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	IL6000277	A. BUILDING: _____ B. WING _____	11/16/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRESCENT CARE OF ELGIN	180 SOUTH STATE STREET ELGIN, IL 60123

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations I of III: 300.610a) 300.2210b)2) 300.3130c)3)4)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.2210 Maintenance b) Each facility shall: 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems. Section 300.3130 Plumbing Systems c) Water Supply Systems 3) Hot water distribution systems shall be arranged to provide hot water of at least 100 degrees Fahrenheit at each hot water outlet at all times.	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 4) Hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. 5) Protective measures, including but not limited to installation of a mixing valve, limited access to controls, and checking water temperatures daily at various points, shall be implemented to ensure that the temperature of hot water available to residents at shower, bathing and handwashing facilities shall not exceed 110 degrees Fahrenheit. This REQUIREMENT is not met as evidenced by: There are multiple deficient practice statements. A. Based on observation, interview and record review the facility failed to ensure water temperatures in resident bathrooms were maintained at a safe level to prevent potential resident injury. This failure resulted in the water in five residents' bathrooms measuring 150(+) degrees Fahrenheit, having the potential to cause third degree burns within 1-2 seconds, at 12:40 PM on 11/13/23. This applies to 5 of 5 residents (R16, R17, R38, R53 and R55) reviewed for safety in the sample of 22. B. Based on observation, interview and record review the facility failed to ensure a resident on a mechanically altered diet was safely assisted to eat for 1 of 22 residents (R39) reviewed for safety in the sample of 22. The findings include: A. On 11/13/23 at 12:40 PM V3 (Maintenance Director) and Surveyor used the facility's thermometer to measure the water temperatures	S9999		

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in the bathroom sinks of R16, R17, R38, R53 and R55. R16's water measured 150.1 degrees Fahrenheit, R17's water measured 150.1 degrees Fahrenheit, R38 and R53's water measured 150.2 degrees Fahrenheit and R55's water measured 150.2 degrees Fahrenheit.

R16's Physician's Order Sheet (POS) dated November 2023 shows that R16 has diagnoses including Vascular Dementia with Behavioral Disturbance. R16's MDS (Minimum Data Set) of 8/10/23 shows that R16 has severe cognitive impairment. On 11/13/23 and 11/14/23 R16 was observed propelling herself in her wheelchair in her room and in the hallway outside of her room.

R17's POS dated November 2023 shows that R17 has diagnoses including Dementia and Anxiety. R17's MDS of 9/17/23 shows that she has Moderate Cognitive Impairment and requires only supervision for locomotion on the unit.

R38's POS dated November 2023 shows that R38 has diagnoses including Traumatic Subdural Hemorrhage and Dementia. R38's MDS of 8/17/23 shows that he has moderate cognitive impairment and requires only supervision for locomotion on the unit.

R53's POS dated November 2023 shows that R53 has diagnoses including Cognitive Communication Deficit and Lack of Coordination. R53's MDS of 8/29/23 shows that he has Moderate Cognitive Impairment and requires only supervision for locomotion on the unit.

R55's POS dated November 2023 shows that R55 has a diagnosis of Dementia. R55's MDS of 9/12/23 shows that he has severe cognitive impairment and requires only supervision for

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S9999	Continued From page 3 locomotion on the unit. On 11/13/23 at 12:40 PM V3 (Maintenance Director) stated, "Oh wow, that is too hot." "I do random room checks every day- just random rooms throughout the building. I've been getting 98-110 degrees Fahrenheit every day. The mixing valve is reading about 105-108 degrees Fahrenheit. We had a problem about 4-5 months ago that upstairs was not getting enough hot water and we had the mixing valve replaced. I will need to call the vendor and have them come out and take a look." On 11/13/23 at 12:55 PM V3 and Surveyor went to the basement mechanical room and observed the mixing valve dial on the hot water boiler system. The mixing valve dial showed the water temperature at approximately 108 degrees Fahrenheit. On 11/13/23 at 1:56 PM V3 stated, "I ran the shower upstairs for about 10 minutes and it dumped all that hot water. This is an old building. I don't know what the problem is. I still have to call the plumber to come out and take a look. This has never happened before. We had issues with the mixing valve but that was replaced. The water temperatures are good now." On 11/13/23 at 3:53 PM V1 (Administrator) stated, "This is an old building. This is not something that happens all the time. We can have (Vendor) come back out and look at it. The staff use the sinks all the time. I have never heard any complaints about it before. I can try to get someone here tomorrow to look at it. Since they came out and did the work (9/28/23), we haven't had a problem. I understand that it has to be treated in a special way. We can check the	S9999		

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water temps throughout the building in the meantime while we are waiting for plumber to come."

