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	IL6008692	A. BUILDING: _____ B. WING _____	09/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANISH HOME, THE	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
Z 000	COMMENTS Annual Licensure Survey.	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 300.340c)3)iii) 300.615 e) 300.615f) 300.661 300.700a) 300.700b)1)2)3) 300.1060b) 300.1060d) 300.1060e) 300.1060f) 300.1060g) 300.1640a) 300.2030 300.2100 300.2930c)4) 1 of 8 Section 300.2930 Plumbing Systems c) Water Supply Systems 4)Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to provide hot water temperatures of at least 100 degrees to all areas	Z9999		

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of the facility. This affected two residents R19 and R21 in the sample size of fourteen.
Findings:
The bathroom sinks water temperatures taken on 09/03/2025 at 3:15 PM by V15 (Maintenance Supervisor) were as follows: R19's 82 degrees F and R21's 80 degrees F. In both rooms, the water was allowed to run for at least 5-10 minutes for each resident bathroom.
V15 stated the water temperatures should be at least 100 degrees F (and not to exceed 110 degrees F) and that V15 would check the boiler to find out the problem.

Record review of the facility's "Hot Water Reading" for the months of September, August, July and April in the year of 2025 temperatures ranged from 100 degrees F to 110 degrees F.
C

2 of 8
Section 300.700 Testing for Legionella Bacteria

(a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act)
(b)The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the Centers for Disease Control and Prevention's" Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum:
1) A procedure to conduct a facility risk assessment to identify potential Legionella and

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other waterborne pathogens in the facility water system;
2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and
3) A system to document the results of testing and corrective actions taken.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to conduct Legionella testing and the facility's Legionella policy did not include state requirements having a potential to affect all the residents in the facility.

Findings:

On 08/11/2025 at 10:34 AM, according to V15, Maintenance Supervisor of 26 years, there are no Legionella test results because the kit has not been used due to the busyness ensued by the new building construction.
On 08/11/2025 at 1:00PM, V2 (Director of Nursing) stated that V15 just made V2 aware that V15 has not been up to date on the testing. V2 said that Legionella testing is very important because Legionella can lead to death. V2 added that the facility desires to keep all residents safe. V2 confided that V2 was not aware of the facility's Legionella's testing kit or how it worked.
V2 stated the frequency of Legionella testing is currently not in their policy nor are acceptable ranges due to lack of testing and testing results.
The facility failed to follow their undated policy entitled "Legionella Water Management Program" that documents "The facility is committed to the prevention, detection, and control of water-borne contaminants including Legionella."

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Z9999	Continued From page 3 "C" 3 of 8 Section 300.1060 Vaccinations b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, arranged, refused or medically contraindicated. (Section 2-213(a) of the Act) d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213(b) of the Act) e) A facility shall distribute educational information provided by the Department on all vaccines recommended by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (available at: https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf), including, but not limited to the risks associated with shingles and how to protect oneself against the varicella-zoster virus. The facility shall provide the information to each resident who requests the information and each newly admitted resident. The facility may distribute the information to residents electronically. (Section 2-213(e) of the Act) f) A facility shall document in the resident's medical record that he or she was verbally screened for risk factors associated with hepatitis B, hepatitis C, and HIV, and whether or not the resident was immunized against hepatitis B. (Section 2-213(c) of the Act) g) All persons determined to be susceptible to the	Z9999		

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hepatitis B virus shall be offered immunization within 10 days after admission to any nursing facility. (Section 2-213(c) of the Act)

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to provide Hepatitis screening, Hepatitis immunization, documentation for immunization refusals and immunization education having the potential to affect all the residents in the facility.

Findings;

On 08/11/2025 at 1:00 PM, V2 (Director of Nursing) and the surveyor reviewed the following five residents for the state survey "Vaccine Review": R2, R8, R7, R9 and R10.
V2 stated that the facility does not provide education to their residents for the pneumococcal immunization or other Center for Disease Control (CDC) recommended vaccines. V2 added that vaccine education was provided for influenza because it was automatically included on the signature form.
V2 said that residents' refusals are not documented and that there is no paperwork that show R8 and R9 refused their pneumococcal vaccines.
V2 said that the facility does not offer the Hepatitis B vaccine, nor do they provide Hepatitis B screening for their residents.
The facility failed to follow their policy dated October 2019 entitled "Hepatitis B Vaccine" section "Immunization of Residents" that documents "Residents are screened for vaccination status and the risk for HBV infection and offered the vaccine if appropriate."
The facility failed to follow their policy dated

