Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		
		IL6015911	B. WING		09/05/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE	
BELMON	VILLAGE OAK PARK		DISON STREET K, IL 60302		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Annual Licensure Sur	vey			
S9999	Final Observations		S9999		
	Statement of Licensu	re Violations (1 of 3):			
	330.715a) 330.715b)				
	Section 330.715 Requ History Record Inform	uest for Resident Criminal nation			
	a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)				
	name on the Illinois S website at www.isp.st Department of Correc page at www.idoc.sta	all check for the individual's ex Offender Registration tate.il.us and the Illinois ctions sex registrant search te.il.us to determine if the a registered sex offender.			
	This requirement is N	OT MET as evidenced by:			
	facility failed to conductive checks for 10 (R8, R9	and record reviews, the let criminal background 9, R10, R11, R12, R13, R14, f 10 residents reviewed for			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED	
		IL6015911	B. WING		09/05/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	•
BELMON [*]	T VILLAGE OAK PARK		ISON STREET K, IL 60302		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE COMPLETE
S9999	Continued From page	: 1	S9999		
	facility on 08/21/24 will Her Criminal History I Process (CHIRP) was which was 13 days powas searched under site on 09/03/24. The name was checked uncorrections. R9 is a 79-year-old, non 05/24/2024 with di Disease, Gout and Hydone on 09/03/24, whadmission. There wername was checked uncorrections. R10 is a 100-year-old facility on 04/15/2024 Atherosclerosis and History I was checked uncorrections.	es conducted on 09/03/24 post admission. Her name estate sex offender registry re was no record that R8's inder department of male admitted in the facility agnoses of Coronary Artery ypertension. His CHIRP was inch was 102 days after re no records that R9's inder department of			
	under local state sex 05/01/24. There were of corrections site was	no records that department			
	facility on 05/31/2024 kidney disease and D documentation that R	female, admitted in the with diagnosis of chronic epression. There was no 11's name was checked corrections. Her CHIRP was			
	on 08/30/2024 with di Cancer. The CHIRP a	male, admitted in the facility agnosis of Pancreatic and state sex offender ecked on 09/03/24, which			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015911	B. WING		0:	9/05/2024
	ROVIDER OR SUPPLIER	1035 MA	DDRESS, CITY, STATE DISON STREET RK, IL 60302	, ZIP CODE		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$9999	no records on file that under department of or R13 is an 89-year-old facility on 05/31/2024 Fibrillation and Deme conducted on 09/04/2 checked under departwebsite. R14 is an 88-year-old facility on 04/26/2024 artery disease. R14's 09/04/24; and his nan sex offender registry or record on file if his nan department of correct R15 is an 81-year-old facility on 05/29/2024 Cervical 2 Fracture; a records were found if the department of corwas conducted on 09 R16 is a 90-year-old, facility on 06/18/2024 Atherosclerosis and Enorecords found if he department of correct was run on 09/04/24. R17 is a 95-year-old, facility on 07/19/2024 and Depression. R17 under department of correct was run department of correct was run department of correct was run on 09/04/24.	12's admission. There were to R12's name was checked corrections. I, female, admitted in the with diagnoses of Atrial ntia. Her CHIRP was the transport of corrections. I, male, admitted in the with diagnosis of coronary CHIRP was conducted on the was checked under state on 04/30/24. There was no me was checked under ions website. I, male, admitted in the with diagnosis of Displaced and Encephalopathy. No his name was checked in rections website. His CHIRP //04/24. If emale, admitted in the with diagnoses of Anxiety; Depression. There were also er name was checked in the ions website. Her CHIRP female, admitted in the with diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website. Her diagnoses of Dementia is name was not checked corrections website.	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6015911	B. WING		09	/05/2024	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
BELMONT VILLAGE OAK PAR		NISON STREET K, IL 60302				
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
was asked regarding screening regarding screening. There is a compar residents' background check move in. We do Company doing the search for criminal On 09/04/24 at 10 Relations Manage residents' background stated, "We do it punched admission. Once we from the residents numbers, names at through the company doing the company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing background check criminal and finance local sex offender company doing backgroun	40 AM, V1 (Executive Director) ng background checks on ed, "We don't have any policy g on residents for admission. y that we used that checks and information. Residents' is are conducted before they HIRP, sex offenders and the e checks does the National background." 49 AM, V5 (Community) was asked regarding and checks on admission. V5 rior to them moving in/before we have all the paper works I pull their social security and date of births. I ran it ny that we used for is. It is a database for checking ial status. We do the CHIRP, registry and through the ckground checks. I don't know website. I couldn't find the run them again yesterday and are of the name search under	S9999				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		
		IL6015911	B. WING		09	/05/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
BELMON	VILLAGE OAK PARK		DISON STREET RK, IL 60302			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	reporting to prevent of changes that would the reassessment of the inbasis. Facility's (Name of data background checks) I but not limited to the inbut not limited in the (Name inbut not limited in the (Name inbut not limited in the inbut not lim	atabase facility uses for Report documented in part following: ance Records of criminal/traffic/ordinance in public record sources and in be accurate. ander Registry Records was ted to the information ine of database facility uses its database. Sex Offender in the database or may not each be accurate. In the database or may not each be accurate in the (Name of a for background checks) in the database of the cords may exist on this subject but in the database or may not each based upon the ser provides. The database of the cords in the cords may exist on this ecords may exist on this econtained in the database be accessed based upon	S9999			
	Statement of Licensu 330.200	re Violations (2 of 3):				

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLE	ETED
			B WING			
		IL6015911	B. WING		09/0	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BELMON	VILLAGE OAK PARK		ISON STREET			
		OAK PARI	K, IL 60302			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page	e 5	S9999			
	Section 330.2000 Foo	od Handling Sanitation				
		mply with the Department's service Sanitation" (77 III.				
