

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments LICENSURE ANNUAL SURVEY: 300.1650 a) 300.615 e) f) 330.715 a) b)	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, 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). f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>is listed as a registered sex offender.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Violations include:</p> <p>On 10/16/24 at 9:16 am, when asked if V4 (Business Manager/Human Resources) is responsible for performing a resident criminal background check, V4 stated, "I (V4) do run it (resident criminal background check)." When asked how does V4 initiate the resident criminal background check for potential residents into the facility, V4 stated that when V22 (Residence Counselor) has a prospective resident for the facility, V22 will "get the information to me (V4) that someone is coming." V4 stated that V4 needs the potential resident's name, date of birth and social security number to run the resident criminal background check. V4 stated that V4 will do the resident criminal background "check prior to admission." When asked then the time frame for V4 to perform the resident criminal background check once the resident has arrived in the facility, V4 stated, "There's no time frame. It's either when they (residents) are here or after the fact with all the paperwork." When asked what the resident criminal background check consists of, V4 stated, "I only do the CHIRP (Criminal History Information Response Process) and the National Sex Offender Registries. That's all I do." V4 reviewed the Census, dated 10/15/24, with this surveyor and stated that R10 is in a skilled care bed.</p> <p>R10's resident criminal background check (V4 reviewed with this surveyor) documents, in part, that R10's CHIRP is dated 9/27/24, and R10's National Sex Offender Registry check is dated 9/27/24. V4 stated that V4 did not run the Illinois</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Sex Offender Registry or the Illinois Department of Corrections Registry checks for R10.</p> <p>R10's Face Sheet documents, in part, a "Move In Date" to the facility of 9/3/24.</p> <p>On 10/17/24 at 8:36 am, when asked the reason why V4 is performing the resident criminal background checks, V4 stated, "To learn about the potential resident entering into the community. To make sure whoever is in our community, there's no criminal problem or history and not having problems with the state police." When asked about V4 stating that there is not a time frame for performing the resident criminal background checks (in V4's interview on 10/16/24), this surveyor asked V4 if a resident was being admitted to the facility today, 10/17/24 on Thursday, when will V4 complete the resident criminal background check? V4 stated, "I have to wait until (V22) gives me the information. The social security number, date of birth, insurance information." V4 stated that when residents have to be sent right away to the facility, V2 (Director of Nursing, DON) does an assessment of the resident on admission, but then V4 will do the resident criminal background check "sometime later" after the admission of the resident. V4 stated, "Supposedly, it should be done before admission."</p> <p>Facility (undated) policy documents, in part, "Duties and Responsibilities-Business Manager/Human Resources Director: ... 3. Residents' Concierge: ... b. Background checks for incoming residents, prepare new folder after checks."</p> <p>Facility Census dated 10/15/24 documents, in part, that 11 residents are residing in the facility</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>as skilled care residents.</p> <p>Facility undated policy titled "Policy - Admissions" documents, in part, "Each Potential Resident shall complete all Application documents prior to move-in. Along with the Application documents, a copy of the following must accompany the Application documents: Driver License or State ID, Social Security Card, All Insurance Cards."</p> <p>Facility sample entrance contract documents, in part, " ... 1. ADMISSIONS POLICY. It is the policy of the Community to admit and to treat all residents without regard to race, creed, color, national origin, religion, sex, handicap or age. Community shall admit residents as is reasonable to do so and in accordance with applicable laws and regulations."</p> <p>Facility policy dated November 2018 and titled "Residents' Rights for People in Long-Term Care Facilities" documents, in part, " ... Your rights to safety: ... Your facility must provide services to keep your physical and mental health, at their highest practical levels."</p> <p>(C)</p> <p>Statement of Licensure Violations (2 of 3)</p> <p>300.1650a)</p> <p>300.1650 Control of Medications</p> <p>a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.</p> <p>This REQUIREMENT is not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>Based on observation, interviews, and record review, the facility failed to ensure the outgoing/off nurse signed the Shift Change Accountability Record for Controlled Substances Form. This failure has the potential to affect 7 residents in the total sample of 11 skilled care residents.</p> <p>Violations include:</p> <p>On 10/16/2024 at 9:24am during the observation of the controlled substances logbook (located in the 2nd Floor medication cart) with V17(LPN/Licensed Practical Nurse), observed missing initials on the October 2024 Shift Change Accountability Record for Controlled Substances form. The nurse did not sign the nurse's initials box for the 2nd shift off on October 11, 2024.</p> <p>On 10/16/2024 at 9:26am the missing initials were pointed out to V17(LPN/Licensed Practical Nurse). V17 stated I don't know which nurse left the blank space; it was not me. V17 stated the incoming nurse, and the outgoing nurse are to count the narcotic medications to make sure that the count for the narcotic medications is correct. V17 stated when both nurses agree that the count for the narcotic medications is correct, we both initial the shift change accountability record for controlled substances. V17 stated the nurses are to notify the director of nursing if missing initials are found on the shift change accountability record for controlled substances.</p> <p>On 10/16/2024 at 9:37am V16(LPN/Licensed Practical Nurse) stated the shift change accountability record for controlled substances is used for patient safety. V16 stated the nurse's (incoming nurse and the outgoing nurse) are to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>count all the narcotics together. V16 stated once the nurses determine all the narcotic medications are accounted for and no narcotic medications are missing, then the nurse coming on shift and the nurse going off shift initial the shift change accountability record for controlled substances indicating the count for the narcotics/controlled substances is correct. V16 stated the DON (Director of Nursing) should be notified if there are missing initials from the nurse on the shift change accountability record for controlled substances.