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Z9999	Continued From page 5 October 2019 entitled "Pneumococcal Vaccine" which documents "Before receiving a pneumococcal vaccine, the resident or legal representative shall receive information and education regarding the benefits and potential side effects of pneumococcal vaccine. See https://www.cdc.gov/vaccines/hep/vis/index.html for educational materials.) Provision of such education shall be documented in the resident's medical record." Section 5 of the same policy reads "Residents/representatives have the right to refuse vaccination. If refused, appropriate entries will be documented in each resident's medical record indicating the date of the refusal of the pneumococcal vaccination." C 4 of 8 Section 300.2030 Hygiene of Dietary Staff Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. These requirements were not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that dietary staff practice hygienic food handling techniques by sanitizing the food thermometer probe in between obtaining food temperatures and changing gloves and performing hand hygiene timely in the kitchen which affects R4 and has the potential to affect all 9 skilled care residents consuming oral diets from the facility kitchen. Findings include: On 9/2/2025 at 1:28 PM, V7 (Cook) observed at preparation table in the kitchen in front of	Z9999		

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stove/oven. V7 observed wearing disposable gloves and cracking multiple eggs (over 1 dozen) by cracking, opening the eggshell and emptying yolks/whites into a clear, square shaped plastic container. Visible clear egg whites observed in contact with V7's gloves while cracking and opening eggshells to release the inner egg yolk/whites. V7 then walks around the preparation table to opposite side, and while still wearing the same gloves, V7 pulls out the bin which contains multiple sizes and colors of different lids. V7 touches 3 lids with the same gloved hands and selects the correct lid for the clear, square shaped plastic container for the cracked eggs. V7 walks back around the table holding the lid and places it on top of the container of eggs with the same gloved hands. V7 arranges the remaining eggs (not cracked) with same gloved hands in the egg carton and walks with the egg carton to the walk-in refrigerator. With the same gloved hands, V7 opens the handle of the walk-in refrigerator, walks in holding the egg carton, and places the egg carton on the shelf. V7 exits the walk-in refrigerator still wearing the same gloves and removes a sticker label from the roll of labels hanging from the wall near the handwashing sink. V7 then places the label on the lid of the plastic container of the cracked eggs and writes on the label, while still wearing the same gloves. V7 next picks up the covered container of cracked eggs, walks it over to the reach-in refrigerator, grabs the handle with the same gloved hands and opens the reach-in refrigerator door to place the container of cracked eggs on the bottom shelf. V7 stated that the eggs are for upcoming breakfast.

On 9/3/2025 at 9:58 AM, V7 observed preparing food for lunch meal in the kitchen and stating lunch meal is a taco bowl with lettuce, cheese, guacamole, salsa and sour cream and a side of

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rice. This surveyor pointed to the bin of lids stored on the shelf under the preparation table in front of the stove/oven and asked V7 is this is clean storage. V7 stated, "Yes, those are clean. That's where we put the clean lids."

On 9/3/2025 at 10:52 AM, V7 (Cook) observed at preparation table in front of stove/oven in the kitchen prior to lunch food service. The large pot of cabbage soup is observed on this preparation table, and V7 stated that V7 just removed it from stove where it's been cooked. The taco meat and rice observed in the warming section on the preparation table. V7 observed with gloved hands (disposable gloves) and takes electric thermometer placing the probe inside the cabbage soup for a temperature of 200 degrees Fahrenheit (F). V7 does not sanitize the thermometer probe and places the same thermometer probe into the taco seasoned ground beef for a temperature of 175 degrees F. V7 does not sanitize the thermometer probe and places the same thermometer probe into seasoned rice for a temperature of 191 degrees F. V7 observed wearing same gloves and walks over to the food washing sink, turns on the faucet and places the thermometer probe under the running water for one second. V7 next observed pulling a paper towel (with the same gloved hand) from the dispenser on the wall and wipes the thermometer probe off, saying that V7 is "sanitizing" the thermometer. V7 then retrieves the pre-plated pureed food plate from the reach-in refrigerator (while still wearing the same gloves) and places the thermometer on the table. V7 covers the puree plate with plastic wrap, and V7 handed the covered puree plate to V21 (Dietary Waitstaff) to be heated in the microwave. After heating, V7 (still wearing the same gloves) pulled back the plastic wrap of the puree plate

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and placed the thermometer probe in the pureed meat for a temperature of 170 degrees F. V7 stated that this puree plate is for R4. V7 does not sanitize the thermometer probe. V7 ladled brown gravy into a small white cup (to accompany the puree plate for R4) and places the thermometer probe in the brown gravy for a temperature of 162 degrees F. V7 observed wearing the same gloves and begins plating service of the taco salad plates at 11:00 AM.

