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	·	IL60022 <del>99</del>	B. WING		07/	19/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DORESS, CITY, S	STATE. ZIP CODE		=
COVETA	L PINES REHAB & H	335 NOR	TH ILLINOIS	AVENUE		
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S 000	Initial Comments		S 000	ii a		
<b>.</b>	Annual Licensure a	and Certification Survey	4			
\$9999	Final Observations		S9999			¥
	procedures governir	sident Care Policies nave written policies and ng all services provided by the		U #	, and the second	
3#5	be formulated by a f Committee consistir administrator, the admedical advisory con of nursing and other policies shall comply The written policies at the facility and shall	of at least the discourage of at least the discourage of the mmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed		12 N W		
	reports of each incid resident that is not the resident's condition of descriptive summary affecting a resident se progress notes or nu	dents and Accidents maintain a file of all written ent and accident affecting a ne expected outcome of a or disease process. A or of each incident or accident shall also be recorded in the arse's notes of that resident. notify the Department of any	×	Attachment A Statement of Licensure Vi	olations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 07/19/2023 IL6002299 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREEIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300,1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility. with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest

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practicable physical, mental, and psychological

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: **B. WING** IL6002299 07/19/2023 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 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: \_\_\_\_\_ B. WING\_ IL6002299 07/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

335 NORTH ILLINOIS AVENUE

CRYSTAL PINES REHAB & HCC 335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014						
(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		
S9999	develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.  6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	S9999				
	This REQUIREMENT is not met as evidenced by:  **There are two deficient practice statements with findings. **					
	I. Based on interview and record review the facility failed to ensure a resident was safely assisted to re-position in bed. This failure contributed to (R17) sustaining abrasions to her toes which became gangrene requiring wound care, hospitalization, and recommended amputation to her right toes. This applies to 1 of 7 residents reviewed for safety in the sample of 17.					
	The findings include:  On 7/17/23 at 9:56 AM, R17 was in her bed. From the doorway R17's right foot was visible. Her great toe and the next 3 toes were observed to be black in color. R17 was attempted to be interviewed but was cognitively impaired and could only ask the surveyor to please be careful and not touch her toes.  On 7/17/23 at 11:30 AM, V17 (R17's son) said his					

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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: \_ **B. WING** IL6002299 07/19/2023 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** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 mom R17 has had the wound to her toes for quite some time possible back to March 2023. V17 said the facility never gave him an explanation of how these (traumatic) wounds started but he knows they started out as scrapes with scabs on them and have progressed to now requiring a vascular surgeon and amoutation has been discussed. R17 said his mom does not get up out of bed so he cannot understand how these traumatic wounds could have happened. On 7/18/23 at 1:03 PM, V8 (Wound Nurse) said R17's toe wounds started out as scabbed areas following an incident where she was walking down the hallway and heard R17 calling out for help. V8 went into R17's room and saw her sitting on the edge of the bed with her leas straight out in front of her. She said she called out for other staff to help, but she was in the alone in the room and picked up R17 legs to swing them onto the bed. As she did so, R17's foot scraped against a vent that was on the wall causing abrasions to her toes. V8 said she did not document the incident, but she believes it was the beginning of April. V8 did tell the facility's former wound nurse and the nurse who was assigned to R17 that day. V8 said R17's toes have just continued to progress to the point where they are currently gangrene and she is going to see a vascular surgeon. V8 said the current wound physician (V19) who is treating R17 has discussed amputation of her toes. On 7/18/23 at 1:51 PM V19 (Wound Care Physician) said he believes R17 has some evidence of peripheral vascular disease, but her toe wounds started as a result of trauma. V19 said the incident where her toes were scraped on the wall is what contributed to this condition manifesting. V19 said it is possible without this

