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	ASL510160	A. BUILDING: _____ B. WING _____	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT MCHENRY (THE) (MC)	3350 CHARLES MILLER ROAD MCHENRY, IL 60050

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A 000	Initial Comment Annual Survey Conducted in conjunction with complaint investigations IL00200133 & IL00201869. Violations: 295.1020c) 295.2040b)3) 295.3000a)b) 295.4010b)1-3)c)d)e)g)C)2)h) 295.4060h)3)A)6)8)i)2)C)i-x)	A 000		
A1020	Section 295.1020 Informatio to be made available to Resident This Regulation is not met as evidenced by: Type 3 Violation Section 295.1020 Information to Be Made Available to the Resident by the Licensee c) The establishment's license issued under the Act and this Part shall be posted in public view in the establishment. This requirement was not met, as evidenced by: Based on observation and interview, the establishment failed to post the license in public view in the establishment. Findings include: During observation of the establishment on 5/26/2026 at 1:35 PM it was found that the establishment did not have the assisted license or	A1020		

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A1020	Continued From page 1 the evacuation route posted anywhere in public view. An interview with E8 (Business Office Manager) on 5/26/2026 at 1:38 PM went as follows: Surveyor: "Can you please show me your AL license and evacuation route? I do not see them posted anywhere." E8: "They used to be posted right here in the entrance before we painted." During observation of the establishment on 5/26/2026 at 1:40 PM the surveyor was shown the establishment assisted living license. The license was located in the back right corner of the concierge office. The license was not viewable from outside of the concierge office. During observation of the establishment on 5/26/2026 at 1:46 PM the surveyor walked the establishment with E1 (Executive Director). A publicly posted evacuation route or assisted license was not located.	A1020		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 1 Violation Section 295.2040 Disaster Preparedness b) Each establishment shall: 3) Post a diagram of the evacuation route and ensure that all personnel employed on the premises are aware of the route. This requirement was not met, as evidenced by:	A2040		

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A2040	Continued From page 2 Based on observation and interview, the establishment failed to post a diagram of the evacuation route. This failure creates the substantial probability of severe harm or death to a resident or residents. Findings include: During observation of the establishment on 5/26/2026 at 1:35 PM it was found that the establishment did not have the assisted license or the evacuation route posted anywhere in public view. An interview with E8 (Business Office Manager) on 5/26/2026 at 1:38 PM went as follows: Surveyor: "Can you please show me your AL license and evacuation route? I do not see them posted anywhere." E8: "They used to be posted right here in the entrance before we painted." During observation of the establishment on 5/26/2026 at 1:40 PM the surveyor was shown the establishment assisted living license. The license was located in the back right corner of the concierge office. The license was not viewable from outside of the concierge office. During observation of the establishment on 5/26/2026 at 1:46 PM the surveyor walked the establishment with E1 (Executive Director). A publicly posted evacuation route or assisted license was not located.	A2040		
A3000	Section 295.3000 Personnel Requirmts, Qualifns, and Trng	A3000		

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A3000	Continued From page 3	A3000		

This Regulation is not met as evidenced by:
Type 1 Violation
Section 295.3000 Personnel Requirements, Qualifications and Training

a) The establishment shall have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents and who participate in ongoing training to serve the resident population. (Section 35(a)(3) of the Act)

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.

This requirement was not met, as evidenced by:

Based on record review and interview, the establishment failed to have staff sufficient in number with qualifications, adequate skills, education and experience to meet the 24 hour scheduled and unscheduled needs of residents by failing to have on duty at all times at least one direct care staff person who has a current certification in CPR. This failure creates a substantial probability of severe harm or death to a resident or residents.

Findings include:

During the month of May 2026, the Illinois Department of Public Health (IDPH) received a

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A3000	Continued From page 4	A3000		

complaint alleging that the establishment did not have appropriate staffing.

During record review on 5/26/2026 at 3:05 PM the establishment's Alzheimer's Disclosure was found to state staffing ratios to be 1:7 during the day and evening shifts & 1:14 during the night shift.

During record review on 5/27/2026 at 9:19 AM provided staffing schedules and CPR certification cards were reviewed and compared. It was found that the establishment did not have a staff member on shift with a valid CPR certification for the night shift on 4/1/2026, 4/8/2026, 4/13/2026, 4/22/2026, 5/7/2026, 5/11/2026, 5/13/2026, 5/16/2026, 5/17/2026, 5/20/2026, 5/21/2026, or 5/25/2026.

During record review on 5/27/2026 at 10:23 AM the establishment staffing schedules were reviewed. The current resident census is 34. According to the establishment's Alzheimer's Disclosure the night staff to resident ratio should be 1:14 therefore there should be 3 staff members on the night shift. There were found to be several night shifts (10 PM to 6 AM) with only 2 staff members due to there not being a nurse on duty. These dates are 4/20/2026, 5/2/2026, 5/4/2026, 5/9/2026, 5/18/2026, 5/23/2026, 5/24/2026. These dates were verified with staff punch cards.

An interview with E4 (Director of Wellness) on 5/27/2026 at 11:24 AM went as follows:

Surveyor: "How many staff members should be here in the building during the night shift, 10 PM to 6 AM?"