On 9/3/2025 at 11:30 AM, V4 (Dietary Director) stated that all dietary staff are to wash their hands with soap and water in between contact with foods to prevent transmission of foodborne illnesses and cross contamination in the kitchen. V4 stated that dietary staff must change gloves when they become soiled, and wash hands with soap and water before applying new gloves. V4 stated that if a cook wearing gloves comes in contact with raw eggs on gloves, the cook should remove the gloves and wash hands with soap and water. V4 stated that Salmonella can be passed from contact with raw eggs. V4 stated that staff should "absolutely" not wear contaminated gloves in the kitchen and open or close refrigerator doors touching handles or touch other clean equipment in the kitchen. V4 stated that cooks may only dispense food, like cut lettuce and shredded cheese, onto a resident's plate if the cook is wearing clean gloves and has performed hand hygiene prior to putting on the gloves. V4 stated that cooks are to obtain food temperatures prior to each meal (breakfast, lunch and dinner) services. V4 stated that the cook will wash hands with soap and water and sanitize the thermometer probe. V4 stated that the cook will sanitize the thermometer probe in between each food item with the sanitation fluid in the sanitation bucket, with the spray sanitation bottle or the

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alcohol wipes (which V4 said they ran out of). V4 stated that the purpose of sanitizing the thermometer probe in between each food item is to "prevent food contamination."

Facility Cycle Menu (Week 4), dated 2019, documents, in part, the Wednesday breakfast items of "eggs any style, egg scramble with ham & cheese," and the Wednesday lunch items of "taco bowl" with taco meat for salad, shredded lettuce, diced tomato, shredded cheese in a taco salad shell with sour cream and salsa.

Facility "Diet Type Report" dated 9/2/2025 documents, in part, that 9 sheltered care residents have diet orders of regular and mechanical soft diets prepared in the facility kitchen. R4's diet type is documented as regular with the diet texture of "pureed."

Facility policy titled "Handwashing" and dated 2017 documents, in part, "Policy: Food and nutrition services employees will practice safe food handling to prevent foodborne illness. Procedure: Food and nutrition services employees will thoroughly wash their hands and exposed areas of their arms with soap and water in the designated hand-washing sink at the following times: ... After touching anything unsanitary ... Whenever necessary to remove soil or contamination."

Facility policy titled "Use of Gloves" and dated 2017 documents, in part, "Policy: Food and nutrition services employees will practice safe food handling to prevent foodborne illness. Procedure: Food and nutrition services employees wear disposable gloves to avoid bare-hand contact with food ... Disposable gloves worn to handle any food shall be single-use

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gloves used only for one task. Disposable gloves will be discarded when damaged or soiled."
Facility policy titled "Time/Temperature Control for Safety Food (TCS)" and dated 2017 documents, in part, "Policy: Foods that required time and temperature control to prevent the growth of microorganisms (bacteria) which cause foodborne illness are known as TCS foods. TCS foods may also be referred to as potentially hazardous food (PHF). Some foods are more likely than others to be TCS foods. They include: Eggs ... Meat ... Heat-Treated Plant Foods
(cooked rice) ... Cut Leafy Greens."

C
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Section 300.340 Incorporated and Referenced Materials
c) The following statutes and State regulations are referenced in this Part:
3) State of Illinois rules:
C) Department of Public Health:
iii) Food Code (77 Ill. Adm. Code 750)

Section 300.2100 Food Handling Sanitation:
Every facility shall comply with the Department's rules entitled "Food Code."
Section 750.110 Incorporated and Referenced Materials
c) The following materials are incorporated in this Part:
1) The 2022 FDA Food Code, Chapters 1 through 7 (except the terms "food employee" and "food establishment" in Sections 1-201.10), U.S. Department of Health and Human Services, Public Health Service, Food and Drug Administration, College Park MD 20740, available at
https://www.fda.gov/media/164194/download?attachment

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The 2022 FDA Food Code
3-501.16 Time/Temperature Control for Safety Food, Hot and Cold Holding.
(A) Except during preparation, cooking, or cooling, or when time is used as the public health control as specified under §3-501.19, and except as specified under (B) and in (C) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD shall be maintained:
(1) At 57°C (135°F) or above, except that roasts cooked to a temperature and for a time specified in 3-401.11(B) or reheated as specified in 3-403.11(E) may be held at a temperature of 54oC (130oF) or above; P or
(2) At 5°C (41°F) or less. P

These requirements were not met as evidenced by:

Based on observation, interview and record review, the facility failed to obtain food temperatures prior to each meal service which has the potential to affect 9 skilled care residents consuming oral diets from the facility kitchen.