On 11/14/23 at 8:19 AM V7 (Certified Nursing Assistant/CNA) stated, "If you turn it on and let it run like early in the morning it sometimes, like once or twice, has gotten really hot. I can't even touch it. But then you can adjust it by turning on the cold."

On 11/14/23 at 8:43 AM V8 (CNA) stated, "We can run it sometimes it takes 15-20 minutes to heat up. Once in a blue moon it gets too hot, depending on how many showers we have. The more showers the better it gets because it is constantly running. It is an old building. Sometimes it won't get hot at all."

On 11/14/23 at 9:10 AM V9 (CNA) stated, "(The water) can get too warm, if you turn it too much, too hot or too cold, it gets pretty hot. (I) have to finesse it to get it to the right temperature. Not sure if it is the plumbing, it is an old building. We couldn't give showers because it was too hot a while ago. I told maintenance and I filled out a form."

On 11/14/23 at 9:14 AM V10 (CNA) stated, "On my second day working, the shower room was not working, there was no handle. The hot was too hot. I had to mix with cold water."

On 11/14/23 at 12:20 PM V5 (Plumber), V3 (Maintenance Director) and Surveyor checked the water temperatures in R17's and R55's rooms. The temperatures measured 105 degrees Fahrenheit and 104 degrees Fahrenheit. V3 then stated, "We did have a power outage on Friday, and I had to reset the breakers yesterday. I did

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that around 1:00 PM, after we checked the water. (After the hot water temperatures measured 150(+) degrees Fahrenheit.)"
V5 stated, "It is possible that something got caught in the "Leonard Valve" (mixing valve). That can be very touchy, and this could be very difficult to figure out where the problem is." V5 observed the dial on the mixing valve that showed the water temperature at just below 110 degrees Fahrenheit. V5 stated that the boiler is at 140 degrees Fahrenheit. V5 stated, "I am at a loss. Without being here when it happened, I just don't know. Everything seems to be working fine." V3 was asked if he had done any water temperature checks today. V3 stated, "I have checked the water twice so far today- I have not documented it yet." V3 was asked for any maintenance requests or a maintenance log. V3 stated, "I am not logging the maintenance stuff. I just get texts or notes and then I complete the work. I will start doing that now."

On 11/15/23 at 2:15 PM, after assessing the facility water system, V22 (HVAC/Mechanical Contractor) stated, "The issue seemed to be purely a mechanical issue. I balanced the system. It is very touchy, and we were getting it up to almost 120 degrees Fahrenheit. Surveyor asked V22 if the power outage over the weekend and the need to reset the breakers on Monday could have anything to do with the water getting too hot. Surveyor explained to V22 that the water temperatures measured 150 degrees Fahrenheit. V22 stated, "Oh, that is laundry temperature. That is the pump. If there was a power outage and the pump was not running at all you would be getting pure hot water from the return water pump, or the hot water would be backed up into the pipes. If that were the case, the rooms at the furthest and highest points would be affected by

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the hot water. (Surveyor explained to V22 that the rooms affected were at the furthest and highest point from the boiler). V22 stated, "Then the pump could be going out- it is not a bronze pump, and they can fail. It sounds like the return loop was the problem with the hot water just sitting there."

The facility water temperature logs for August, September, October, and November 2023 show daily water temperatures taken in random rooms and areas throughout the facility. There are no documented temperatures outside the expected range of 100-110 degrees Fahrenheit. The log for November 13, 2023, shows temperatures between 99.8- and 105.2-degrees Fahrenheit. (The elevated temperatures found at 12:40 PM are not documented on the log). The log for November 14, 2023, shows only one documented temperature reading. (V3 stated he had checked the temperatures twice before 12:30 PM on 11/14/23).

