

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510414</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/28/2025</b>
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NAME OF PROVIDER OR SUPPLIER  <b>COVENANT LIVING AT WINDSOR PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>124 WINDSOR PARK DR CAROL STREAM, IL 60188</b>
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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  Annual Licensure Survey 295.400a) 295.3030a)e)1)2)  Complaint Investigation Survey IL195795/2576085- Unsubstantiated, no deficiency cited.	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl  This Regulation is not met as evidenced by: General Violation  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.  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.	A3030		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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A3030	<p>Continued From page 1</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the establishment failed to ensure Tuberculosis (TB) testing was done 90 days prior to employee's initial hire or within ten days of initial employment, this involved one (E8) of eight employees reviewed for TB screening. This deficient practice has the probability to affect all residents.</p> <p>Findings include:</p> <p>According to employee roster, E8 (Certified Nursing Assistant) was hired on 10/2/24. E8's documents titled Appointment Details, dated 2/9/24 indicated E8 has negative screening for TB. This screening was completed 7 months prior to E8's hire.</p> <p>On 7/24/25 at 2:32pm, E10 (Human Resources Director) said, "We accept TB testing completed 6 months prior to hire."</p>	A3030		
A400	<p>Section 295.400 License Requirement</p> <p>This Regulation is not met as evidenced by: General Violation</p> <p>Section 295.400 License Requirement</p> <p>a) No person may establish, operate, maintain, or offer an establishment as an assisted living establishment or shared housing establishment as defined by the Act within this State unless and until he or she obtains a valid license, which remains unsuspended, unrevoked, and unexpired.</p>	A400		

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A400	<p>Continued From page 2</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review, the establishment was operating under expired license involving seven (R1, R2, R3, R4, R5, R6, R7) of seven residents who were receiving services reviewed. This deficient practice has the probability to affect all residents.</p> <p>Findings include:</p> <p>According to resident roster presented at entrance by E2 (Nurse Manager) on 7/23/25 at 9:37am, there were 69 residents in the Assisted Living and Memory Care currently living in the community.</p> <p>As part of the Annual Licensure survey R1,R2, R3, R4, R5, R6,and R7 were reviewed. All are receiving services.</p> <p>On 7/23/25 at 12:07pm, E1 (Executive Director) submitted a copy of the establishment's current license. Current license has an expiration date of 7/17/25. E1 confirmed the license is expired.</p>	A400		