STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000087		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		(X3) DATE SURVEY COMPLETED C 01/08/2025	
		11 000007	B. WING			
				DDRESS, CITY, STATE, ZIP CODE		
		5448 N	ORTH BROAD			
ALL AME	RICAN VLGE NRSG	& RHB	GO, IL 60640			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation:				
	2580065/IL183600					
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	300.610 a) 300.3120 a) 300.3120 h)1)A)					
	<ul> <li>a) The facility is procedures governing facility. The written be formulated by a Committee consisting administrator, the area medical advisory construction of nursing and other policies shall compare the facility and shall by this committee, or and dated minutes Section 300.3120 - a) Mechanical to assure proper were operation. Instruction the systems and each the facility.</li> <li>h) Heating, Ver Systems 1) Areas or residents of the nur</li> </ul>	dvisory physician or the ommittee, and representative or services in the facility. The ly with the Act and this Part. Is shall be followed in operating l be reviewed at least annual documented by written, signe of the meeting. Mechanical Systems systems shall be maintained orking order and safe ons in the operational use of quipment shall be available at intilating, and Air Conditioning of a nursing home used by rsing home shall be air	e II s g y d			
	conditioned and he	ated by means of operable				
	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S S		TITLE		(X6) DATE

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If continuation sheet 1 of 6

Illinois Department of Public Health           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	IL6000087		B. WING		C 01/08/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	ERICAN VLGE NRSG	5448 NO	RTH BROADW	AY STREET		
		CHICAG	O, IL 60640			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
	areas subject to this requirement include or common areas s rooms, living rooms dining rooms. (Sect A) The capable of maintain 75 degrees Fahren requirements of Se	I heating equipment. The s air-conditioning and heating e, without limitation, bedrooms such as sitting rooms, activity s, community rooms, and tion 3-202(8) of the Act) mechanical system shall be hing a temperature of at least heit, pursuant to the ction 300.670(j). s were not met as evidenced	,			
	Based on interview review, the facility fa heating equipment, and electrical heatin exposed to poor en of fluid from ceiling failed to maintain a during cold tempera temperature in the temperatures. These	, observation, and record ailed to maintain mechanical failed to ensure mechanical ng equipment were not vironment conditions (leakage due to water heater tank), t least 75 degrees Fahrenheit ature, and failed to monitor building during cold se failures have the potential to ents living in the facility.				
	Director) stated, "TI wet last Friday (01/ problem with the he (V9, Heating and C to the facility on Su The front part of the cold during those til from V9, dated 01/0 Side too cold. Chec functional. Checked	09 AM, V3 (Maintenance he boiler control system got 03/2025) that caused the eating equipment of the facility. ooling Repair Company) came nday (01/05/2025) for repair. e building facing east was too mes." V3 handed a receipt 05/2025, stating: "Front East cked heating zones and d boilers and reset ecked cold areas and all heat				

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		DENTIFICATION NONDER.	A. BUILDING:			
		IL6000087	B. WING			C 08/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
	RICAN VLGE NRSG	& RHB	RTH BROADW O, IL 60640	IAY STREET		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>\</sup>	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 2	S9999			
	three steam boilers burned because of heating system was to 75, because the he heard complaint R1, and that it affect building on the 2nd was (room number identified those roo were affected by the those rooms temper not answer. On 1/7/2025 at 02:* temperature log for temperature log we documents from 01 stated from now on necessary procedu taking in areas of th was the last time V4 Company) came to system,and does V maintain heating ec periodic basis? V3 problems since the there was no record being checked or m will help when there on heating equipme problem? V3 replied facility has yearly m	e facility heating system has a. One of the boilers control got the drip on it." V3 stated, "The s not able to increase the heat boiler was down." V3 stated as that it was cold for R5 and cted the east area of the floor. V3 said, "But I think it )." V3 was asked since it was ms on the 2nd floor east area e cold weather, why were erature not monitored? V3 did 15 PM, V3 stated, "There is no the month of December." No ere provided except the 1/03/2025 to 01/06/2025. V3 he will start to organize all res, including temperature he facility. V3 was asked when 9 (Heating and Cooling Repair maintain facility's heating 19 has a schedule to check or quipment of the facility on a replied, "That is one of the old maintenance director d of facility's heating system haintained." When asked if it e is a scheduled maintenance ent to prevent possible d, "Oh yes, it will help if the haintenance checks." 0:08 AM, in the area where s located, there were three				
	areas and dirt wa p looking up at the ce	ee boilers have rust on many resent all over the room. Upon eiling, multiple areas of liquid e floor and onto the boilers.				

