STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		IL6013601	B. WING			C 07/2025
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IARBOR	HOUSE		MCHENRY RC	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Complaint Investiga #24910346/IL18288					
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	330.2210a)1)4)7)8)					
	1 of 1					
	Section 330.2210 Maintenance					
	written plan for mai	y shall have an effective ntenance, including sufficient quipment, and adequate ity shall:				
	and free of the follo or ceilings; peeling loose boards; warp floor coverings, suc	e building in good repair, safe wing: cracks in floors, walls, wallpaper or paint; warped or ed, broken, loose, or cracked th as tile or linoleum; loose s; loose or broken window er similar hazards.				
	of the building as ne	e interior and exterior finishes eeded to keep it attractive, ainting, washing and other ce).				
		e grounds free from refuse, lent breeding areas.				
	free of any possible rodents by elimination	g and grounds shall be kept infestations of insects and ing sites of breeding and nd outside the building;				

ZC1311

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ILL6013601		CIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 01/07/2025	
		B. WING					
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
HARBOR	RHOUSE		MCHENRY RONG, IL 60090	DAD			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 1	S9999				
		entry into the building with than 16 mesh to the inch and s in construction.					
	These requirements are not met as evidence by:						
	Based on observation, interview, and record review, the facility failed to ensure that the facility remained in good repair, was kept free of infestations of insects and rodents, and kept an updated and accurate record of maintenance work.						
	Findings include:						
	one and house thre	vations were made in house e of peeling paint in multiple hallways and resident					
	stated that there are house 3. V3 says a a lot, and I am sure properly at this time	icensed Practical Nurse) e fruit flies in the kitchen in couple weeks ago there were the kitchen was not cleaned e. Observed multiple fruit flies use three flying and in and arbage can.					
	was noted to have i entryway. Subfloor	nt shower room in house three missing flooring near the noted to be exposed. V3 said oom that the caretakers will dents with showers.					
nois Depa	he is the only maint here three days a w not have any pest o treat. Says when th	aintenance Director) said that tenance worker and is only veek. V4 said they currently do control company coming out to ey are told about rodents or to treat them themselves by					

ZC1311

	epartment of Public						
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6013601	B. WING			C 07/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
	RHOUSE	760 OLD	MCHENRY R	OAD			
HARBOR		WHEELII	NG, IL 60090				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 2	S9999				
	placing traps.						
	mouse was observe three. V4 says I pla kitchen and have no said I am unaware V4 said the shower place where the floor entryway. The floor structure concerns. the flooring to repla						
	maintenance logs f	ested any work orders and or the last 90 days however og received with dates was					
	V4 said I have not f or work orders until (12/28/2024).	illed out any maintenance logs about a week ago					
	Last pest control re dated 6/25/2024.	port reviewed and noted to be					
	and Audits with revi part but not limited ensure all of the fac providing a safe, po the residents and e communicate all re department in real t that identified a rep need in the commu staff will assess and	rations- Reporting Repairs sion date of 6/4/2022 states in to the following: Purpose: to cilities are maintained, ositive environment for both mployees. Plan: To pairs to maintenance ime. Practice: Any employee air in need will report repair nication app. Maintenance d prioritize the repairs needed					
	for the day. One rep						
	maintenance staff v	vill reply to the repair as done.					

ZC1311

Illinois Department of Public Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED			
		IL6013601	B. WING		C 01/07/2025			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
HARBOR HOUSE 760			LD MCHENRY ROAD ELING, IL 60090					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
S9999	Continued From pa	age 3	S9999					
	with revision date c not limited to the fo	erations- Maintenance Policy of 6/4/2022 states in part but illowing: Practice: Maintain the pair; Maintain the grounds free						
	(B)							
Illinois Depai	tment of Public Health							

If continuation sheet 4 of 4