AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6013601 B. W		B. WING	WING		03/14/2025	
				STATE, ZIP CODE	1 00.1		
HARBOR HOUSE 760 OLD MCHENRY ROAD WHEELING, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000				
	Annual Licensure S	urvey					
	Complaint Investiga 2592106/IL187878-						
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	1 of 2						
	330.760 c)						
	Section 330.760 Personnel Files						
	c) Prior to employing any individual in a position that requires a State license, the facility shall contact the Illinois Department of Financial and Professional Regulation to verify that the individual's license is active. A copy of the license shall be placed in the individual's personnel file.						
	This requirement was	as NOT MET as evidenced					
	failed to verify that the and obtain a copy of for one of three numbers. This failure ha	and record review, the facility he nurse's license is active f an unexpired nurse license ses reviewed for personnel s the potential to affect all 22 residing in the facility.					
	Findings include:						
	Practical Nurse), no Illinois Department	rsonnel files for V8 (Licensed license verification from of Financial and Professional ed and the Licensed Practical					

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

IL6013601 B. WING 03/1	4/2025
16013001   03/1	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  760 OLD MCHENRY ROAD WHEELING, IL 60090	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999 Continued From page 1  Nurse license on file expired on 01/31/2017. V1 (Administrator) stated that V8's hiring date is 03/06/2025.  On 03/12/2025 at 12:40PM during phone interview with V12 (Senior Director of Human Resource), V12 stated that they do not ask for a copy of the nurses' licenses because they verify it through Nursys (a national nurse licensure and disciplinary database). V12 also stated that she is unaware of verification through Illinois Department of Financial and Professional Regulation.  On 03/14/2025 at 9:06AM during interview with V1 (Administrator), V1 stated that if the prospective employee is a licensed professional, their licenses should be verified on Illinois Department of Financial and Professional Regulation website to check if it's active, print it out, and put it on their personnel files. V1 also stated that a copy of the unexpired license should also be obtained for records.  (C)  2 of 2  330.911  Section 330.911 Health Care Worker Background Check  A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 III. Adm. Code 955).  This requirement was NOT MET as evidenced by:	

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
IL6013601		IL6013601	B. WING		03/14/2025		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
HARBOR HOUSE			MCHENRY R G, IL 60090	OAD			
(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 SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	N SHOULD BE COMPL E APPROPRIATE DAT		
S9999	Continued From page 2		S9999				
	failed to comply wit Background Check background checks working in the facili potential to affect a residing in the facili Findings include:	9 (Caregiver), V4 (Caregiver)					
	and V11 (Culinary Director) provided by V12 (Senior Director of Human Resource) were reviewed. V1 stated that V9 was hired on 10/21/2024, V4 was hired on 12/18/2024 and V11 was hired on 11/15/2024.  V9's Illinois Department of Public Health Care Worker Registry, Office of the Inspector General search, and Illinois State Police Sex Offender Registry were run on 03/11/2025. Facility unable to provide proof of search for Illinois Department of Corrections Sex Offender, National Sex Offender, Illinois Department of Corrections Inmate Search, and Illinois Department of Corrections Wanted Fugitives for V9.						
	Worker Registry was stated that V4's Illin Sex Offender, Natio Department of Corr Illinois Department	ment of Public Health Care as run on 03/12/2025. V1 nois Department of Corrections onal Sex Offender, Illinois rections Inmate Search, and of Corrections Wanted were completed on					
	Illinois Department	rovide proof of search for of Corrections Sex Offender, der. Illinois Department of					

Illinois Department of Public Health

STATE FORM 6899 WMME11 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6013601	B. WING		03/	14/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
HARBOR HOUSE 760 OLD MCI WHEELING, I				OAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	99 Continued From page 3		S9999			
	Corrections Inmate Search, and Illinois Department of Corrections Wanted Fugitives for V11.  On 03/14/2025 at 9:06AM during interview with V1 (Administrator), V1 stated that prior to hire, prospective employees healthcare background check application should be initiated through the IDPH portal, then search their names through the Office of the Inspector General website, Illinois Department of Corrections Sex Offender Registry, National Sex Offender Registry, Illinois Department of Corrections Inmate Search, Illinois Department of Corrections Wanted Fugitives, and Illinois State Police Sex Offender Registry. V1 also stated that if the prospective employee is a licensed professional, their licenses should be verified on Illinois Department of Financial and Professional Regulation website to check if it's active, print it out, and put it on their personnel files. V1 also stated that a copy of the unexpired license should also be obtained for records.					
	Staffing/Personnel following: Background Screer All staff are screening meet the screening	facility policy entitled Standards Policy indicated the ning ed before beginning work and standards established by the rtment of Public Health).				
	Frequently Asked C Care Worker Regis indicated the follow Employers are requ searches on emplo sites:	ocument entitled IDPH Questions: Employer Health try revised September 2018 ing: iired to conduct internet yees on the following web				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED		
		IL6013601	B. WING		03/-	14/2025	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
HARBO	HARBOR HOUSE 760 OLD MCHENRY ROAD WHEELING, 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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
\$9999	Inspector General - Illinois Sex Offend - Illinois Departmen Registrant - Illinois Departmen Search - Illinois Departmen Fugitives	-	S9999				

Illinois Department of Public Health

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