The undated facility policy (revised on 11/15/23 as part of abatement plan) states, "Tap water in the facility shall be kept within a temperature range to prevent scalding of residents. Hot water systems that service resident rooms, bathrooms, common areas and tub/shower areas shall be set to temperature of no more than 110 degrees Fahrenheit or 43.3 degrees Celsius or the maximum allowable temperature per state regulations."

B. On 11/13/23 at 12:26 PM, R39 was in bed with her lunch tray on the bedside table on the right side of R39's bed. R17 (R39's roommate) was on R39's left side and was feeding R39 her lunch. R17 was repeatedly feeding R39 bite after bite of

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food with no drink given in between bites. R17 stated "She almost ate all of it. That's my buddy, I feed her a lot." R39 had a mouthful of food and was swallowing very slowly.

On 11/14/23 at 8:40 AM, V8 (Certified Nursing Assistant/CNA) said R39 is on a pureed diet and needs someone to feed her, she tires out easily and eats slowly.

On 11/15/23 at 9:07 AM, V14 (Director of Rehab/Speech Therapy) said she is seeing R39 for tolerance of her current diet. V14 said R39 is slow to initiate eating and has difficulty managing her utensils. V14 said R39 needs staff to feed her. V14 said CNAs and/or Nursing should be feeding residents with mechanically altered diet. V14 said it is not safe for residents to feed other residents.

R39's Speech Therapy Progress Report and Updated Therapy Plan dated 9/12/23 shows "R39 has diagnoses of Alzheimer's, dementia, dysphagia, and cognitive communication deficit and requires variable verbal/visual/tactile instructions due to slow responses and initiation at times and nursing is aware of patient's need for feeding assist."

R39's Care Plan shows "I have dx (diagnosis) of late onset Alzheimer's dementia. Monitor and document intake every meal, provide cues and supervision with all meals and fluids, Monitor, document, report and s/sx (signs and symptoms) of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth. refusing to eat, appears concerned at meals. Notify MD if Speech therapy screen indicated, Registered dietician to evaluate and make recommendations as indicated, Monitor and report to MD s/sx

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S9999	Continued From page 8 malnutrition: emaciation (cachexia), muscle wasting, significant weight loss of 3lb in 1 week, 5% in 1 month, 7.5% in 3 months, or 10% in 6 months." "B" Statement of Licensure Violations II of III: 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	S9999		

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S9999	Continued From page 9 failed to request a criminal history background check (UCIA), and/or check the Illinois Sex Offender Registration (ISP) website and the Illinois Department of Corrections (IDOC) website as a part of the resident background check within 24 hours of admission. This applies to 2 of 10 residents (R19, R226) reviewed for background checks in the sample of 22. This failure has the potential to affect all 68 residents that reside at the facility. The findings include: The facility CMS 671 dated 11/13/23 shows there are 68 residents in the facility. R19's Admission Record dated 11/16/23 shows she was most recently admitted on 9/12/23. R19's background check documentation did not include an Illinois Sex Offender Registration or IDOC inquiry when she was admitted to the facility on 9/12/23. R226's Admission Record dated 11/16/23 shows he was admitted to the facility on 11/4/23. R226's UCIA, Illinois Sex Offender Registration (ISP), and IDOC background inquiries were dated as being done on 11/6/23. On 11/14/23 at 9:45 AM, V16 (Admissions Director) said she does the IDOC background check at the same date and time as the ISP search. V16 said she does the background checks before a resident is admitted if they know ahead of time they're coming, otherwise they are to be done within 24 hours of admission to the facility. V16 said if a resident is admitted over a weekend, it's different, then she is not here and she cannot run it, so then she runs it the next business day. V16 said if a resident is	S9999		

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S9999	Continued From page 10 discharged to the community, a new background check is done if the resident is readmitted. V16 said they knew R226 was coming into the facility and his background checks could have been done ahead of time. V16 said she is "not going to make any excuses" as to why his background checks were not done prior to his admission. V16 said she was on vacation when R19 was admitted on 9/12/23. On 11/15/23 at 10:15 AM, V16 said a new ISP and DOC background check was not completed when R19 was readmitted. The Abuse Prevention Program dated 10/2022 shows the facility will check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions. A Criminal History Background Check will be requested within 24 hours of an admission and will include checking the ISP and IDOC websites for the resident's name. "C" Statement of Licensure Violations III of III: 300.610a) 300.1210b) 300.1210d)2)3)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part.	S9999		

