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	ASL510159	A. BUILDING: _____ B. WING _____	06/24/2025

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COURTYARD AT MCHENRY (THE) (AL)	3300 CHARLES MILLER ROAD MCHENRY, IL 60050

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A 000	Initial Comment Annual Licensure Survey 295.2040d)e)g)h) (REPEAT VIOLATION) 295.4000a)b) 295.4010g)1)A)C)2)3) (REPEAT VIOLATION) 295.8000a)1) (REPEAT VIOLATION) Facility Reported Incident IL194895 295.2050a)b)c)	A 000		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: REPEAT VIOLATION Section 295.2040 Disaster Preparedness d) The establishment shall conduct a tornado drill on each shift during February of each year for employees. e) Drills shall include residents, establishment personnel, and other persons in the establishment. 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.	A2040		

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A2040	Continued From page 1 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 These requirements were not met as evidenced by: Based on record review and interview, the facility failed to document resident involvement in fire drills. The facility also failed to conduct a tornado drill on each shift during February of each year. These failures affect all residents, visitors, and employees of the facility. Findings include: During record review on 6/24/2025 at 9:30 AM it was found that the facility last had an annual survey on 6/10/2024-6/12/2024. During this survey, the facility was cited for a violation of 295.2040- Emergency Preparedness. During record review on 6/24/2025 at 11:10 AM the facility staffing schedule was reviewed. It was found that the facility has three shifts. The shifts are 6 AM- 2:15 PM, 2:00 PM- 10:15 PM, and 10:00 PM to 6:00 AM. During record review on 6/24/2025 at 1:58 PM it was found that the facility only had two tornado drills. The tornado drills were conducted on 2/27/2025 at 1:00 PM and at 2:30 PM. During record review on 6/24/2025 at 2:00 PM it was found that the facility fire drills did not document resident involvement.	A2040		

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A2040	Continued From page 2 During interview with E1 (Executive Director) on 6/24/2025 at 3:26 PM they stated, "Maintenance said they did a drill on 3rd shift but they can't find the documentation."	A2040		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. This requirement was not met as evidenced by: Based on record review and interview, the facility	A2050		

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A2050	Continued From page 3 failed to report a serious incident to the Illinois Department of Public Health (IDPH) within 24 hours after the occurrence. This failure involves 1 of 3 residents reviewed for this requirement (R1). Findings include: During record review on 6/24/2025 at 12:45 PM it was found that R1's progress notes documents R1 was sent to the ER on 5/20/25, due to not being able to bear weight on the right leg due to hip pain. The ER diagnosed R1 with a hip fracture. The notes state that the incident occurred on 5/20/2025, but the facility did not report the injury to IDPH until 6/13/25. During interview with E1 (Executive Director) on 6/24/2025 at 9:55 AM they stated, "We don't have receipts of when incident reports were sent because they are just sent through our fax machine." During interview with E1 and E2 (Vice President of Clinical Services) on 6/24/2025 at 2:51 PM they verbalized understanding that the incident report was not sent within the required 24 hour window.	A2050		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission	A4000		

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A4000	Continued From page 4 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 facility failed to ensure that physician's assessments were completed no more than 120 days prior to admission of the resident. The facility also failed to ensure that physician's assessments were completed at least annually. These failures involve 2 of 7 residents reviewed for these requirements (R2 & R3). Findings include: During record review on 6/24/2025 at 1:05 PM it was found that R2 had a move in date of 2/3/2025 but had only a physician's assessment that was completed on 3/19/2024. This physician's assessment was completed approximately 11 months before R2's admission to the facility, making it outside of the 120 day prior to admission required window. Additionally, the physician assessment was completed over a year ago, making it fall outside of the required	A4000		

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A4000	Continued From page 5 annual requirement. During record review on 6/24/2025 at 1:15 PM it was found that R3 had a move in date of 5/15/2025 but only had a physician's assessment that was completed on 8/7/2024. This physician's assessment was completed approximately 9 months before R3's admission to the facility, making it outside of the 120 day prior to admission required window. During interview with E2 (Vice President of Clinical Services) on 6/24/2025 at 3:15 PM they stated, "I looked and I can't find any more current PPOCs for R3 or R2."	A4000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation (REPEAT) Section 295.4010 Service Plan g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; C) special accommodations for the resident; 2) The amount, type, and frequency of	A4010		

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A4010	Continued From page 6 health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 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 facility failed to ensure that service plans addressed activities of daily living. The facility also failed to ensure that service plans addressed the frequency of health-related services needed by the resident. These failures involve 3 of 7 residents reviewed for these requirements (R1, R6, & R7). Findings include: During record review on 6/24/2025 at 9:30 AM it was found that the facility last had an annual survey on 6/10/2024-6/12/2024. During this survey, the facility was cited for a violation of 295.4010- Service Plan. During record review on 6/24/2025 at 12:35 PM it was found that R1's service plan, dated 9/30/2024, did not address how R1 transfers. During record review on 6/24/2025 at 1:32 PM it was found that R6's service plan, dated 3/17/2025, did not address ambulation or transferring. During record review on 6/24/2025 at 1:38 PM it	A4010		

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A4010	Continued From page 7 was found that R7's service plan, dated 3/5/2025, did not address the frequency of home health wound care provided to R7. During interview with E2 (Vice President of Clinical Services) on 6/24/2025 at 3:18 PM they stated, "R6's transferring and ambulation is not addressed in their service plan. I am not able to find the frequency of the home health care for R7 in their service plan."	A4010		
A8000	Section 295.8000 Food Service This Regulation is not met as evidenced by: Type 2 Violation (REPEAT) Section 295.8000 Food Service a) If food service is provided by the establishment or by contract with a food service provider, the following requirements shall be met: 1) Food services shall meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. This requirement was not met as evidenced by: Based on record review and observation, the facility failed to meet the Food Service Sanitation Code (77 Ill. Adm. Code 750) and any applicable local requirements. This failure affects any resident, visitor, or employee that consumes food prepared in the facility kitchen. Findings include:	A8000		

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A8000	Continued From page 8 During record review on 6/24/2025 at 9:30 AM it was found that the facility last had an annual survey on 6/10/2024-6/12/2024. During this survey, the facility was cited for a violation of 295.8000- Food Service. During record review on 6/24/2025 at 12:05 PM it was found that the facility had a local health department kitchen inspection on 4/28/2025. During this inspection the local health department cited them for violation of Section 23 (Pf)-Opened, commercially prepared time and temperature con1rol for safety (TCS) food is not marked with a use-by date. Subject food shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed on the premises, sold, or discarded,, when held at a temperature of 41 degrees F or less for a maximum of 7 days; (not exceeding: a manufacturer's use by-date) Reference 3. The facility was also sited for Section 15 (P)-Improper storage of foods. The inspector stated that they observed an opened container of hot dogs lacking date marks. The inspector also stated that they observed raw eggs stored improperly. During observation of the kitchen on 6/24/2025 at 12:17 PM the following was observed: An open bag of oats stored directly on the floor in the dry storage room. An open carton of sprinkles with no date labeling. What appeared to be a mayonnaise-based salad, perhaps coleslaw or potato salad in a prep container in the refrigerator with no labeling.	A8000		