

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/05/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL PINES REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014</b>
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S 000	Initial Comments  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations 1 of 3  300.615f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.  This requirement was not met as evidenced by:  Based on interview and record review the facility failed to ensure the sex offender registration websites were checked prior to resident admission to the facility for four of ten residents (R70, R30, R18, R15) reviewed for sex offender in the sample of ten.  Findings include:  1. R70's Admission Record shows he was admitted to the facility on June 23, 2023.  The Illinois Sex Offender website is dated June 5, 2024.  2. R30's Admission Record shows he was admitted to the facility on September 9, 2020.	S9999		

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

TITLE

(X6) DATE  
06/25/24

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S9999	<p>Continued From page 1</p> <p>The Illinois Sex Offender and National Sex Offender websites are dated June 4, 2024.</p> <p>3. R18's Admission Record shows he was admitted to the facility on August 26, 2022.</p> <p>R18's Illinois Sex Offender and National Sex Offender websites checks are dated June 5, 2024.</p> <p>4. R15's Admission Record shows she was admitted to the facility on June 29, 2022.</p> <p>R15's Illinois Sex Offender and National Sex Offender websites checks are dated June 5, 2024.</p> <p>On 6/5/24 at 12:06 PM, V2 Director of Nursing said the facility does not have a policy on sex offender background checks.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 2 of 3</p> <p>300.661</p> <p>Section 300.661 Health Care Worker Background Check</p> <p>A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure employee background checks</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>were done prior to the employee start date and failed to complete all background checks for 4 of 10 employees (V15, V16, V18, V23) reviewed for background checks.</p> <p>This applies to all 78 resident residing in the facility.</p> <p>Findings include:</p> <p>The facility's Resident Census and Condition Form (CMS 671) dated 6/3/24 shows there are 78 residents residing in the facility.</p> <p>On 6/5/24 at 10:55 AM, V10 Assistant Administrator said he started his current position in December of 2023 and began doing audits on employee files.</p> <p>V10 said V15 Registered Nurse was hired on 10/23/24 and her background checks were not in her employee file so he ran them on 4/25/24.</p> <p>V10 said V16 Certified Nursing Assistant was hired on 11/3/22 said V16's background checks were done but he did not know when they were done due to not being dated with the date they were done.</p> <p>V10 said V18 Dietary Aid was hired on 10/21/22 by the contracted agency for the kitchen. V10 said V18's background checks were done by the agency and sent over to the facility. V18 said there were no other background checks in V18's file.</p> <p>V10 said V23 Certified Nursing Assistant was hired on 10/19/23 and when auditing the employee file he noticed checks were not done and so he completed them on 4/25/24.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>V10 said all background checks are to be done prior to the employees date of hire and V15, V16, V18, and V23 have been working at the facility.</p> <p>V15's background checks are dated 4/25/24.</p> <p>V16's background checks are complete but contain no date the checks were done.</p> <p>V18's name based background check through State Department of Public Health, Health Care Worker Registry is not dated, shows "eligible" to work, but contains no Fee-Ap, waivers, or administrative findings detail.</p> <p>V23's background checks are dated 4/25/24.</p> <p>On 6/5/24 at 12:06 PM, V2 Director of Nursing said the facility does not have a policy on employee background checks.</p> <p style="text-align: center;">(C)</p> <p>Statement of Licensure Violations 3 of 3</p> <p>300.610a) 300.1210b) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to ensure a resident who is a high risk for falls was supervised and ensure fall interventions were in place. This failure resulted in R6 falling forward out of her wheelchair and hitting her head on the floor. R6</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>sustained a forehead laceration requiring transport to the hospital and R6 requiring sutures. This applies to 1 of 18 residents (R6) reviewed for safety in the sample of 18.</p> <p>Findings include:</p> <p>R6's face sheet shows R6's diagnoses including unspecified dementia, unspecified psychosis, anxiety, delusional disorders, repeated falls, peripheral vascular disease and hallucinations.</p> <p>R6's Fall Risk Assessment dated 2/9/24 shows she is a HIGH risk for falls.