STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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 295.2040 5) c) 1) 2) 3) d) e) g) h) 295.3000 a) b) 295. 3020 a) 1) 2) 3) 4) 5) 6) d) 1) 2) 3) 4) 5) 295. 3030 a) b) c) d) e) 1) 2) 295.3040 section 955.145 a) 1) 2) 3) b) c) section 955.220 a) b) c) d) section 955.165 a) 1) A) B) 2) A) B) C) b) c) d) 1) 2) e) f) g) h) i) 1) 2) 3) 4) 5) j) 1) 2) 3) k) l) m) n) o) 1) 2) 3) p) 295.4010 a) b) 1) 2) 3) c)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation (Repeat) Previous Type 3 Violation Section 295.2040 Disaster Preparedness 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. c) At least six drills shall be conducted per year on a bimonthly basis. At least two of the drills shall be conducted during the night when residents are sleeping. All drills shall be held under varied conditions to: 1) Ensure that all personnel on all shifts are	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A2040	Continued From page 1 trained to perform assigned tasks. 2) Ensure that all personnel on all shifts are familiar with the use of the firefighting equipment in the facility. 3) Evaluate the effectiveness of disaster plans, procedures, and training. d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. g) Drills shall involve the actual evacuation of residents to an assembly point as specified in the emergency plan and shall provide residents with experience using various means of escape. If an establishment has an evacuation capability classification of impractical, those residents who cannot meaningfully assist in their own evacuation or who have special health problems shall not be required to participate in the drill; however, other requirements of the Life Safety Code will apply. h) A written evaluation of each drill shall be submitted to the establishment manager and shall be maintained for one year from the date of the drill. The evaluation shall include the date and time of the drill, names of employees participating in the drill, and identification of any residents who received assistance for evacuation. These requirements are not met as evidenced by:	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A2040	Continued From page 2 Based on interview and record review the establishment failed to ensure at least 6 fire drills and tornado drills were conducted as required, failed to identify resident who requires assistance to evacuate, failed to conduct an evaluation of the drill, and failed to Orient each resident to the emergency and evacuation plans to three (R1, R2, R3) of six residents reviewed for emergency preparedness. This failure has the probability to affect all residents in the establishment. Findings include: On 12/16/2025 on site survey was conducted. Tornado and Fire drills were as follow: Tornado Drills 2/6/2025-8:30-9:30 2/6/2025- 9:00PM- 10:00PM 2/6/2025- 10:00AM-11:30AM Fire Drills 6/6/2024-AM/PM/Nights- Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 8/15/2024-AM/PM/Nights. Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 10/20/2024- AM/PM/ Nights- Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 12/6/2024- AM/PM/Nights- Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A2040	Continued From page 3 require assistance to evacuate. No evaluation of the drill. 2/6/2025- AM/PM/Nights. Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 4/6/2025- AM/PM/Nights. Total evacuation time:1 hour, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 6/25/2025- AM/Nights. Total evacuation time:2 hours, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 8/25/2025- PM/Night- Total evacuation time:0, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 12/5/2025- Total evacuation time:0, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. 12/5/2025- Nights- Total evacuation time:0, Signature of participating staff only. No residents' signature, no list of residents who require assistance to evacuate. No evaluation of the drill. R1, R2 and R3 resident files were reviewed, orientation to emergency preparedness was noted. On 12/18/2025 at 9/40AM- E2 (Administrator) said that when a resident moves in, she orients them to the establishment, but she does not have a form to be signed by the resident or representative.	A2040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3000	Continued From page 4	A3000		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng This Regulation is not met as evidenced by: General Violation Section 295.3000 Personnel Requirements, Qualifications and Training b) The establishment shall have on duty at all times at least one direct care staff person who has obtained cardiopulmonary resuscitation (CPR) training specific to adults, which includes a demonstration of the individual's ability to perform CPR, and who has current certification in CPR. documentation of: 1) Current certification in CPR, if applicable; These requirements are not met as evidenced by: Based on interview and record review the facility failed to ensure that staff CPR certification training included return demonstration. this was found in 4 of 6 employees (E3,E4,E5,E6) reviewed. This failure has the substantial probability to affect all residents in the establishment. Findings include: On 12/17/2025, E1 (Executive Director) provided CPR licenses and employee roster to surveyor. Upon reviewed of provided documents. CPR certificate for E3, E4, E5, E6 all Caregivers noted to be from an online only course. The training did not include an in person return demonstration. On 12/18/2025 at 10:59AM, E4 (Caregiver) said	A3000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3000	Continued From page 5 that she completed CPR Online only without skills demonstration. On 12/18/2025 at 11:43AM, E2 (Administrator) said that CPR is done Online.	A3000		