Findings include:

On 9/3/2025 at 10:52 AM, V7 (Cook) observed at preparation table in front of stove/oven in the kitchen prior to lunch food service. The large pot of cabbage soup is observed on this preparation table, and V7 stated that V7 just removed it from stove where it's been cooked. The taco meat and rice observed in the warming section on the preparation table. V7 observed with electric thermometer and observed obtaining temperatures of the cabbage soup, taco meat, seasoned rice, brown gravy and pureed meat (single serve) item.

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On 9/3/2025 at 11:04 AM, this surveyor asks V7 to review the temperature logs. V7 retrieves the temperature logs (in a binder) and opens the binder on the preparation table. V7 flips to an empty temperature log and fills out today's date, September 3, 2025; V7's name; and fills in the lunch meal temperatures obtained by V7 for the food items. V7 stated that V7 forgot to write down the temperatures that V7 took for 9/3/2025 breakfast food items. V4 (Dietary Director) is in the kitchen with this surveyor and provided the temperature logs for the preceding months to review. V4 stated that temperatures of all foods served are obtained by the cook prior to each breakfast, lunch and dinner meal, and the cook will document the temperatures on the temperature log. V4 stated that the purpose of obtaining the food temperatures prior to serving foods to residents is to ensure that the food is cooked properly and heated to the right temperature.

Facility Kitchen Temperature Log sheets were reviewed with the following noted:
9/3/2025: AM (morning) shift cook is V7. For the AM shift for the breakfast meal, the food items and temperatures are blank.
8/31/2025: AM shift cook is V22 (Cook). For the AM shift, the food items are listed for breakfast of eggs, hashbrown, oatmeal, and sausage and for lunch of turkey, potato, and vegetable. No temperatures are documented for the AM shift meals.
8/20/2025: AM shift cook is blank. For the AM shift (breakfast and lunch), the food items and temperatures are blank.

On 9/3/2025 at 11:30 AM, V4 (Dietary Director) stated, "Before service, we're supposed to get the temps." V4 stated that the cook does this prior

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the tray service to see if the correct temperature of the food is achieved. V4 stated that most hot food must be cooked properly to 165 degrees Fahrenheit (F) and maintain a temperature of 140 degrees F during tray service to prevent food borne illness. V4 stated that the cook "needs to record the temperature" at the time of obtaining the food temperatures prior to meal service.

Facility "Diet Type Report" dated 9/2/2025 documents, in part, that 9 skilled care residents have oral diet orders served from the facility kitchen.

Facility policy titled "Food Temperatures" and dated 2019 documents, in part, "Policy: To ensure food safety, food is cooked to a minimum safe temperature and is held at no lower than 135° F. Cold food is held at 41°F or lower. Procedure: Hot food temperatures are taken and recorded on the log at the time the food is taken from the oven ... Hot food holding temperatures are taken and recorded for food on the steam table(s). Hot food is held on the steam table at 135°F or higher."

Facility policy titled "Food Palatability-Hot Food Temperatures" and dated 2018 documents, in part, "Policy: The healthcare community prepares and serves food and beverages that are palatable, attractive and at safe and appetizing temperature."
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Section 300.1640a) Labeling and Storage of Medications
a) All medications for all residents shall be properly labeled and g) appropriate accessory and cautionary statements and any necessary special instruction shall be included, as

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Z9999	Continued From page 14 applicable. These requirements were NOT met as evidenced by: Based on observation, interview, and record review the facility failed to ensure open and use by dates were documented on medications for 2 residents (R9 and R11). This failure has the potential to affect all residents residing on the first floor. Findings include: On 9/03/2025 at 10:34am surveyor observed R9's Fluticasone Propionate Nasal suspension without an open or use by date. On 09/03/2025 at 10:35am surveyor observed R11's Fluticasone Propionate Nasal suspension without an open or use by date. On 09/03/2025 at 10:38am V5 (Licensed Practical Nurse) stated all residents medications should have an open and use by date because this lets the nurse know how long we have to use the medication. On 09/04/2025 at 10:54am via email V2 (Director of Nursing) stated when opening a medication, the date that it was opened should be included on the bottle to ensure it is discarded at specific expiration dates after opening. Labeling and Storage of Medication Containers with a revised date of April 2019 documents, in part, all medications maintained in the facility are properly labeled in accordance with current state and federal guidelines and regulations and 10. When a medication container is opened such as	Z9999		

