STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510159	A. BUILDING: _____ B. WING _____	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT MCHENRY (THE) (AL)	3300 CHARLES MILLER ROAD MCHENRY, IL 60050

(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 Violations: Section 295.2040 Disaster Preparedness - a) c) 1) 2) 3) e) f) g) h) Section 295.3040 Health Care Worker Background Check Section 955.145 Employment Verification a) 1) b) Section 955.220 Health Care Employer Files a) b) Section 295.4010 Service Plan - a) g) 1) A) B) C) 2) h)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Type 2 Violation-Repeat Section 295.2040 Disaster Preparedness a) For the purpose of this Section, "disaster" means an occurrence, as a result of a natural force or mechanical failure such as water, wind or fire, or a lack of essential resources such as electrical power, that poses a threat to the safety and welfare of residents, personnel, and others present in the establishment. 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:	A2040		

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A2040	Continued From page 1 1) Ensure that all personnel on all shifts are 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. e) Drills shall include residents, establishment personnel, and other persons in the establishment. f) Drills shall include making a general announcement throughout the establishment that a drill is being conducted or sounding an emergency alarm. Drills may be announced in advance to residents. 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.	A2040		

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A2040	Continued From page 2 These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to provide documentation of their maintaining the building's acceptable Evacuation Capability Determination of the Life Safety Code with a slow evacuation having an evacuation time of 13 minutes or less in accordance with the NFPA 101, 2012 Edition Sections 33.7.1, 33.7.2, 33.7.3 and 3.3.76. This failure creates a substantial probability of harm to all residents and staff in the building. The findings include: On May 12, 2026, at 11:00 AM, E10 (Maintenance Director) said they conduct fire drills and evacuation of staff and residents. The whole drill is completed within an hour. On May 13, 2026, at 10:15 AM, E1 (Executive Director-ED) confirmed there was one evacuation drill that was conducted during the evening. Kitchen staff were still in the building to help with evacuation. E1 (ED) explained the actual evacuation during the daytime will more likely take 30 minutes, while the actual evacuation time at night will more likely take 45 minutes to an hour. Review of the establishment's Fire Drill Report from July 30, 2025, to March 31, 2026, showed all the drills listed the "Time required for evacuation" as 30 minutes for the drills during 1st, 2nd, and 3rd shifts. On May 13, 2026, at 3:30 PM, E1 said they will make sure fire drills with evacuation will be conducted for all three shifts involving staff and	A2040		

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A2040	Continued From page 3 residents, and within the required time frame of 13 minutes or less. This is a repeat violation in this category. This was cited during the previous Annual surveys on June 12, 2024, and June 24, 2025.	A2040		
A3040	Section 295.3040 Health Care Worker Background Check This Regulation is not met as evidenced by: Violation Section 295.3040 Health Care Worker Background Check An establishment shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. (Source: Amended at 36 Ill. Reg. 13632, effective August 16, 2012) Section 955.145 Employment Verification a) Each health care employer or its designee shall provide employment verification and update the demographic information for each employee and each contracted or subcontracted worker 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)	A3040		

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A3040	Continued From page 4 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 Illinois State Police. (Section 33(i) of the Act) (Source: Amended at 49 Ill. Reg. 7999, effective May 22, 2025) 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 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 or had received a waiver as described in Section 40 of the Act and Section 955.260 or Section 955.275, 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,	A3040		

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A3040	Continued From page 5 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 conducted 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 employees' 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 49 Ill. Reg. 7999, effective May 22, 2025) These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to maintain a copy/documentation of annual employment verification in an employee's file (E1). They also failed to maintain a copy/documentation in each employee files that they conducted an internet search of the websites provided through the Health Care Worker Registry. This applies to 1 (E1) employee reviewed for annual employment verification, and 8 (E1, E3, E4, E5, E6, E7, E8, E9) employees reviewed for internet website search through the health care worker registry in the sample of 9.	A3040		

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A3040	Continued From page 6 These failures have the probability of affecting all residents and staff in the building. The findings include: The establishment's current Employee Roster showed E1 (Executive Director-ED) was hired on June 1, 2023, E3 (Memory Care Director) was hired on April 27, 2026, E4 (Dining Services Director) was hired on May 4, 2026, E5 (Caregiver-CG AL) was hired on January 27, 2026, E6 (CG AL) was hired on October 30, 2025, E7 (CG AL) was hired on February 26, 2026, E8 (CG AL) was hired on May 8, 2026, and E9 (CG AL) was hired on October 29, 2025. E1's employee file did not contain documentation that an annual employment verification was conducted. The establishment's employee files for E1, E3, E4, E5, E6, E7, E8, E9 did not contain any documentation that an internet search of the websites, through the health care worker registry, was conducted. After a review of the employee files, the establishment was asked for additional documents. E1 confirmed the same documents they emailed are the ones they initially turned over during the onsite survey.	A3040		
A4010	Section 295.4010 Service Plan	A4010		

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A4010	Continued From page 7 This Regulation is not met as evidenced by: Type 2 Violation-Repeat 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 residents' choices regarding the service plan. g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. B) dietary needs, if the establishment provides therapeutic diets; and C) accommodation for the residents. 2) The amount, type, and frequency of health-related services needed by the residents. h) The service plan shall include all support services provided or arranged for by the establishment. These requirements are not met as evidenced by: Based on interview and record review, the establishment failed to ensure the Service Plan of the residents addressed areas of activities of	A4010		

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A4010	Continued From page 8 daily living such as transferring and oral hygiene. They also failed to ensure the health-related services provided and support services received by the residents are also addressed in the service plans. This applies to 6 (R1, R2, R4, R5, R6, R7) residents reviewed for Service Plan in the sample of 7. This creates a substantial probability of harm to a resident or residents. The findings include: The establishment's Resident Information List showed R1 as using oxygen inhalation as needed. R1's Service Plan (dated May 8, 2026) did not address his oxygen usage as to the liters of oxygen ordered, the maintenance and management of the oxygen and tubing changes, as well as who is responsible for monitoring its usage. The Resident Information List showed R2 as receiving Home Health services with physical therapy support service. R2's Service Plan (dated May 12, 2026) did not specifically address the Home Health physical therapy service received by the resident as to how many times a week the therapist is coming, and the actual service they render. R2's Service Plan just mention under fall history generalized service provider responsibilities as "Care Staff will implement and maintain individualized fall prevention interventions including but not limited to Physical and Occupational Therapy evaluation and treatment..." R4's Service Plan (dated December 2, 2025) and R5's Service Plan (dated May 12, 2026) did not address the residents' Transferring category under their activities of daily living.	A4010		

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A4010	Continued From page 9 The Resident Information List showed R6 has a wound. R6's Service Plan (dated May 12, 2026) did not specifically address the wound and the care for it. It just mentioned, under home care services, they care for her LLE wound. There was no mention specific to the wound itself as to the type of wound, and the type of dressing changes they are doing, how many times a week wound dressings are done, as well as if the home health nurse is not in the building, then who will be responsible for taking care of the wound and dressing changes as needed. R7's Service Plan (dated May 13, 2026) did not address the Transferring and Oral hygiene categories under his activities of daily living. On May 13, 2026, at 4 PM, E2 (Director of Wellness) and E11 (Assistant Director of Wellness) said they will make sure Service Plans will address the important information of the residents as shown in the resident information list. This is a repeat violation. This category was cited during the previous Annual surveys on June 12, 2024, and June 24, 2025.	A4010		