A3020	Section 295.3020 Employee Orientation and Ongoing Training This Regulation is not met as evidenced by: GENERAL VIOLATION Section 295.3020 Employee Orientation and Ongoing Training a) Each new employee shall complete orientation within 10 days after the starting date of employment that includes: 1) The establishment's philosophy and goals. 2) Promotion of resident dignity, independence, self-determination, privacy, choice, and resident rights. 3) Confidentiality of resident records and resident information. 4) Hygiene and infection control. 5) Abuse and neglect prevention and reporting requirements; and 6) Disaster procedures.	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3020	Continued From page 6 d) All training shall be documented with: 1) Date. 2) Starting and ending time. 3) Instructors and their qualifications. 4) Short description of content; and 5) Staff member's written signature. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure orientation for employees (E3, E4, E5, E6) was initiated within the required time frame of 10 days from their hire date covering all required topics and failed to ensure employee completed a minimum of 8 hours of ongoing training/ in services. Findings include: E2 (Administrator) provided surveyor with employee files which are as follow: E3 (Caregiver) date of hire 12/5/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. E4 (Caregiver) date of hire 6/9/2024 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training,	A3020		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3020	Continued From page 7 4) Alzheimer's training 5) Dementia Specific training. E5 (Caregiver) date of hire 11/24/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. E6 (Caregiver) date of hire 12/1/2025 1) missing employee orientation 2) fire extinguisher class 3) Continuing education training, 4) Alzheimer's training 5) Dementia Specific training. On12/18/2025 at 10:59AM, E4 (Caregiver) said that "I have experience in my country and E2 (Administrator) just told me what to do with the residents. I didn't have any formal training." On12/18/2025 at 11:03AM, E3 (Caregiver) said that E4 "told me what to do, I had experience working somewhere else. No formal training." On12/18/2025 at 11:43AM, E2 said that every staff does to 2 weeks training, but she doesn't document it. E2 further said that "training is done when I have about 4 caregivers then the lady comes to do the training."	A3020		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 3Violation	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3030	Continued From page 8 Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees a) Each direct care and food service employee shall have an initial health evaluation, which shall be used to ensure that employees are not placed in positions that would pose undue risk of infection to themselves, other employees, residents, or visitors. b) The initial health evaluation shall be conducted not more than 30 days prior to and no later than 30 days after the employee's initial employment in the establishment. c) The initial health evaluation shall include the employee's immunization status. d) The initial health evaluation shall include a physical examination. The examination shall include a determination that the employee appears to be physically able to perform the job functions that the establishment intends to assign to the employee. e) Each employee shall have a tuberculin skin test in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). The test must meet one of the following time frames: 1) The test must be completed no more than 90 days prior to the date of initial employment in the establishment; or 2) The test must be commenced no more than ten days after the date of initial employment in the establishment. These requirements are not met as evidenced by:	A3030		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3030	Continued From page 9 Based on interview and record review, the establishment failed to ensure that initial health exam was conducted within the required time for (E4, E5) of four employees reviewed for initial health exam, and failed to ensure tuberculin test was provided for E3, E5, E6 of four employees reviewed. Findings include: E3 (Caregiver) hire date 12/5/2025 1) Missing Tuberculin Test E4 (caregiver) hire date 6/9/2024 1) Missing Initial Health Exam E5 (Caregiver) hire date 11/24/2025 1) Missing Initial Health Exam 2) Missing Tuberculin Test E6 (Caregiver) hire date 12/1/2025 1) Missing Tuberculin Test On 12/18/2025 at 11:43AM, E2 9Administrator) said "I wait until they are here for about 2 months to pay for the CPR, TB testing and the Initial Health Exam."	A3030		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Type 2 Violation (Repeat) Section 295.3040 Health Care Worker Background Check Section 955.145 Employment Verification	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 10 a) Each health care employer or its designee shall provide an employment verification and update the demographic information for each employee no less than annually. (Section 33(i) of the Act) 1) The health care employer or its designee shall log into the Health Care Worker Registry through a secure login in a method prescribed by the Department. (Section 33(i) of the Act) 2) The health care employer or its designee shall indicate employment and termination dates (separation dates) within 30 days after hiring or terminating an employee. (Section 33(i) of the Act) 3) The health care employer shall provide the employment category and type. (Section 33(i) of the Act) b) Failure to comply with this Section constitutes a licensing violation. A fine of up to $500 may be imposed upon a health care employer for failure to maintain these records. (Section 33(i) of the Act) c) The information required in this Section shall be used by the Department of Public Health to notify any current employer of any disqualifying offenses that are reported by the Department of State Police. (Section 33(i) of the Act) (Source: Amended at 43 Ill. Reg. 3665, effective March 1, 2019) Section 955.220 Health Care Employer Files a) The health care employer shall retain on file for a period of 5 years records of criminal	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 11	A3040		

