STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510472	A. BUILDING: _____ B. WING _____	01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITE OAKS AT HERITAGE WOODS OF MCHENRY	4605 W CRYSTAL LAKE 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: 295.2040b)5) -Repeat Violation 295.4000a)b) 295.4010a)b)1)c)d)e)g)1)A)B)C)2)h)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: General Violation Section 295.2040 Disaster Preparedness b) Each establishment shall: 5) Orient each resident to the emergency and evacuation plans within 10 days after the resident's arrival. Orientation shall include assisting residents in identifying and using emergency exits. Documentation of the orientation shall be signed and dated by the resident or the resident's representative. This requirement was not met, as evidenced by: Based on record review and interview, the establishment failed to orient resident to the emergency and evacuation plans within 10 days after the resident's arrival. This failure involves 1 of 5 residents reviewed for this requirement (R2).This failure has the probability to affect all residents. Findings include:	A2040		

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A2040	Continued From page 1 During record review on 1/26/2026 at 10:15 AM it was found that the establishment's last annual survey was conducted on 4/16/2025. During this last annual survey, the establishment was cited for violation of 295.2040- Disaster Preparedness. During record review on 1/26/2026 at 12:03 PM it was found that R2 had a listed admission date of 2/17/2025 on the establishments resident roster. R2's progress notes reveal a physical move in date of 2/18/2025. During record review on 1/26/2026 at 12:04 PM R2's resident orientation was dated as 3/12/2025. This is outside of the 10 days after arrival requirement. During an interview with E1 (Executive Director & Director of Nursing) on 1/26/2026 at 1:37 PM, E1 was asked why R2's resident orientation was not completed on time. E1 responded, "It might have been her husband. Her husband is a senior. We probably didn't ask him to do it until a little later." During an interview with E1 on 1/26/2025 at 1:50 PM they stated, "[R2] started as a respite. She was here a week or so and then the husband decided to switch her to permanent. So that's why the orientation wasn't done until March."	A2040		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: TYPE 3 VIOLATION Section 295.4000 Physician's Assessment	A4000		

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A4000	Continued From page 2 a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. These requirements were not met, as evidenced by: Based on record review and interview, the establishment failed to ensure that physician's assessments were completed by a physician. This failure involves 3 of 5 residents reviewed for this requirement (R2, R3, & R4). Findings include: During record review on 1/26/2026 at 12:07 PM it was found that R2's physician assessment, dated 2/7/2025, was signed by Z1 (APRN, CNP) and not a physician. During record review on 1/26/2026 at 12:23 PM it was found that R3's physician assessment, dated 10/30/2025, was signed by Z2 (FNP) and not a physician. During record review on 1/26/2026 at 12:36 PM it	A4000		

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A4000	Continued From page 3 was found that R4's physician assessment, dated 9/8/2025, was signed by Z1 and not a physician. During an interview with E1 (Executive Director & Director of Nursing) on 1/26/2026 at 1:37 PM they were asked if they were away that physician assessments must be completed by a physician. E1 responded, "Yea. We have been transferring into that. So newer ones should all be done by a physician."	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: TYPE 3 VIOLATION 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 resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident; c) The service plan shall be signed and dated by all individuals involved in its development.	A4010		

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A4010	Continued From page 4 d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, 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: 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) 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 have not been met, as evidenced by: Based on record review and interview the establishment (1) failed to ensure service plans were signed by the resident/resident representative (2) failed to ensure service plans addressed assistance with activities of daily living	A4010		

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A4010	Continued From page 5 (3) failed to ensure service plans addressed health related services needed by the resident. These failures involve 4 of the 5 residents reviewed for these requirements (R1, R2, R3, & R5). Findings include: During record review on 1/26/2026 at 10:30 AM the establishment's list of residents receiving hospice care was noted to include R1, R2, & R5. During record review on 1/26/2026 at 11:51 AM it was found that R1's service plan, dated 8/21/2025 did not address hospice services that R1 is currently receiving. As of 1/26/2026 the 8/21/2025 service plan is the most recent service plan for R1. During record review on 1/26/2026 at 11:56 AM R1's hospice notes revealed that she started hospice on 12/3/2025. R1's service plan was not reviewed when she started hospice. During record review on 1/26/2026 at 12:14 PM it was found that R2's 9/5/2025 service plan did not address toileting, transferring, or ambulation. During record review on 1/26/2026 at 12:26 PM it was found that R3's service plan, dated 10/1/2025, was not signed by the resident/resident representative and did not address toileting, transferring or ambulation. During record review on 1/26/2026 at 12:52 PM it was found that R5's service plan, dated 10/24/2026, was not signed by the resident/resident representative. An interview with E2 (LPN) on 1/26/2026 at 1:03	A4010		

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A4010	Continued From page 6 PM went as follows: Surveyor: When did [R1] start hospice?" E2: "I want to say maybe a month of two ago." Surveyor: "Is [R2] currently on hospice?" E2: "Yes, with [Local Hospice Provider]." Surveyor: "How does [R2] toilet, transfer, ambulate?" E2: "She is a 1 person assist. She ambulates independently. She is incontinent periodically." Surveyor: "How does [R3] toilet, transfer, ambulate?" E2: "Independent for all. No assistive devices." An interview with E1 (Executive Director & Director of Nursing) on 1/26/2026 at 1:37 PM went as follows: Surveyor: "Why didn't [R3]'s POA sign her 10/1/2025 service plan?" E1: "Her POA is really hard to get a hold of. She doesn't visit often. It's hard to get her to come in." Surveyor: "Why wasn't [R5]'s 10/24/2025 service plan signed by her POA?" E1: "The same thing as [R3]. It's hard to get the families to come in."	A4010		