Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008692 01/31/2020 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) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigation # 1988276/IL117394 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1240 a)d)e) Section 300.1240 Additional Requirements In addition to the staffing requirements, in Section 300.1230, the following staffing requirements also apply to all Skilled Nursing Facilities and Intermediate Care Facilities: There shall be a licensed nurse a) designated as being in charge of nursing services on all shifts when neither the director of nursing or assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units. There shall be at least one registered nurse or licensed practical nurse on duty at all times in an intermediate care facility or a skilled nursing facility There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents in a skilled nursing facility. This requirement was NOT MET as evidence by: Based on interviews and record reviews, the facility failed to provide a Licensed Nurse on the Attachment A 11p - 7am shift for 4 of 17 residents (R1, R2, R3 Statement of Licensure Violations and R4) requiring skilled care services. R1 - R4 are Level 3 residents that require all Activities of Daily Living (ADL's) to be provided for them.

Illinois Department of Public Health

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

TITLE

(X6) DATE

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	During the initial tour on 1/30/2020 at 9:45 am, V7						
	(Nurse) was asked who works the 7a-3p shift,						
	and if the night shift had a licensed nurse. V7						
	stated, "No but we do have 2 CNA's (Certified						
	Nursing Assistants-CNA) who work the 3rd shift						
	and a nurse on call". V7 was asked if there were						
	nurses on the 11p-7a shift in the month of						
	November. V7 stated no but the Director of						
	Nursing or myself would be available by phone if						
	needed. V7 was asked if any of the 10p - 6am						
	CNA"s worked with only one CNA and no nurse.		Ú.				
	V7 stated I know we have an on call nurse for the						
	10p - 6a shift. V7 stated the day shift CNA's will						
	come in early to help clean up the residents and						
	get them up.						
			1				
	During interview on 1/30/2020 at 10:30 am with						
	V2 (Director of Nursing), V2 was asked if the 10p - 6am shift for the CNA's had 1 CNA working and						
	without a nurse in the building. V2 stated I am on		4				
	call if they need me. I usually have 2 CNA's						
	working on the night shift. V2 stated there was						
	only the month of November that had no nurses						
	in the building on the						
	During the review of records on 1/30/2020 at 11:15 am, R1, R2 and R4 reside in the Healthcare Unit and are Level 3 residents. Level						
		plus any of the following areas					
		dispensed by nurses,					
		in dressing, Personal hygiene	5				
		ng and showering, Choice of					
	wake up or tuck in	service, escorts to meals and					
		ty checks. R3 is level 2					
		e areas and any ADL's listed					
	above.						
	R1 has Dementia,	Hypertension and	1	<u> </u>			

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6008692 01/31/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5656 NORTH NEWCASTLE AVENUE DANISH HOME, THE CHICAGO, IL 60631 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Hyperlipdemia and is not able to ambulate without assist and requires total assistance for all care needs. R2 has diagnoses of Heart Murmur, Urinary Incontinence, Cellulitis, Benign Prostate Hypertrophy- BPH and Chronic Venous Stasis and is not able to ambulate without assist and requires total assistance for all care needs. R4's diagnoses are Hyperlipidemia, Diabetes and Hypertension and Paranoia. R4's status has declined prompting the family to update a Do Not Resuscitate DNR order. R4 is not able to ambulate without assist and requires total assistance for all care needs. R3 does not reside in the Healthcare area, however R3 is a skilled resident with diagnoses of Anxiety/Depression, Hypertension and Mild Cognitive Impairment; R3 is not able to ambulate without assist and requires total assistance for all care needs. V2 provided the staffing for the months of November and December. The following Dates indicate the nurses on duty on the 11p-7a shift and the CNA's on the 10pm-6am shift. Nurses Schedules dated 11/4, 11/5, 11/6, 11/8, 11/12, 11/13 - 11/15, 11/18 - 11/21, 11/23, 11/24, 11/27 - 11/29/2019. December 2 - 5, 2019, 12/7, 12/11 - 12/13, 12/16 - 12/19, 12/21- 12/23, 1225 -12/27, 12/30/2019 and January 5, 2020. There was no licensed nurse on duty, per the staffing sheet and V2 stating "I was on call if they needed me." The CNA schedule listed dates where only one CNA was in the building with a census of at least 29 residents, 17 of which are Level 3 skilled residents. The following dates are 11/7/ 2019, 11/9 - 11/10, 11/17, 11/22, 11/25, 11/26, 11/30, 12/1, 12/9 - 12/10, 12/14, 12/15, 12/20, 12/24, 12/28, 12/29, 12/31, 1/1/2020, 1/3, 1/4, 1/6 -

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WING IL6008692 01/31/2020 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) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) \$9999 | Continued From page 3 S9999 1/11/2020 During a telephone interview on 1/31/2020 at 1:28 pm with V3 (CNA), V3 was asked if V3 worked the 10p - 6a shift alone without another CNA or nurse. V3 said, "Yes I have 17 residents and I do total care, they can't turn themselves or anything. They scratch me and kick me. I have no one, they do not have a nurse on the night shift most of the time and especially in November 2019." During a phone interview on 1/31/2020 at 1:43 pm, with V4 (CNA), V4 was asked if V4 worked the 10p - 6am shift without any help from another CNA or a nurse. V4 stated, "Sometimes we have only one CNA on the night shift. The whole month of November we worked with only 1 CNA. We do not have a nurse in the building on the 10 pm - 6a shift. We have to call V2 (Director of Nursing) if something happens." During a phone interview with V6 (CNA), V6 was if V6 worked the 10p - 6am shift without any help from another CNA or a nurse. V6 stated. "It is a lot when we don't have a nurse in the building. We usually get 2 CNA's except the month of November we worked alone. The day shift comes in early most of the time at 6 am to help us get everyone up and cleaned up. (B)

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