</p> <p>On 10/16/2024 reviewed the facility's policy titled ID2: Controlled Substance Storage with an effective date of November 2020. This policy documents in part, Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances are subject to special handling, storage, disposal, and recordkeeping in the facility in accordance with federal, state, and other applicable laws and regulations. E. At each shift change, or when keys are transferred, a physical inventory of all controlled substances, including refrigerated items is conducted by two licensed nurses and is documented.</p> <p>(C)</p> <p>Statement of Licensure Vioations (3 of 3)</p> <p>300.715a) 300.715b)</p> <p>Section 330.715 Request for Resident Criminal History Record Information</p> <p>a) A facility shall, within 24 hours after admission of a resident, request a criminal history</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>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).</p> <p>b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to perform resident criminal background checks within 24 hours of a resident's admission to the facility and failed to perform the required resident criminal background registry checks which affected four (R6, R7, R8, R9) residents in the total sample of 25 sheltered care residents.</p> <p>Violations include:</p> <p>On 10/16/24 at 9:16 am, when asked if V4 (Business Manager/Human Resources) is responsible for performing a resident criminal background check, V4 stated, "I (V4) do run it (resident criminal background check)." When asked how does V4 initiate the resident criminal background check for potential residents into the facility, V4 stated that when V22 (Residence Counselor) has a prospective resident for the facility, V22 will "get the information to me (V4) that someone is coming." V4 stated that V4</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>needs the potential resident's name, date of birth and social security number to run the resident criminal background check. V4 stated that V4 will do the resident criminal background "check prior to admission." When asked then the time frame for V4 to perform the resident criminal background check once the resident has arrived in the facility, V4 stated, "There's no time frame. It's either when they (residents) are here or after the fact with all the paperwork." When asked what the resident criminal background check consists of, V4 stated, "I only do the CHIRP (Criminal History Information Response Process) and the National Sex Offender Registries. That's all I do." V4 reviewed on the census, dated 10/15/24, with this surveyor and stated that R6, R7, R8, R9 reside in the sheltered care beds.</p> <p>1)R6's resident criminal background check (V4 reviewed with this surveyor) documents, in part, that R6's CHIRP is dated 9/27/24, and R6's National Sex Offender Registry check is dated 9/27/24. V4 stated that V4 did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R6. R6's Face Sheet documents, in part, a "Move In Date" to the facility of 9/26/24.</p> <p>2)R7's resident criminal background check (V4 reviewed with this surveyor) documents, in part, that R7's CHIRP is dated 2/15/24, and R7's National Sex Offender Registry check is dated 3/1/24. V4 stated that V4 did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R7. R7's Face Sheet documents, in part, a "Move In Date" to the facility of 3/1/24.</p> <p>3) R8's resident criminal background check (V4 reviewed with this surveyor) documents, in part,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>that R8's CHIRP is dated 2/15/24, and R8's National Sex Offender Registry check is dated 3/1/24. V4 stated that V4 did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R8. R8's Face Sheet documents, in part, a "Move In Date" to the facility of 3/1/24.</p> <p>4)R9's resident criminal background check (V4 reviewed with this surveyor) documents, in part, that R9's CHIRP is dated 8/27/24. V4 stated that the National Sex Offender Registry check "was down" on 8/27/24, so V4 ran the Illinois Sex Offender Registry instead on 8/27/24. R9's Illinois Sex Offender Registry documents, in part, a date of 8/27/24. V4 stated that V4 did not run the Illinois Department of Corrections Registry check for R9. R9's Face Sheet documents, in part, a "Move In Date" to the facility of 8/12/24.</p> <p>On 10/17/24 at 8:36 am, when asked the reason why V4 is performing the resident criminal background checks, V4 stated, "To learn about the potential resident entering into the community. To make sure whoever is in our community, there's no criminal problem or history and not having problems with the state police." When asked about V4 stating that there is not a time frame for performing the resident criminal background checks (in V4's interview on 10/16/24), this surveyor asked V4 if a resident was being admitted to the facility today, 10/17/24 on Thursday, when will V4 complete the resident criminal background check? V4 stated, "I have to wait until (V22) gives me the information. The social security number, date of birth, insurance information." V4 stated that when residents have to be sent right away to the facility, V2 (Director of Nursing, DON) does an assessment of the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>resident on admission, but then V4 will do the resident criminal background check "sometime later" after the admission of the resident. V4 stated, "Supposedly, it should be done before admission."</p> <p>Facility (undated) policy documents, in part, "Duties and Responsibilities-Business Manager/Human Resources Director: ... 3. Residents' Concierge: ... b. Background checks for incoming residents, prepare new folder after checks."</p> <p>Facility Census dated 10/15/24 documents, in part, that 25 residents are residing in the facility as sheltered care residents.</p> <p>Facility undated policy titled "Policy - Admissions" documents, in part, "Each Potential Resident shall complete all Application documents prior to move-in. Along with the Application documents, a copy of the following must accompany the Application documents: Driver License or State ID, Social Security Card, All Insurance Cards."</p> <p>Facility sample entrance contract documents, in part, " ... 1. ADMISSIONS POLICY. It is the policy of the Community to admit and to treat all residents without regard to race, creed, color, national origin, religion, sex, handicap or age. Community shall admit residents as is reasonable to do so and in accordance with applicable laws and regulations."</p> <p>Facility policy dated November 2018 and titled "Residents' Rights for People in Long-Term Care Facilities" documents, in part, " ... Your rights to safety: ... Your facility must provide services to keep your physical and mental health, at their highest practical levels."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008692	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER DANISH HOME, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE CHICAGO, IL 60631
---	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10 (C)	S9999		