STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	6021811	A. BUILDING: _____ B. WING _____	C 04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDARHURST OF MCHENRY	3801 BLAKE BLVD 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 Conducted: 295.3030 Complaint Investigation Survey Conducted: #187967-Not Substantiated #189398-Not Substantiated	A 000		
A3030	Section 295.3030 Initial Health Eval for Dir Care and FS empl This Regulation is not met as evidenced by: Type 2 Violation (REPEAT) Section 295.3030 Initial Health Evaluation for Direct Care and Food Service Employees 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. This requirement was not met as evidence by: Based on record review and interview, the facility failed to ensure that employees had a TB test that was completed no more than 90 days prior to the date of initial employment or no more than 10 days after the date of initial employment in the establishment. This failure involves 2 of 8 employees reviewed for this requirement (E6 &	A3030		

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A3030	Continued From page 1 E7). This failure creates a substantial probability of harm to residents. Findings include: During record review on 4/11/2025 at 12:30 PM it was found that the facility was written for 295.3030- Initial Health Evaluation for Direct Care and Food Service Employees during their last annual survey conducted on 3/11/2024. During record review on 4/14/2025 at 9:33 AM it was found that E6 (LPN), with a hire date of 2/3/2025, had only a TB test that was dated 2023 in their employee file. During record review on 4/14/2025 at 9:41 AM it was found that E7 (Resident Assistant), with a hire date of 2/21/2025, did not have any documentation of TB testing in their employee file. During interview with E5 (Business Office Manager) on 4/14/2025 at 9:35 AM, they stated they would look to see if there was another TB testing for E6. During interview with E1 (Director of Nursing) on 4/14/2025 at 10:34 AM, they stated that they would continue to look for documentation of TB testing for E6 and E7. The facility was unable to provide documentation of a TB test given to E6 within the required time window of 90 days prior to employment or 10 days after hire. The facility was unable to provide documentation of a TB test given to E7.	A3030		