	This requirement is N	OT MET as evidenced by:				
	Based on observation, interview and record review, the facility failed to follow their policy and procedures for safe and sanitary food handling and preparation. This failure has the potential of affecting all 91 residents in the facility.					
	Findings include:					
	On 09/03/24 at 09:40 AM initial kitchen rounds, surveyor observed all five kitchen employees V17 (Kitchen Manager), V6 (Cook), V7 (Dining Room Server), V8 (Dining Room Server), and V9 (Dishwasher) working in kitchen and not wearing hair nets. Surveyor observed a fifty pound of onions sitting on the kitchen floor. V17 said, staff are expected to wear hairnets in the kitchen and onions are not supposed to be directly on the floor, but on a platform.					
	storage area with V17 of Cream of Wheat he ounces with the expir two boxes of Sysco Ir ounces with the expir V17 said, the cream expired, and staff is e On 09/03/24 at 11:15 container with eight q	ation date of 06/07/24 and				
		f black beans, six quarts of				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015911	B. WING		09/05/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BELMON	T VILLAGE OAK PARK		ISON STREET K, IL 60302			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
S9999	placed in the contained open and discard dated did not have the label to label all containers are open and placed. On 09/03/24 at 11:20 broken eggs dripping refrigerator. On 09/03/24 at 11:25 on the surface of the stains and two-front fixed Automatic juice machine crumbles, stains to the said, broken eggs and removed from the carexpected to be cleaned juice machine cleaned how frequent the filter why the ice machine at least once machine, and service machine, and service machine at least once	AM V17 said, any item er must have labels with e and rice, beans and peas s at all. I expected the staff in the storage after items into the containers. AM surveyor observed into the carton holder in the AM surveyor observed dust ice machine with white lters with visible dust. ine drip container with food e left side and dust. V17 d leaking are expected to be	\$9999			
		V1 presented Facility Policy vee Dress Code Kitchen".				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6015911	B. WING		09/05/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
BELMONT	VILLAGE OAK PARK		DISON STREET		
	QUILLEN/ QT		K, IL 60302		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
S9999	Continued From page	÷ 7	S9999		
	wear, as appropriate, or chef hats at all time or preparing food. Facility Policy Title, "4 undated, which reads H. Fresh Vegetable Onions may be stored should be placed on a				
	place. Facility Policy Title, "100-24 Label and Dating Food, undated, which reads, 3. All food will be labeled as soon as it is opened 4. Food will be labeled with name of the food and date. 5. Food will be marked on the container, foil, or covering of the food. (C)				
	Statement of Licensu	re Violations (3 of 3):			
	330.1160c) 330.1160d)				
	Section 330.1160 Vac	ccinations			
	administration of a pn each resident in acco recommendations of I Immunization Practice Disease Control and I received this immuniz admission to the facili refuses the offer for v	the Advisory Committee on es of the Centers for Prevention, who has not cation prior to or upon ty unless the resident			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6015911	B. WING		0:	9/05/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE		
BELMON	T VILLAGE OAK PARK		DISON STREET RK, IL 60302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 8	S9999			
	medical record that a pneumococcal pneum administered, arrange contraindicated. (See This requirement is N Based on interviewed facility failed to follow for pneumococcal pneumococcal pneumococcal pneumococcal pneumococcal	nonia was offered and ed, refused, or medically ction 2-213(b) of the Act). IOT MET as evidenced by: If and record review the their policy and procedures eumonia vaccine. This (R2, R3, R5) residents out				
	Findings include:					
	admitted 02/14/2023, 07/07/2018 during red pneumococcal pneum					
	Nurse/Wellness Coor director of nursing sa require to have record chart, the facility had vaccinations but not f	AM V3 (Licensed Practical dinator) covering for the id, the facility does not ds of immunizations in the records of Covid for pneumonia vaccine. I will ce President of Clinical) to				
	does not require residup to date unless the dementia unit. The farecord in the chart. The	9PM V14 said, the facility dents to have immunizations residents move to the cility is not required to have he facility will have a clinic in flu, Covid and pneumonia				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED	
		IL6015911	B. WING		09	/05/2024
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
BELMONT	VILLAGE OAK PARK		DISON STREET RK, IL 60302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
S9999	1 3		S9999			
	Policy Title "A.7 Infect 04/30/2014, which read A. Screening and various Pneumonia vaccines					

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