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S9999	Continued From page 11 The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 3) 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 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	S9999		

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S9999	Continued From page 12 services to promote healing, prevent infection, and prevent new pressure sores from developing. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to have ordered pressure reducing interventions in place to prevent R72's stage 2 sacral pressure wound from deteriorating to a stage 3. R72's pressure wound increased in size and depth and worsened in condition. This applies to 1 of 3 residents (R72) reviewed for pressure wounds in the sample of 22. The findings include: R72's Minimum Data Set Assessment of 9/24/23 shows that R72 was admitted to the facility on 9/18/23 with diagnoses including Renal Insufficiency, Neurogenic Bladder and Paraplegia. This same assessment shows that R72 had a stage 2 pressure ulcer (wound) present upon admission. On 11/14/23 at 8:45 AM R72 was lying in bed awake. R72 was alert and oriented. R72 stated that he gets up sometimes but really doesn't have any motivation to get out of bed. R72 stated that he walked into the hospital, and they had to wheel him out. He stated that he is unable to walk and usually just prefers to stay in bed. R72's Initial Wound Assessment dated 9/19/23 shows that R72 had a stage 2 sacral pressure wound (a partial-thickness loss of skin with exposed dermis, presenting as a shallow open ulcer. Granulation tissue, slough and eschar are not present) measuring 1.0 x 1.0 x .01 cm. The wound is described as 100% pink or red non-granulating tissue with a scant amount of	S9999		

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CRESCENT CARE OF ELGIN	180 SOUTH STATE STREET ELGIN, IL 60123

(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	Continued From page 13	S9999		

serous (yellow or transparent) drainage. The treatment is listed as Collagen and foam.

On 11/16/23 at 2:30 PM, V11 (Licensed Practical Nurse/Wound Nurse) stated, "Wound Rounds must have had a glitch because my assessments were not in there. I have these." V11 provided Surveyor with 2 handwritten wound assessments dated 9/28 and 10/4. Surveyor asked why the first assessment by (V12 Wound Nurse Practitioner) was not done until 10/10/23 and V11 stated, "I did not think the wound needed to be seen by (V12) until then."

R72's Handwritten Wound Assessment (Without pictures) dated 9/28/23 describes the sacral wound as unstageable (a full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar), measuring 1.0 x 1.0 x 0.01 cm (declined from a stage 2). The treatment is listed as collagen and a bordered foam dressing.

R72's Handwritten Wound Assessment (Without Pictures) dated 10/4/23 (16 days after admission) also shows the sacral wound as unstageable, measuring 1.0 x 1.0 x 0.01 cm. The same treatment was continued, collagen and bordered foam.

R72's Initial Wound Assessment done by V12 and dated 10/10/23 shows that R72 has an unstageable sacral wound, present on admission. The assessment shows the wound as 1.8 x 1.4 x 0.1 cm, 90% slough (devitalized tissue) and 10% non-granulating red tissue. This assessment also states, "The pressure ulcer is to be offloaded using low air loss mattress."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000277	A. BUILDING: _____ B. WING _____	11/16/2023

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CRESCENT CARE OF ELGIN	180 SOUTH STATE STREET ELGIN, IL 60123

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S9999	Continued From page 14 On 11/14/23 at 10:09 AM V11 and V12 assessed R72's wound with Surveyor present. R72 was lying on a regular facility mattress, not a low air loss mattress. V11 stated, "He had a low air loss mattress but we were having a problem with the pumps-so we had to order him a new one. It may be downstairs because we got a shipment in today." V11 was unsure how long R72 had been without the low air loss mattress. At 10:20 AM V12 stated, "Every resident with a stage 3 should have a low air loss mattress, I noticed that today. I don't recall if he ever had one." R72's undated care plan shows that R72 has a stage 2 pressure ulcer to the coccyx. The interventions include Follow facility policies/protocols for the prevention/treatment of skin breakdown. R72's Physician's Order Sheet dated November 2023 shows an order dated 11/14/23 for a Low Air Loss Mattress. The facility policy entitled Prevention of Pressure Ulcers/Injuries dated July 2017 states, "Select appropriate support surfaces based on the resident's mobility, continence, skin moisture and perfusion, body size, weight and overall risk factors." "B"	S9999		