records requests for all employees. The health care employer shall retain a copy of the disclosure and authorization forms, a copy of the livescan request form, all notifications resulting from the fingerprint-based criminal history records check and waiver, if appropriate, for the duration of the individual's employment. The files shall be subject to inspection by the Department. A fine of $500 shall be imposed for failure to maintain these records. (Section 50 of the Act)

b) If the Health Care Worker Registry indicates that the employee had no disqualifying criminal offenses or administrative findings at the time of hire, then the health care employer shall retain a screen print of this information in the employee's file. If the individual was not on the Health Care Worker Registry prior to being hired, then a screen print indicating that the worker was not found shall be retained in the employee's file.

c) The health care employer shall retain a screen print of the background check initiation page, which documents that the employer did conduct an internet search of the web sites from the links provided through the Health Care Worker Registry and found no results from those web sites that would prevent the employee from being hired. No additional screen prints from those web sites shall be required in the employee's file.

d) The health care employer shall maintain a copy of the documents required in this Section in the employee's personnel file or other secure location accessible to the Department.

(Source: Amended at 33 Ill. Reg. 5378, effective March 26, 2009)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 12 Section 955.165 Fingerprint-Based Criminal History Records Check a) educational entities, other than secondary schools, and health care employers are required to check the Health Care Worker Registry before allowing a student to enter a training program or hiring an employee to determine: 1) Whether a fingerprint-based criminal history records check has previously been conducted, which is indicated by the identifier of "FEE_APP" or "CAAPP". A) As long as the student, applicant or employee has had a background check and stays active on the Health Care Worker Registry, no further fingerprint-based criminal history record checks are required. (Section 33(g) of the Act) B) If the individual has disqualified convictions and a waiver has not been granted pursuant to this Part, the individual is not allowed to work as a direct care giver for a health care employer or as an individual with access to residents, the resident's living quarters, or the resident's financial, medical, or personal records in a long-term care setting. 2) Whether the individual is active on the Health Care Worker Registry. A) If an individual is inactive on the Health Care Worker Registry, that individual is prohibited from being hired to work as a certified nursing assistant if, since the individual's most recent completion of a competency test or the date the individual was deemed competent by the Department of Public Health, there has been a	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 13 period of 24 consecutive months during which the individual has not provided nursing or nursing-related services for pay. (Section 33(g) of the Act) B) If the individual can provide proof of having retained his or her certification by not having a 24-consecutive-month break in service for pay, he or she may be hired as a certified nursing assistant and that employment information shall be entered into the Health Care Worker Registry. (Section 33(g) of the Act) C) Not retaining his or her certification does not prevent that individual from being hired in a position that does not require the individual to be a certified nursing assistant. b) If the individual has not had a background check or is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history records check. (Section 33(g) of the Act) c) Educational entities and health care employers shall conduct Internet searches on certain web sites, including without limitation the Illinois Sex Offender Registry, the Department of Corrections' Sex Offender Search Engine, the Department of Corrections' Inmate Search Engine, the Department of Corrections Wanted Fugitives Search Engine, the National Sex Offender Public Registry, and the website of the Health and Human Services Office of Inspector General to determine if the applicant has been adjudicated a sex offender, has been a prison inmate, or has committed Medicare or Medicaid fraud, or shall conduct similar searches as provided by the web-based application. (Section 15 of the Act)	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 14 d) Any student, applicant, or employee to whom the Act and this Part apply and who desires to be included on the Department of Public Health's Health Care Worker Registry shall authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense by completing and signing an authorization and disclosure form. This authorization shall allow the Department of Public Health to request and receive information and assistance from any State or local governmental