AND PLAN OF CORRECTION		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
ALL AME	ERICAN VLGE NRSG	& RHB	RTH BROADW O, IL 60640	AY STREET		
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S9999	Continued From pa	ige 3	S9999			
	The middle boiler had the most liquid dripping directly. V3 stated, "The menta roof-like thing and plastic covers the plastic control circuits. Because that was the reason why one of the boilers broke when the control panel got wet." V3 then showed the old control circuit located inside a rectangular shaped container that was damaged by dripping liquid on the ceiling. V3 stated the dripping water was coming from the water heater tank located on the first floor directly on top of the three boilers. On the 1st floor, inside the room where water heater tank was located, V3 pointed to the tank that cause Idiquid dripping on the boiler of the water heater system of the facility. V3 stated, "Look at the bottom of the heater; it is all rotted." Water heater tank bottom was full of rust and liquid coming out of the tank to the floor continuously. The water heater tank has a written date of 2/23/12. V3 stated that was when they installed the water heater.		3			
	Nursing) stated, "O Licensed Practical the floor was cold." one of the nurses n away from the wind	26 AM, V2 (Director of n 1/02/2025, a nurse (V5, Nurse) called me and said that V2 stated she remembered needed to move the resident low, and additional blankets ntified the resident as R1.	t			
	nights that it gets co was at medium hea blanket or 2 blanke	1:40 AM, R2 stated there are old because the thermostat at. R2 stated, "I need 1 more ts because it feels cold. I ne other one on top me."				
	too cold; very cold s started yesterday ( heat for one week.	1:51 AM ,R1 stated, "It was some days. The heat only 01/06/2025). There was no A bunch of air just comes out ng at the radiator)." R1 stated				

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		BENTH IO/TION NOMBER.				
		IL6000087				
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	ERICAN VLGE NRSG	& RHB	RTH BROADW O, IL 60640	IAY STREET		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 4	S9999			
	out." R1 stated, "I r not enough becaus side of the body wa R1 said facility staf	they have to "knock the air need two comforters, one was is it was very cold. The right as aching because it was cold." f told her she could sleep on 5's) bed because it was very				
	Nursing Assistant) problem with the he	2:01 PM, V8 (Certified stated last week they had a eater, and she worked last is warmer today than last				
	ago, I was using 2 It was so cold that 2 R4 stated she ever	2:21 PM, R3 stated, "Days blankets but still it did not help 2 blankets were not enough." a slept with her coats on, and it did it because it was really re roommates.				
	Consultant) stated 01/03/2025 about to system in the facilit had an issue with to stated she was not (Director of Nursing / Licensed Practical stated V1 (Adminis problem, but there between V1 and here	2:47 AM, V7 (Nurse she became aware on he problem on the heating y. V7 stated V3 told her they he boiler malfunction. V7 aware that on 01/02/2025, V2 g) was informed by a nurse (V3 I Nurse) about the problem. V7 trator) knew about the was no communication er. V7 stated after knowing she tried to address the	5			
	01/03/2025 to 01/0 hours indicated on was done on 01/02	re log only covers dates from 6/2025, and does not cover all the form. No temperature log /2025 when V5 (Licensed formed V2 (Director of				

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S9999	Continued From pa	age 5	S9999			
	cold, and R1 was tr away from the winc blankets due to bei	oor where R1 was located was ransferred into another bed dow and was given multiple ng cold. poling Repair Company)				
	provided the receip	ts documenting multiple 2025 to 01/06/2025.				
	Extreme Weather T date, reads:	Temperature Policy with no				
	appropriate interver comfort during seve changes which may Heating systems w and repaired in acc maintenance scheo Director will advise serious malfunction repairs/replacemen During extreme we personnel shall tak readings, in the din sampling of resider the event there are temperature contro rooms or areas, the maintenance and te	ather periods maintenance e daily room temperature ing areas, lounges and nt room on each floor or unit. Ir known malfunctions of equipment in those specific ey will monitor daily by emperatures reported to y until extreme weather or				
	(B)					

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