</p> <p>R6's careplan revised on 6/3/24 shows she is a risk for falls, due to weakness, balance problems, dementia, urinary bladder incontinence, psychotropic/opiate medication use and has a history of falls. Interventions include anti-tippers on front of wheelchair's, anti-slip mat under wheelchair cushion, ensure appropriate footwear, low bed, provide reacher/grabber. This careplan shows she has severe impaired mental function with interventions including to engage R6, in simple, structured activities, provide a program of activities, she requires supervision and assistance when interacting with other residents.</p> <p>The facility's Incident Report dated 5/28/24 documents R6 was found lying on her right side, left side of head facing upward on the floor on the (specific floor) television (TV) room. According to another resident (R21) sitting in the room "she (R6) fell forward while reaching for something." (R6) had been wheeling herself around the halls post dinner, the CNA was going in and out of other resident rooms... R1 was transferred to the local hospital and returned with sutures to her forehead.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>On 6/3/24 at 10:26 AM, R6 was observed self-propelling in her wheelchair going up and down the halls. R6 had a dark purple bruise under her left eye, abrasion to the bridge of her nose and sutures to her left forehead. R6 asked this surveyor, can I go this way?</p> <p>6/4/24 at 8:32 AM, R6 was lying in her bed. A large purple bruise was observed on her left hand, dark purple bruise under left eye and light yellowish bruising to her right forehead. At 10:24 AM, R6's wheelchair was outside of her room with her name. R6's wheelchair had a cushion and did not have an (anti-slip mat) in place.</p> <p>On 6/4/24 at 8:36 AM, R21 said on 5/28/24 he was in the TV room with R6. R6 leaned forward from her wheelchair and hit her head on the floor. He called for help and the staff came.</p> <p>On 6/4/24 at 10:24 AM, V7 (Certified Nursing Assistant) said R6 is alert to self, she yells out, wanders into other resident rooms and takes things out of other resident rooms we try to re-direct her but she does not comprehend and she tries to get up without assistance. We have to keep a close watch on her. On 5/28/24, another family member reported R6 was wandering into her mother's room trying to take her mom's stuff. V7 said she was in another resident's room and heard someone yell for help. R6 was in the TV room on the floor with her wheelchair tipped over. R21 was in the room with R6 when it happened he said she was bending down reaching for something.</p> <p>On 6/5/24 at 4:20 PM, V8 (CNA) said on 5/28/24 she was R6's CNA. That day R6 was more confused, she was talking to the walls, she was</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>strolling her in the wheelchair and spent a lot of time with her. V8 said R6 was bending forward out of her wheelchair several times prior to her fall that day, but did not know why. She placed R6 in front the nurses station and left to assist another resident. Later she heard someone yell out for help. R6 was on the floor bleeding with the wheelchair flipped over in the TV room on the 200 hall. R21 was in the room with her and called out for help. She said R6's wheelchair had only a cushion. When asked if R6 had an anti-slip mat, V8 replied "What's that?" She only had a cushion, R6 had dementia, is impulsive and needs to be supervised.</p> <p>On 6/5/24 at 9:04 AM, V2 (DON) said she's been at the facility for about two months. On 5/28/24 she was notified of R6's fall. On 5/28/24, R6 was in the dining room/TV room on the (specific location in facility) with R21. R21 said R6 was reaching down to pick something up and fiddling with her shoe. R6 fell forward and hit her head on the floor. She was bleeding and was sent out to the local hospital and received sutures to her forehead. R6's wheelchair should have anti-tippers and an anti-slip mat on top of her cushion to prevent her from falling out of her wheelchair. In the evening after dinner we try to keep her occupied because she has some sundowning. R6 has dementia and we are looking for placement to get her into a memory care unit. At 10:35 AM, V2 confirmed R6's wheelchair did not have an anti-slip mat to her wheelchair cushion. The anti-slip mats were locked up in the storage room.</p> <p>The facility's Falls Policy revised 9/2019, states, "The purpose of the Fall Management Program is to develop, implement, monitor and evaluate an interdisciplinary team falls prevention approach</p>	S9999		



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S9999	Continued From page 8  and manage strategies and interventions that foster resident independence and quality of life...residents found to be at high risk for falls are placed on the Fall Program, and Interventions are implemented to meet individual needs..."  (B)	S9999		