E4: "We have one night shift nurse that covers

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A3000	Continued From page 5 this building and the building across the street. We have 2 caregivers at night for this building." During an interview with E1 (Executive Director) on 5/27/2026 at 9:00 AM they stated that the establishment held a CPR class in March and that the instructor sent the cards to the individual participants and did not send them to establishment.	A3000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 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. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change,	A4010		

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A4010	Continued From page 6 shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; h) The service plan shall include all support services provided or arranged for by the establishment. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that resident service plans were developed and signed by a registered nurse. The establishment also failed to ensure resident service plans addressed health-related services needed by the resident. These failures involve 3 of 5 residents reviewed for these requirements (R1, R3, & R4). These failures create a substantial probability of harm to a resident or residents. Findings include: During record review on 5/26/2026 at 11:08 AM R4 was listed as receiving physical therapy.	A4010		

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A4010	Continued From page 7 During record review on 5/27/2026 at 9:43 AM it was found that R4's 5/22/2026 service plan did not address physical therapy. During record review on 5/27/2026 at 11:01 AM it was found that R3's 5/26/2026 service plan was not signed by a registered nurse. It was signed by E10 (Assistant Director of Wellness, LPN). During record review on 5/27/2026 at 11:05 AM it was found that R1's 5/26/2026 service plan was not signed by a registered nurse. It was signed by E10 (Assistant Director of Wellness, LPN). During record review on 5/27/2026 at 1:10 PM physical therapy documents stated R4's start of physical therapy services as being 4/10/2026. The documents showed continued physical therapy visits through April and May. An interview with E4 (Director of Wellness) on 5/27/2026 at 11:24 AM went as follows: Surveyor: "When did [R4] start physical therapy?" E4: "I will have to confirm. I believe he was evaluated after a fall." Surveyor: "How many staff members should be here in the building during the night shift, 10 PM to 6 AM?" E4: "We have one night shift nurse that covers this building and the building across the street. We have 2 caregivers at night for this building." Surveyor: "Who is required to sign service plans?" E4: "For service plans, either myself or the ADON [E10] will sign them." During an interview on 5/27/2026 at 1:01 PM E4 stated, "R4's start of care date for physical therapy was April 10th so right when he moved in. Here are the visits."	A4010		

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A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 1 Violation Section 295.4060 Alzheimer's and Dementia Programs h) An establishment that offers to provide a special program for persons with Alzheimer's disease and related disorders shall: 3) Develop and implement policies and procedures that ensure the continued safety of all residents in the establishment including, but not limited to, those who: A) May wander; and 6) Provide an appropriate number of staff for its resident population. The establishment shall provide staff sufficient in number, with qualifications, adequate skills, education, and experience to meet the 24-hour scheduled and unscheduled needs of the residents and who participate in ongoing training, to serve the resident population. At a minimum, at least one staff member shall be awake and on duty at all times; 8) Require the manager and direct care staff to complete sufficient comprehensive and ongoing dementia and cognitive deficit training as set forth in subsection (i) of this Section; i) Training requirements for individuals working in a special program:	A4060		

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A4060	Continued From page 9 2) Staff training: C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities; vii) medical and social needs of the resident; viii) common psychotropics and side effects; ix) local community resources; and x) other related issues. (Source: Amended at 28 Ill. Reg. 14593, effective October 21, 2004) These requirements were not met, as evidenced by: Based on record review and interview the	A4060		

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A4060	Continued From page 10 establishment failed to (1) develop policies and procedures that ensure the continued safety of residents that may wander (2) provide an appropriate number of staff for its resident population (3) ensure direct care staff receives 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders annually (E7). These failures create a substantial probability of severe harm to a resident or residents. Findings include: (1) During record review on 5/26/2026 at 2:45 PM the surveyor requested any policy that addresses wandering residents. The surveyor was given an Elopement Response Policy. This policy did not address wandering or any wandering or elopement prevention measures. During record review on 5/27/2026 at 2:08 PM it was found that the Wanders/Elopement list included 10 of the establishments 34 residents, including R4 & R5. During an interview with E1 (Executive Director) on 5/26/2026 at 2:43 PM they stated, "We do not have a specific wandering policy. The elopement response policy is the closest thing we have." (2) During the month of May 2026, the Illinois Department of Public Health (IDPH) received a complaint alleging that the establishment did not have appropriate staffing.	A4060		

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A4060	Continued From page 11 During record review on 5/26/2026 at 3:05 PM the establishment's Alzheimer's Disclosure was found to state staffing ratios to be 1:7 during the day and evening shifts & 1:14 during the night shift. During record review on 5/27/2026 at 9:19 AM provided staffing schedules and CPR certification cards were reviewed and compared. It was found that the establishment did not have a staff member on shift with a valid CPR certification for the night shift on 4/1/2026, 4/8/2026, 4/13/2026, 4/22/2026, 5/7/2026, 5/11/2026, 5/13/2026, 5/16/2026, 5/17/2026, 5/20/2026, 5/21/2026, or 5/25/2026. During record review on 5/27/2026 at 10:23 AM the establishment staffing schedules were reviewed. The current resident census is 34. According to the establishment's Alzheimer's Disclosure the night staff to resident ratio should be 1:14 therefore there should be 3 staff members on the night shift. There were found to be several night shifts (10 PM to 6 AM) with only 2 staff members due to there not being a nurse on duty. These dates are 4/20/2026, 5/2/2026, 5/4/2026, 5/9/2026, 5/18/2026, 5/23/2026, 5/24/2026. These dates were verified with staff punch cards. An interview with E4 (Director of Wellness) on 5/27/2026 at 11:24 AM went as follows: Surveyor: "How many staff members should be here in the building during the night shift, 10 PM to 6 AM?" E4: "We have one night shift nurse that covers this building and the building across the street. We have 2 caregivers at night for this building."	A4060		

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A4060	Continued From page 12 (3) During record review on 5/26/2026 at 1:23 PM it was found that E7 (Caregiver), with a hire date of 4/15/2026 did not have any continuing training for the last 12 months. During an interview with E1 (Executive Director) on 5/26/2026 at 2:59 PM they stated, "Unfortunately, that is all the training we have for [E7]."	A4060		