

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510563	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2024
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NAME OF PROVIDER OR SUPPLIER AMAZING GRACE SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 7432 WEST TALCOTT AVENUE CHICAGO, IL 60631
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(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 Desk Audit Conducted.	A 000		
A1010	Section 295.1010 Transfer of Ownership This Regulation is not met as evidenced by: VIOLATION(s) Section 295.1010 Transfer of Ownership a) An establishment license is not transferable or applicable to any location, establishment, management agent or ownership other than that indicated on the application and license. b) Whenever ownership of an establishment is transferred from the person named in the license to any other person, the transferee must obtain a new probationary license. The transferee shall notify the Department of the transfer and apply for a new license at least 30 days prior to final transfer. (Section 50(a) of the Act) c) The transferor shall notify the Department at least 30 days prior to final transfer. The transferor shall remain responsible for the operation of the establishment until such time as a probationary license is issued to the transferee. (Section 50(b) of the Act) d) The transferor shall remain liable for all penalties assessed against the establishment that are imposed for violations occurring prior to transfer of the license. The license granted to the transferee shall be subject to any agreements made by the previous owner and approved by the Department to remedy the violation. If there are outstanding violations that have not been remedied, the Department may require that the violations be corrected prior to the issuance of a license.	A1010		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A1010	<p>Continued From page 1</p> <p>e) The residents shall be informed of any transfer of ownership of the establishment.</p> <p>These Requirements Were Not Met As Evidenced By:</p> <p>Based on IDPH licensure application review and staff interview, the establishment failed to notify the state agency of a change of ownership. This failure has the potential to affect all residents receiving Assisted Living services.</p> <p>Findings Include:</p> <p>Current active license #5107716 issued 12/22/23 with an expiration date of 12/22/24.</p> <p>On 12/11/24, State Agency arrived at the facility to conduct an annual licensure survey. During the entrance conference with E1 (Executive Director) at 9:30 AM, E1 stated, " The establishment has new ownership." No effective date was given.</p> <p>State Agency has never received notice from previous/new owner that a change of ownership transaction was conducted.</p> <p>The facility is fully operational with current census of 65 residents.</p>	A1010		