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Z9999	Continued From page 15 house stock, nasal sprays, inhalers and eye drops, the date it is opened must be written on the container including the month, day and year. "C" 7 of 8 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 is listed as a registered sex offender. These REQUIREMENTS are not met as evidenced by: 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 three (R2), R4, and R12) residents in the total sample of 3 skilled care residents.	Z9999		

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Z9999	Continued From page 16 Findings include: R2's resident criminal background check (V3-Business Office Manager reviewed with this surveyor) documents, in part, that R2's CHIRP is dated 3/31/25, and R2's National Sex Offender Registry check is dated 3/31/25. V3 stated that V3 did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R2. R2's Face Sheet documents, in part, a "Move In Date" to the facility of 4/8/2025. R4's resident criminal background check (V3-Business Office Manager reviewed with this surveyor) documents, in part, that R4's CHIRP is dated 9/27/2024, and R4's National Sex Offender Registry check is dated 9/27/2024. V3 stated that she (V3) did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R4. R4's Face Sheet documents, in part, a "Move In Date" to the facility of 9/3/2024. R12's resident criminal background check (V3-Business Office Manager reviewed with this surveyor) documents, in part, that R12's CHIRP is dated 7/24/2024, and R12's National Sex Offender Registry check is dated 7/24/2024. V3 stated that she (V3) did not run the Illinois Sex Offender Registry or the Illinois Department of Corrections Registry checks for R12. R12's Face Sheet documents, in part, a "Move In Date" to the facility of 7/25/2024. On 9/3/2025 at 1:39pm, V3 (Business Office Manager) stated she (V3) did not check the Illinois Sex Offender Registry or The Illinois Department of Corrections check because she (V3) wasn't told to update R13's and R14's criminal background checks although it was found on the last survey. V3 stated the purpose of running all required background checks on	Z9999		

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residents before admission is to make sure the facility is not admitting residents that have a criminal background which can make the facility an unsafe place and prevent harm to the residents and staff. V3 stated not performing the required criminal background checks on residents does not show a good impression in our community and could jeopardize the facility's license.
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.
Facility Census dated 9/1/2025 documents, in part, that 31 residents are residing in the facility as sheltered care residents.
Facility undated policy titled "Policy - Admissions" documents, in part, "Each Potential Resident shall complete all Application documents prior to move-in. A criminal history and sex offender history will be conducted as a responsibility to take steps ensuring the safety of our residents."
Facility policy dated December 2016 and titled "Residents' Rights" documents, in part, " ... Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to be free from abuse, neglect, misappropriation of property, and exploitation."
"C"
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Section 300.661 Health Care Worker Background Check
A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.

This REQUIREMENT is not met as evidenced by:

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Z9999	Continued From page 18 Based on interview and record review the facility failed to lookup nurses license to validate if the license is active or inactive for 3 employed nurses. Findings include: On 9/3/2025 at 11:26 am, V3-(Business Office Manager) stated she (V3) rely on the submission of potential nursing employee candidates' license if the license doesn't appear to be altered and is legible. V3 stated "I don't doubt that they have a license when they submit them, and I don't know how to lookup a nurse's license to check if the license is active or not. V5 (Licensed Practical Nurse) has a paper copy of an active license with the State of Illinois (produced by V3-Business Office Manager) that expires 1/31/2027. V10 (Licensed Practical Nurse) has a paper copy of an active license with the State of Illinois (produced by V3-Business Office Manager) that expires 1/31/2027. V18 (Licensed Practical Nurse) has a paper copy of an active license with the State of Illinois (produced by V3-Business Office Manager) that expires 1/31/2027. V3 (Business Office Letter) could not produce a copy of the Professional Regulation License Look Up verification form for V5, V10, or V18. Facility Policy titled Employee Background Check Policy undated documents in part, Danish Home is committed to providing a safe, secure, and professional environment for our residents. Relevant professional certifications, such as CPR (Cardiopulmonary Resuscitations will be verified. Applicants must provide proof of current and valid certifications as required for their specific role. "C"	Z9999		