agency. (Section 33(b) of the Act) 1) A health care employer may initiate a fingerprint-based criminal history records check required by the Act or this Part for any of its employees or volunteers to whom the Act and this Part apply but may not use this process to initiate background checks for residents or for employees or volunteers not covered by the Act and this Part. The results of any fingerprint-based criminal history records check required by the Act and this Part shall be entered in the Health Care Worker Registry. (Section 33(f) of the Act) 2) No educational entity or health care employer shall use the processes and procedures provided in the Act or this Part to conduct a fingerprint-based criminal history records check for any purpose not authorized by the Act or this Part. Nothing in this Section prohibits an educational entity or health care employer from using means other than the processes and procedures provided in the Act or this Part to conduct criminal history records check of any student, applicant, or employee who is not	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 15 covered by the Act or this Part. e) An educational entity, other than a secondary school, conducting a certified nursing assistant training program shall initiate a fingerprint-based criminal history records check required by the Act and this Part prior to entry of an individual into the training program. (Section 33(c) of the Act) f) A health care employer who makes a conditional offer of employment to an applicant who is not exempt under Section 955.130, for a position as an employee, shall initiate a fingerprint-based criminal history records check on the applicant, if such a background check has not been previously conducted. A health care employer shall not use the fingerprint-based criminal history records check process provided in the Act and this Part to initiate background checks for applicants for employment positions to which the Act and this Part do not apply. (Section 33(d) of the Act) g) Workforce intermediaries and organizations providing pro bono legal services may initiate a fingerprint-based criminal history record check if a conditional offer of employment has not been made and a background check has not been previously conducted for an individual who has a disqualifying conviction and is receiving services from a workforce intermediary or an organization providing pro bono legal services. (Section 33(d) of the Act) h) When initiating a background check, an educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall electronically submit to the Department of Public	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 16 Health the student's, applicant's, or employee's social security number, demographics, disclosure, and authorization information in a format prescribed by the Department of Public Health within 2 working days after the authorization is secured. (Section 33 (e) of the Act) i) The student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically and transmitted to the Department of State Police within 10 working days after signing the authorization and disclosure form. Each individual shall submit his or her fingerprints in an electronic manner prescribed by the Department of State Police. (Section 33(e) of the Act) 1) The student, applicant, or employee shall bring the portion of the livescan request form that is completed by the livescan vendor back to the educational entity or health care employer as proof that his or her fingerprints have been collected. The educational entity or health care employer shall provide the transaction control number, obtained from this portion of the livescan request form, whenever any follow-up inquiries are made about the progress of the background check being processed. 2) If the fingerprints are rejected by the Department of State Police, the student, applicant, or employee shall go to a livescan vendor and have his or her fingerprints collected electronically a second time. 3) If the fingerprints are rejected by the Department of State Police a second time, the educational entity or health care employer shall conduct a complete name-based UCIA criminal	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 17 history records check through the Department of State Police and mail a copy of the results of the background check to the Department within 10 working days after receipt. The UCIA criminal history records check shall be requested as prescribed by the Department of State Police. The results of the UCIA criminal history records check shall have been issued by the Department of State Police no earlier than 31 days prior to hire. A UCIA name-based criminal history records check may be used only when there is proof that the individual's fingerprints have been rejected twice by the Department of State Police within the previous 12 months. 4) If the student, applicant, or employee does not go to a livescan vendor and have his or her fingerprints collected electronically within 10 working days, the individual shall be suspended from participating in a training program if a student, or suspended from working if an employee, until such time as proof is provided that the individual has had his or her fingerprints collected electronically from a livescan vendor. 