Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6008692	B. WING		10/1	7/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	-
				STLE AVENUE		
DANISH	HOME, THE	CHICAGO	, IL 60631			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	LICENSURE ANNU	JAL SURVEY:				
	300.1650 a)					
	300.615 e) f)					
	330.715 a) b)					
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations (1 of 3)				
	300.615e) 300.615f)					
		etermination of Need uest for Resident Criminal rmation				
	2-201.5(a) of the Adshall, within 24 houresident, request a check pursuant to the Information Act for admission to the facheck was initiated Hospital Licensing to be based on the resand other identifiers	screening required by Section of and this Section, a facility rs after admission of a criminal history background he Uniform Conviction all persons 18 or older seeking cility, unless a background by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, is as required by the e Police. (Section 2-201.5(b)				
	on the Illinois Sex C at www.isp.state.il.u of Corrections sex I www.idoc.state.il.us	check for the individual's name Offender Registration website us and the Illinois Department registrant search page at s to determine if the individual				
	tment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE

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Illinois Department of Public Health

	AND DUAN OF CORRECTION INDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6008692	B. WING		10/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DANISH	HOME, THE		TH NEWCA: , IL 60631	STLE AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	is listed as a registe	ered sex offender.				
	This REQUIREMEN	NT is not met as evidenced by:				
	Violations include:					
	(Business Manager responsible for perf background check, (resident criminal basked how does V4 background check facility, V4 stated th Counselor) has a prediction of the resident criminal background check in the facility, V4 stall's either when they the fact with all the what the resident cronsists of, V4 state (Criminal History In and the National Seall I do." V4 reviewed 10/15/24, with this sign a skilled care be R10's resident criminal reviewed with this sign that R10's CHIRP is National Sex Offend	once the resident has arrived ated, "There's no time frame. y (residents) are here or after paperwork." When asked riminal background check ed, "I only do the CHIRP formation Response Process) ex Offender Registries. That's ed the Census, dated surveyor and stated that R10				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6008692	B. WING		10/	17/2024
	PROVIDER OR SUPPLIER HOME, THE	5656 NOR		STATE, ZIP CODE STLE AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	Sex Offender Regis of Corrections Regis of Corrections Regis of Corrections Regis R10's Face Sheet of Date" to the facility On 10/17/24 at 8:36 why V4 is performing background checks the potential residence community. To make community, there's and not having probe When asked about time frame for performation and the second checks 10/16/24), this survewas being admitted on Thursday, when criminal background wait until (V22) gives social security numinformation." V4 states to be sent right away Nursing, DON) doe resident on admission resident criminal background stated, "Supposedly admission." Facility (undated) proposedly admission." Facility Census dates of Concierty for incoming resident checks."	stry or the Illinois Department stry checks for R10. documents, in part, a "Move In of 9/3/24. So am, when asked the reasoning the resident criminal resident criminal resident criminal resident graph of the esure whoever is in our no criminal problem or history olems with the state police." V4 stating that there is not a priming the resident criminal resident criminal resident criminal resident graph of the facility today, 10/17/24 will V4 complete the resident decheck? V4 stated, "I have to resident of the sident of the facility, V2 (Director of sident and see the information. The ber, date of birth, insurance the stee that when residents have resident of the sident of the sident of the sident of the resident. V4 will do the resident. V4 y, it should be done before	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		
		IL6008692	B. WING		10/1	7/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
DANISH	HOME, THE		TH NEWCA: , IL 60631	STLE AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	'		S9999			
	documents, in part, shall complete all A move-in. Along wit copy of the followin Application docume ID, Social Security Facility sample entr part, " 1. ADMISS policy of the Commresidents without renational origin, relig Community shall act to do so and in accand regulations." Facility policy dated "Residents' Rights Facilities" documents afety: Your facility policy facilities and regulations.	licy titled "Policy - Admissions" "Each Potential Resident application documents prior to the Application documents, a g must accompany the ents: Driver License or State Card, All Insurance Cards." Tance contract documents, in SIONS POLICY. It is the aunity to admit and to treat all egard to race, creed, color, gion, sex, handicap or age. dmit residents as is reasonable ordance with applicable laws I November 2018 and titled for People in Long-Term Care ats, in part, " Your rights to lity must provide services to and mental health, at their				
