---|--|-------------------------------|--------------------------|
| IL6008692  |  | B. WING   |   |  | C<br><b>08/21/2024</b>        |                          |
| NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631 |  |   |   |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | LD BE                         | (X5)<br>COMPLETE<br>DATE |
| Z9999  | Department of Publi documents, in part, Department of Publi Facility resident ros and dated 8/16/24 oreside in skilled care.  On 8/19/24 at 11:17 stated despite the right 8/16/24, it is current updated when there roster or when it's a Centers for Disease (CDC) document date Home Infection Predocuments, in part, responsible for infective IPC) programs in right free. Participants can and sub-modules in sessions. Training on ursing home training effective IPC programs practices to reduce Healthcare-associal resistance. Policy a tools, and outbreak | ic Health) Guidance" "(The facility) follows Illinois ic Health guidelines." ter titled "Monthly Census" documents, in part, 8 residents e beds.  "am, V3 (Residence Director) esident roster being dated t as of 8/19/24 and is only e is a change in the residents' new month.  "Control and Prevention ated 3/28/24 at titled, "Nursing ventionist Training," "This course is for individuals ction prevention and control nursing homes. This course is an complete the 23 modules any order and over multiple Dverview: This specialized ang covers: Core activities of ams. Recommended IPC pathogen transmission. ted infections and antibiotic and procedure templates, audit investigation tools. Take the ength: Modules range from 30 I completion time is | Z9999                                   |  |                               |                          |

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Illinois Department of Public Health STATE FORM

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