STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A 000	Initial Comment Annual Licensure Survey 295.2030a)7)8) 295.2040 5)c)3)d)e)g)h) 295.4000b) 295.8000 a)1)	A 000		
A2030	Section 295.2030 Establishment Contacts This Regulation is not met as evidenced by: Type 3 Violation Section 295.2030 Establishment Contracts a) A contract between an establishment and a resident must be entitled "assisted living establishment contract" or "shared housing establishment contract" as applicable, shall be printed in no less than 12 point type, and shall include at least the following elements in the body or through supporting documents or attachments: 7) The base rate to be paid by the resident and a description of the services to be provided as part of this rate; 8) A description of any additional services to be provided for an additional fee by the establishment directly or by a third party provider under arrangement with the establishment; This requirement was NOT MET as evidenced by: Based on interview and record review, the establishment failed to ensure that resident's orientation documents were completed. This failure affected one (R5) of 10 residents reviewed	A2030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A2030	Continued From page 1 for completion of resident orientation. Findings include: R5's face sheet listed a move in date of 8/27/2024 and R5 still resides at the establishment. On 11/4/2025 at 11:59AM, E10 (Assisted Living Director) said that resident's orientation should be completed, signed, and dated by the resident or their representative and the establishment representative. Going forward the establishment will ensure that all residents' orientations are completed, signed, and dated. Review of R5's resident's approvals and acknowledgement of establishment operations shows incomplete documentation. The following boxes contained in the document were not checked, resident receipt of handbook, keys, key-fobs, garage door openers, pendant responsibility, housekeeping and laundry service waiver and maintenance waiver.	A2030		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by:	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 2 Violation	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A4000	Continued From page 2 Section 295.4000 Physician's Assessment b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. This Requirements was NOT MET as evidence by: Based on interview and record review the establishment the failed to ensure that residents annually physician comprehensive assessment was completed for 6 of 10 residents (R2, R4, R5, R8, R9 and R10) reviewed for annual physician comprehensive assessment. This failure has the substantial probability to cause harm to a resident. Findings include: 1. R8's record review Resident Face Sheet showed that R8's moved into the establishment 06/15/2024. R8's record showed that the last Physicians Plan of Care dated 3/19/24. When the surveyor made E2 (wellness Director) aware of this, E2 stated that we (establishment) must make sure there is a new one for 2025. R9's record review Resident Face Sheet showed that R9's moved into the establishment 07/29/2023. R9's record showed that the last Physicians Plan of Care was dated 3/19/24. When this was shown to E2, E2 stated that we (establishment) must make sure there is a new one for 2025. R10's record Resident Face Sheet documents move in date as 07/12/204 and the last physician	A4000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A4000	Continued From page 3	A4000		

plan of care presented was dated 8/29/2024 showing that the establishment was not in compliance with the regulations for physician assessment.

On 11/04/2025 at 11:55am E2 was unsure of regulations for Physician Assessment, E2 then stated that we (establishment) must make sure there is a new one for 2025 on all the residents.

The establishment policy titled Physician Yearly Health Assessment with revision date 08/01/2022 documented that it is the American House policy to ensure each resident has a health record/ physicians plan of care completed yearly with the purpose to obtain accurate information regarding the resident's needs.

2. R2's face sheet documented a move in date of 10/15/2024 and still resides at the establishment. Physician plan of care for resident dated 10/15/2024 documented a physician recommended schedule of every three months. The establishment could not provide any other documented physician visit or assessment for R2.

R4's face sheet documented a move in date of 10/13/2023 and still resides at the establishment. Physician plan of care dated 11/28/2023 and signed by a Family Nurse Practitioner (FNP) documented that physician recommended visit schedule is monthly. No other documented physician or NP assessment was found in resident' s record and the establishment could not provide any when requested.

R5's face sheet listed a move in date of 8/27/2024 and R5 still lives at the establishment. Physician plan of care dated 8/20/2024, signed by a Nurse Practitioner documented that R5's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A4000	Continued From page 4 mental status is abnormal due to moderate -severe dementia. The document did not indicate any recommended physician visit schedule and R5 does not have any other assessment on record. Surveyor requested for any additional physician assessment and the establishment could not provide any. On 11/4/2025 at 11:59AM, E10 (Assisted Living Director) said that physician assessment is necessary to make sure residents are free from communicable diseases, check resident's medications to make sure residents are taking the right medication and dosage. E10 said that the assessment is supposed to be completed and signed by a medical doctor, not the Nurse Practitioner, going forward the establishment will correct that.	A4000		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. This requirement was NOT MET as evidenced by:	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A8000	Continued From page 5 Based on observation, interview and record review, the establishment failed to properly store open food; failed to have food preparation areas free from staff's personal beverages; and failed to follow establishment food safety policy. This failure has the substantial probability to cause harm to a resident or residents. Findings include: Establishment census dated 11/3/2025, documents in part that 98 residents reside within the establishment. On 11/4/2025 at 11:51 AM, a tour of the kitchen was conducted with E4 (Culinary Director). Observed staff member's ice coffee bottle and open energy drink with a straw sitting within the food prep area near fruits and other food being prepared. E4 removed the drinks and told nearby staff, "I told you, you're not supposed to be having your drinks over here". Observed half a tray of French silk pie covered with plastic wrap undated, cheddar cheese cubes open in a bin undated, box of premade coleslaw open, not closed and undated within the cooler. Observed open bag of flour tortillas undated, open bag of quinoa undated, open bag of bulk cereal undated within the dry storage area. E4 removed the items and affirmed that open items should be dated. On 11/4/2025 at 10:32 AM, E1 (Executive Director) affirmed that all open food items must be dated and that staff food/drink should not be within the food prep area. Establishment policy titled, "Food Safety-Infection Control" documents in part, " ... We are responsible for the safe storage of food in	A8000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5108250	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN HOUSE OAK PARK	703 MADISON STREET OAK PARK, IL 60302

(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
A8000	Continued From page 6 refrigerators and freezers. We must not only store food items properly bit also monitor how affectively the unit are working ... All food items must be labeled and dated ... Label all items with the date delivered. Use it according to the "first-in, first-out" rule ...When items such as cereal, cake mixes etc. are opened, but the entire contents of the package are not used, place the unused food in a NSF approved container with an opened on and use by date. Folding the top of the item down, taping or wrapping the item in plastic wrap is not sufficient ..."	A8000		