	highest practical lev	/els."				
	Statement of Licens	sure Violations (2 of 3)				
	300.1650a)					
	300.1650 Control o	f Medications				
	State laws and Stat	comply with all federal and te regulations relating to the ge, dispensing, administration, dications.				
	This REQUIREMEN	NT is not met as evidenced by:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6008692	B. WING		10/	17/2024	
NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	5656 NOI	ODRESS, CITY, ST RTH NEWCAS D, IL 60631	TATE, ZIP CODE T LE AVENUE			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
S9999 Continued From pag	ge 4	S9999	<u> </u>			
review, the facility fa outgoing/off nurse si Accountability Recor Form. This failure heresidents in the total residents. Violations include: On 10/16/2024 at 9:2 of the controlled subthe 2nd Floor medical V17(LPN/Licensed Finissing initials on the Accountability Recorform. The nurse did box for the 2nd shift. On 10/16/2024 at 9:2 were pointed out to Nurse). V17 stated If the blank space; it with incoming nurse, and count the narcotic method the count for the narcotic method to the count for the narcotic both initial the shift of controlled substata are to notify the direct initials are found on accountability record. On 10/16/2024 at 9:3 Practical Nurse) stata accountability record.	igned the Shift Change of for Controlled Substances as the potential to affect 7 sample of 11 skilled care 24am during the observation estances logbook (located in ation cart) with Practical Nurse), observed to October 2024 Shift Change of for Controlled Substances not sign the nurse's initials off on October 11, 2024. 26am the missing initials V17(LPN/Licensed Practical don't know which nurse left was not me. V17 stated the lathe outgoing nurse are to dedications to make sure that the cotic medications is correct. It nurses agree that the comedications is correct, we change accountability record ances. V17 stated the nurses cotor of nursing if missing the shift change of for controlled substances.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		11 6009603	B. WING		40/4	7/2024
		IL6008692			10/1	7/2024
NAME OF PROVIDER	R OR SUPPLIER			STATE, ZIP CODE STLE AVENUE		
DANISH HOME,	THE		, IL 60631	STLE AVENUE		
	ACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
count the nu are ac are mi the nu accour indicat substate (Direct are mi change substate). On 10, ID2: C effective document of the country of the country of the country items is document. (C) Staten 300.71 Section History a) A fa	rses determine counted for a ssing, then the rse going offer that is the counter of Nursing sing initials are accountable inces. Inces is corrected for a scountable inces. Inces is corrected for a scountable inces. Inces is controlled Subsequents in part, inforcement in part, inforcement inces in part,	ics together. V16 stated once he all the narcotic medications and no narcotic medications he nurse coming on shift and shift initial the shift change of for controlled substances of for the narcotics/controlled etc. V16 stated the DON g) should be notified if there from the nurse on the shift lity record for controlled ewed the facility's policy titled extance Storage with an exember 2020. This policy Medications included in the Administration (DEA) introlled substances are andling, storage, disposal, and the facility in accordance with other applicable laws and each shift change, or when d, a physical inventory of all eses, including refrigerated by two licensed nurses and is equest for Resident Criminal equest for Resident Criminal	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6008692	B. WING		10/1	17/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
DANISH	HOME, THE			STLE AVENUE		
			D, IL 60631			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	background check production Informated older seeking admist background checks pursuant to the Host Background checks resident's name, daidentifiers as required Police. (Section 2-2) b) The facility shall name on the Illinois website at www.isp. Department of Correspage at www.idoc.s individual is listed at This REQUIREMENT Based on interview failed to perform reschecks within 24 hot to the facility and faresident criminal background sample of 20 Violations include: On 10/16/24 at 9:16 (Business Manager responsible for perform background check, (resident criminal background check) that the counselor) has a product of the counselor) has a product of the counselor) has a product of the counselor	pursuant to the Uniform ion Act for all persons 18 or sision to the facility, unless a was initiated by a hospital spital Licensing Act. Is shall be based on the ste of birth, and other ed by the Department of State 201.5(b) of the Act). Check for the individual's Sex Offender Registration state.il.us and the Illinois ections sex registrant search tate.il.us to determine if the sa registered sex offender. AT is not met as evidenced by: and record review, the facility sident criminal background ours of a resident's admission iled to perform the required ackground registry checks (R6, R7, R8, R9) residents in 25 sheltered care residents.	\$9999	DEFICIENCY)		
		t the information to me (V4) ming." V4 stated that V4				