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 07/19/2023 IL6002299 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$9999 S9999 Continued From page 5 incident her toes would not be in the condition they are in now. V19 described R17's toes as "dry" gangrene and he has referred her to a vascular surgeon to discuss what level of amputation would be appropriate for this resident based on her age and overall health status. V19 said R17 has had scans to her lower legs that do not indicate arterial insufficiency, but he feels the reports are contradicting and she has arterial insufficiency. R17's face sheet shows she has diagnoses including Unspecified Dementia, Type 2 Diabetes without complications, hypertension, and Peripheral Vascular Disease (this diagnosis was added on 7/18/23). R17's quarterly assessments completed 4/6/23 and 4/14/23 show R17 has a cognitive deficit with a memory impairment, and she requires extensive 2 person staff assistance with bed mobility and re-positioning. R17's nursing progress notes do not show documentation of the incident where R17's toes were scraped on the wall vent during re-positioning. R17's electronic medical record has hospital records for R17 dated 3/19/23-3/22/23, which show an abrasion present to R17's 2-4th toes. The wound beds are described as scabs, clean and dry with some redness. A patient scan report completed on 4/17/23 shows R17 had a right Doppler scan to her lower extremities and the report states, "No hemodynamically significant stenosis [narrowing of the arteries]." R17's wound care notes and assessments

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completed by V19 show the following progression

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002299 07/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **335 NORTH ILLINOIS AVENUE CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 of R17's toe wounds: 3/30/23- Right foot toe wounds from trauma to the 3rd, 4th and 5th toes, no drainage and 100% eschar (necrotic) tissue present. 4/6/23- Right foot toe wounds remain the same with 100% eschar tissue to the 3rd, 4th, and 5th toes. 5/31/23- Progressive ischemia to right hallux (big toe) "At this point would be reasonable to refer to podiatry for digit amputation." 6/14/23- right toe wounds now identified as the 2nd. 4th and 5th toes show the wound bed to be mummified (dried up and dehydrated) and auto amputation at the hallux. 7/12/23- "continue to wait son's decision but agreeable to vascular consultation." A health status note completed for R17 on 6/19/23 by V8 states, "wound doctor suggesting amputation." On 7/19/23 at 8:03 AM (V2) Director of Nursing said she called V20 (Medical Director) last evening (7/18/23) to come and look at R17's toes. V2 said the decision was made to send R17 to the hospital because V20 felt that there may be some "wet" gangrene and redness (possible infection) to her right foot. V2 said R17 was admitted to the hospital but she did not have an update at that time. II. Based on interview and record review the facility failed to ensure monthly dietary assessments were completed for a resident on a feeding tube (R55) and for a resident with nonpressure wounds with a history of significant weight loss (R17) and failed to notify the Dietician

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of continued significant weight loss for a resident

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: \_ B. WING IL6002299 07/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 7 S9999 (R17). These failures contributed to a delay in implementing additional dietary interventions for R17 following a significant weight loss of 9.09% in 2 months. This applies to 2 of 12 residents (R17, R55) reviewed for weight loss in the sample of 17. The findings include: 1. R17's face sheet shows she has diagnoses. Including: Unspecified Dementia, Major Depression, Type 2 Diabetes, and anxiety disorder. R17's weight trending history is as follows: On 7/29/22, R17 weighed 248.1 lbs. On 7/5/23, R17 weighed 165.2 pounds which is an overall 33.41 % -82.9-pound (lb.) loss in 1 year. On 1/15/23, R17 weighed 204.6 lbs. On 7/5/23, R17 weighed 165.2 pounds which is a 19.26 % -39.4 lb. loss in 6 months. On 4/1/23, R17 weighed 193.6 lbs. On 5/30/23, R17 weighed 176.0 pounds which is a 9.09 % -17.6 lb. loss in 2 months. On 6/3/23, R17 weighed 176.0 lbs. On 7/5/23, R17 weighed 165.2 pounds which is an additional 6.14 % -10.8 lb. loss in 1 month. R17's dietary notes and assessments show she was seen by dietary, and an assessment was completed on 4/13/23. That dietary assessment refers to R17 having pudding and ice cream as current supplements and having wounds (necrotic toes to her right foot).