5) If the student, applicant, or employee has not had his or her fingerprints collected electronically by a vendor within 30 days after being hired or beginning a training program, the employee shall be terminated, or the student shall be dropped from the training program. The educational entity or health care employer shall withdraw the background check application from the Health Care Worker Registry. j) The educational entity, health care employer, staffing agency, workforce intermediary, or organization that provides pro bono legal services shall transmit all necessary information and fees to the livescan vendor and	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 18 Department of State Police within 10 working days after receipt of the authorization for a criminal history records check. (Section 33(e) of the Act) 1) Application fees shall include, but are not limited to, the amounts established by the Department of State Police to process fingerprint-based criminal history records checks and the amount charged by the livescan vendor for collecting and transmitting the fingerprints. 2) Health care employers that are certified to participate in the Medicaid program are required to pay for certified nursing assistants' (CNA) application fees. These fees shall be a direct pass-through on the cost report submitted by the employer to the Medicaid agency. 3) Any student, applicant, or employee who is not a certified nursing assistant may be required to pay all related application and fingerprinting fees. (Section 45 of the Act) k) The results of the criminal history records checks shall be maintained by the Department of Public Health's Health Care Worker Registry as long as the employee stays active on the Registry. (Section 33(e) of the Act) l) A health care employer or long-term care facility may conditionally employ an applicant for up to three months pending the results of a fingerprint-based criminal history records check required by the Act and this Part. During this time, the employee shall have adequate supervision, which is the type and frequency of supervision required to prevent abuse, neglect, or theft regarding patients, clients, or residents. (Section 33(l) of the Act)	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 19 m) The livescan vendors may act as the designee for individuals, educational entities, staffing agencies, workforce intermediaries, organizations that provide pro bono legal services, or health care employers in the collection of Department of State Police fees and deposit those fees into the State Police Services Fund. (Section 33(b) of the Act) n) If the individual is not active on the Health Care Worker Registry, then the health care employer shall initiate a fingerprint-based criminal history record check required by the Act and this Part. (Section 33(g) of the Act) o) If the Department of State Police notifies the Department of Public Health that an employee has a new conviction of a disqualifying offense, based upon fingerprints that were previously submitted, then: 1) the Health Care Worker Registry shall notify the employee's last known employer of the offense by sending an automatic e-mail to the health care employer. 2) a record of the employee's disqualifying offense shall be entered on the Health Care Worker Registry; and 3) the individual shall no longer be eligible to work as an employee unless he or she obtains a waiver pursuant to this Part. (Section 33(h) of the Act) p) The Health Care Worker Registry will indicate only those criminal convictions that are disqualifying under the Act. Nothing in this Part shall prohibit the health care employer from	A3040		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A3040	Continued From page 20 developing policies concerning employment of individuals whose criminal history records checks indicate convictions for offenses that are not disqualifying. (Source: Amended at 44 Ill. Reg. 18422, effective October 29, 2020) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure healthcare background check was conducted for (E3, E4, E5, E6) prior to starting to work with residents. This deficient practice involved four of six employees reviewed and have the substantial probability to cause harm to a resident or residents. Findings include: Per establishment's documents healthcare background checks were not found for E3 (Caregiver) hire date 12/5/2025, E4 (Caregiver) hire date 6/9/2024, E5 (Caregiver) hire date 11/24/2025 and E6 (Caregiver) hire date 12/1/2025. On 12/18/2025 at 11:43AM, E2 (Administrator) Background check was not done, only did background check with state police.	A3040		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by:	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A4010	Continued From page 21 Type 3 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident. 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. These requirements are not met as evidenced by: Based on record review and interview, the establishment failed to ensure service plan includes resident, resident representative, nurse when developed, and failed to have signatures of individuals involved in its development for three (R1, R2, R3) residents of six reviewed for service plans. Findings Include: On 12/18/2025, E2 provided surveyor with	A4010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5202301	A. BUILDING: _____ B. WING _____	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN HAVEN SENIOR LIVING	809 N CENTRAL AVE ADDISON, IL 60101

(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
A4010	Continued From page 22 residents' files. During the review of the files, it was noted that service plans didn't have resident signature or resident's representative signature and didn't have nurse's signature. On 12/18/2025 at 10:15AM, E2 (Administrator)said initially that she was not aware that service plans needed to be signed by the resident's representative if the resident is unable to sign and the nurse if residents are receiving medication services and E2 said that she discusses the service plan with residents' POA (Power of Attorney) or representatives but she doesn't have them sign the service plan.	A4010		