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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	
	IL6008692	B. WING	B WING		7/2024
NAME OF PROPERTY OF CURRILIES				1 10/1	112024
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE STLE AVENUE		
DANISH HOME, THE		, IL 60631	STEE AVENUE		
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
and social security no criminal background do the resident criminal to admission." When for V4 to perform the background check on in the facility, V4 state It's either when they the fact with all the part what the resident criminal History Information of the National Second I I do." V4 reviewed 10/15/24, with this sure R7, R8, R9 resident criminal reviewed with this sure that R6's CHIRP is don't not consider the National Sex Offender Sex Offender Regist of Corrections Regist R6's Face Sheet door Date" to the facility of National Sex Offender Regist of Corrections Regist R6's CHIRP is don't not consider the Sex Offender Regist of Corrections Regist R6's CHIRP is don't not consider the Sex Offender Regist of Corrections Regist R7's Face Sheet door Date" to the facility of t	resident's name, date of birth number to run the resident check. V4 stated that V4 will inal background "check prior asked then the time frame e resident criminal ince the resident has arrived ted, "There's no time frame. (residents) are here or after paperwork." When asked minal background check d, "I only do the CHIRP formation Response Process) of Offender Registries. That's don the census, dated surveyor and stated that R6, the sheltered care beds. Inal background check (V4 surveyor) documents, in part, dated 9/27/24, and R6's er Registry check is dated that V4 did not run the Illinois try or the Illinois Department stry checks for R6. Cuments, in part, a "Move In of 9/26/24. Inal background check (V4 surveyor) documents, in part, dated 2/15/24, and R7's er Registry check is dated at V4 did not run the Illinois try or the Illinois Department stry checks for R7. Cuments, in part, a "Move In of the Checks for R7. Cuments, in part, a "Move In of the Checks for R7. Cuments, in part, a "Move In of the Checks for R7. Cuments, in part, a "Move In of the Checks for R7.	S9999			

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Illinois Department of Public Health STATE FORM

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	· /	(X3) DATE SURVEY COMPLETED	
		IL6008692	B. WING		10/	17/2024
NAME OF PROVIDER OR	SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DANISH HOME, THE			RTH NEWCAS), IL 60631	STLE AVENUE		
PREFIX (EACH D	EFICIENC'	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
National So 3/1/24. V4 Sex Offend of Correction R8's Face Date" to the 4)R9's resi reviewed with the National down" on 8 Offender R Sex Offend of 8/27/24. Illinois Depfor R9. R9's Face Date" to the On 10/17/2 why V4 is pubackground the potential community community community and not haw When asked time frame background 10/16/24), was being on Thursday criminal bay wait until (V social seculinformation)	cHIRP is ex Offen stated the der Registons Reg Sheet doe facility dent crimitation of the constant of the cons	dated 2/15/24, and R8's der Registry check is dated nat V4 did not run the Illinois stry or the Illinois Department istry checks for R8. ocuments, in part, a "Move In	\$9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		IL6008692	B. WING		10/	17/2024
	PROVIDER OR SUPPLIER	5656 NOR		STATE, ZIP CODE STLE AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	resident on admissing resident criminal balater" after the admistated, "Supposedly admission." Facility (undated) pure "Duties and Resport Manager/Human Residents' Concient for incoming resident checks." Facility Census date part, that 25 resident as sheltered care residents, in part, shall complete all Amove-in. Along with copy of the following Application documents, in part, shall complete all Amove-in. Along with copy of the following Application documents, "Application documents," 1. ADMISS policy of the Commissidents without residents without renational origin, religing Community shall act to do so and in account and regulations." Facility policy dated "Residents' Rights of Facilities" documents afety: Your facility Your facilities" Your facility admission.	ion, but then V4 will do the ackground check "sometime ission of the resident. V4 y, it should be done before oblicy documents, in part, asibilities-Business esources Director: 3. ge: b. Background checks ants, prepare new folder after ed 10/15/24 documents, in a residing in the facility esidents. icy titled "Policy - Admissions" "Each Potential Resident pplication documents prior to a the Application documents, a ground accompany the ents: Driver License or State Card, All Insurance Cards." ance contract documents, in BIONS POLICY. It is the unity to admit and to treat all gard to race, creed, color, ion, sex, handicap or age. Imit residents as is reasonable ordance with applicable laws November 2018 and titled for People in Long-Term Care ts, in part, " Your rights to lity must provide services to and mental health, at their	S9999			

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PRINTED: 11/07/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ B. WING _ IL6008692 10/17/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5656 NORTH NEWCASTLE AVENUE** DANISH HOME, THE CHICAGO, IL 60631 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 10 (C)

Illinois Department of Public Health