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R17 was next seen by dietary for an assessment

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
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	recorded at that tin	weight for R17 had been ne) and there were no nterventions implemented or							
	change in condition 5/26/23 for a medic 5/30/23. No dietar upon R17's change R17 had a significa 4/1/23 to 5/30/23 of additional significa 7/5/23 of 6.14%. The for R17 was not confitted a feet of the first of the	12 AM, V17 (R17's son) said he ary person come and talk to time and has concerns with V17 said he comes to the							
	encouraged and it On 7/19/23 at 9:12 Manager/Register are considered his seen and have a c V9 said she cannot residents would in significant weight and should have t cannot speak for	17 will eat when she is s foods she likes.  2 AM, V9 (Regional Operations ed Dietitian) said residents who gh risk for weight loss should be dietary assessment monthly. It dispute that high-risk clude R17 since she has loss and wounds to her toes been seen monthly. V9 said she V15 (Registered Dietitian) notified of R17's continued		©					

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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: \_ B. WING IL6002299 07/19/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 9 weight loss and hospitalization. V9 additionally said V15 had fallen behind on some of her assessments at this facility so other Dietitians were assisting her. V15 was attempted to be contacted by this surveyor on 7/19/23 and no return call was received from her. On 7/19/23 at 10:42 AM, V2 (Director of Nursing) said the facility protocol is that residents should be seen by dietary monthly and more often if needed for assessments following hospitalization, significant weight loss, and if they are high risk with tube feedings or have wounds. V2 was unable to determine if anyone notified V15 (Registered Dietitian) following R17's hospital return and continued significant weight loss. V2 said the person who was informing the Dietitian of these issues was her former wound nurse who no longer works at the facility. V2 verified R17 should have been seen prior to 7/12/23 for additional dietary interventions to be implemented. The facility-provided Nutrition (Impaired)/Unplanned Weight Loss- Clinical Protocol policy (revised September 2012) states, "The threshold for significant unplanned and undesired weight loss will be based on the following criteria a. 1 month- 5% weight loss is significant; greater than 5% is severe. b. 3 months- 7.5% weight loss is significant; greater than 7.5% is severe, c. 6 months- 10% weight loss is significant; greater than 10% is severe. Treatment/ Management Supplementation: Strategies to increase a resident's intake of nutrients and calories may include fortification of foods, increasing portions sizes at mealtimes, and providing between-meal snacks and/or nutritional supplementation."

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PRINTED: 08/21/2023 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING \_ IL6002299 07/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH ILLINOIS AVENUE **CRYSTAL PINES REHAB & HCC CRYSTAL LAKE, IL 60014** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 10 2. R55's Care Plan focus initiated on 12/7/22 states, "(R55) Requires Enteral Feedings via Peg Tube due to Dysphagia, and Adequate Nutrition/Hydration.\* R55's Order Summary Report dated 7/19/23 states, "Enteral Feed Order every shift for Nutrition Set Continuous feed of (brand name of enteral feeding) at 50ml/hr (hour)" with a start date of 7/4/23. On 4/16/23 at 5:29 PM, V9 (Regional Operations Manager/Registered Dietitian) wrote a dietary note for R55 for an "RD Wt (Registered Dietitian Weight)/Tube Feeding Review...". On 7/11/23 at 2:34 PM, V15 (Registered Dietitian) completed a Dietitian Nutrition Assessment for R55. R55 did not have a tube feeding assessment completed for May or June. On 7/18/23 at 2:24 PM, V9 (Regional Operations Manager/Registered Dietitian) said monthly dietitian progress notes should be completed for high-risk residents, including those receiving a tube feeding. V9 also said the facility was provided dietitian coverage on 5/4/23, 5/18/23. 6/14/23, and 6/27/23.

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