

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Ahva Care of Stickney		STREET ADDRESS, CITY, STATE, ZIP CODE 3900 South Oak Park Avenue Stickney, IL 60402	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46066</p> <p>Based on observations, interviews, and record review the facility failed to maintain current Food Protection Manager Certification for Director of Food and Nutrition Services and provide services of a person-in-charge (PIC) with the required Food Protection Manager Certification. These failures have the potential to affect all 44 residents residing in the facility.</p> <p>Findings include:</p> <p>On [DATE] at 11:10 AM V1 (Administrator) provided facility census listing 44 residents residing in the facility during course of the survey.</p> <p>On [DATE] at 11:00 AM during initial kitchen tour, surveyor observed V9 (Dietary Aid) cooking lunch. Surveyor asked V9 what she is making today, V9 responded, I'm making pulled pork and bean burrito, Mexican rice, and zucchini. Normally, it's me, another dietary aid, and our cook who's also a dietary manager in the kitchen, but she is not here today.</p> <p>On [DATE] at 2:12 PM surveyor interviewed V1 (Administrator) who stated in summary: V14 (Dietary Manager/Cook) is not here today, she had loss in the family, is on bereavement leave, and we don't know when she'll be coming back. V9 (Dietary Aid) is covering for V14. V14 arranged for V13 (Former Cook) to cover for her during her absence, but I don't know why he's not here today, he was supposed to be here at 7:00 AM this morning.</p> <p>On [DATE] at 3:36 PM surveyor interviewed V13 (Former Cook) who stated in summary: I work in another facility, I'm a cook there. V14 (Dietary Manager/Cook) notified me this morning ([DATE]), that she might need me to cover for her, but I didn't hear anything else from her, so I didn't come this morning. V1 (Administrator) called me later today and asked what time I was coming over; I didn't know they still needed me, but I confirmed that I'll be coming shortly. I'll stay to cover for V14 until she's back.</p> <p>On [DATE] at 11:08 AM surveyor observed V13 (Former Cook) sitting in the nook outside of the kitchen.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 11:27 AM during kitchen tour surveyor observed V9 (Dietary Aid) cooking lunch. Surveyor clarified with V9 what she cooked since yesterday during absence of person-in-charge (PIC) with the required Food Protection Manager Certification, V9 stated I'm cooking chicken teriyaki, rice, and cabbage today. I cooked all three meals yesterday, breakfast, lunch, and dinner, and breakfast today. I started cooking lunch today as well, and that's when V13 took over.</p> <p>On [DATE] at 1:13 PM surveyor interviewed V15 (Dietician) who stated in summary:</p> <p>The cook's (V14) license (Food Protection Manager Certification) has been expired for about two months now. V9 (Dietary Aid) would have to have the Food Protection Manager Certification in order to cook the food; otherwise, she is not qualified to cook the food.</p> <p>On [DATE] at 11:02 AM V1 (Administrator) provided, after multiple requests, V14's (Dietary Manager/Cook) Food Protection Manager Certification search result which showed V14's certification has expired on [DATE] and is invalid.</p> <p>V9's (Dietary Aid) Food Handler Certification issued on [DATE], valid through 3 years from issue date reviewed. No additional certificates available for V9.</p> <p>The facility Person-in-charge (PIC) with the required Food Protection Manager Certification policy unavailable upon multiple requests.</p>