Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002299			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
		B. WING		08/	08/24/2022		
NAME OF I	PROVIDER OR SUPPLIER	OTALLIA	DDRESS, CITY, S				
CRYSTA	L PINES REHAB & H		TH ILLINOIS A L LAKE, IL 60	- 19			
(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	
S 000	Initial Comments		S 000				
	Annual Licensure S	Gurvey					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	300.615e)						
	Section 300.615 D Screening and Req History Record Info	etermination of Need uest for Resident Criminal rmation			. V	-	
	2-201.5(a) of the Ac shall, within 24 hour resident, request a check pursuant to the Information Act for a admission to the fac	screening required by Section and this Section, a facility is after admission of a criminal history background the Uniform Conviction all persons 18 or older seeking cility, unless a background					
	Hospital Licensing A be based on the res and other identifiers	by a hospital pursuant to the Act. Background checks shall sident's name, date of birth, as required by the Police. (Section 2-201.5(b)			84		
	This REQUIREMEN	IT was not met as evidenced					
	failed to initiate resid	and record review the facility dent background checks via ice (ISP) website within 24			ä		
[ ]	This applies to 6 of 1 R316, R317, R318, I background checks	10 residents (R117, R118, R319) reviewed for in the sample of 18.		Attachment A Statement of Licensure Vi	olations		

STATE FORM

6899

(X8) DATE

TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6002299 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC** CRYSTAL LAKE, IL 60014 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 The findings include: 1. R117's Admission Record showed R117 was admitted to the facility on August 9, 2022. R117's ISP background check was dated August 15. 2022 (6 days later). 2. R118's Admission Record showed R118 was admitted to the facility on August 12, 2022. R118's ISP background check was dated August 15, 2022 (3 days later). 3. R316's Admission Record showed R316 was admitted to the facility on August 10, 2022. R316's ISP background check was dated August 15, 2022 (5 days later). 4. R317's Admission Record showed R317 was admitted to the facility on August 13, 2022. R317's ISP background check was dated August 15, 2022 (2 days later). 5. R318's Admission Record showed R318 was admitted to the facility on August 12, 2022. R318's ISP background check was dated August 15, 2022 (3 days later). 6. R319's Admission Record showed R319 was admitted to the facility on August 12, 2022. R319's ISP background check was dated August 22, 2022 (10 days later). On August 22, 2022 at 12:05 PM, V8 Business Office Manager stated she completes the ISP background checks on new resident admissions. V8 stated, "I initiate the Illinois State Police background checks when a resident gets admitted. They are to be done within 24 hours of a resident's admission. I work Monday-Friday. I don't know who is doing the checks on the

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ IL6002299 B. WING 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 weekends when I am not here." On August 22, 2022 at 1:30 PM, V2 Director of Nursing stated the facility did not have a specific policy on resident background checks. The facility's Abuse, Prevention, and Prohibition Policy dated 2021 showed, "Screening:...The facility will prescreen potential residents for behaviors, needs, and personal histories, which might lead to conflict, neglect, or abuse." "C"

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