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
	IL6011803	A. BUILDING: ___ B. WING ___	05/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRINGS AT CRYSTAL LAKE, THE	1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012

(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 Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.3240a) 300.3300b) 300.3300c)1)A)B)C)D) 300.3300d) 300.3300e)1)2)3)4)5) 300.3300g) 300.3300j) 300.3300k) 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 06/14/19

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resident.

Section 300.3300 Transfer or Discharge

b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsections (c) through (y) of this Section.

c) Reasons for Transfer or Discharge

1) A facility may involuntarily transfer or discharge a resident only for one or more of the following reasons:

A) for medical reasons.

B) for the resident's physical safety.

C) for the physical safety of other residents, the facility staff or facility visitors.

D) for either late payment or nonpayment for the resident's stay, except as prohibited by Titles XVIII and XIX of the federal Social Security Act. For purposes of this Section, "late payment" means non-receipt of payment after submission of a bill. If payment is not received within 45 days after submission of a bill, a facility may send a notice to the resident and responsible party requesting payment within 30 days. If payment is not received within such 30 days, the facility may thereupon institute transfer or discharge proceedings by sending a notice of transfer or discharge to the resident and responsible party by registered or certified mail. The notice shall state, in addition to the requirements of Section 3-403 of the Act and subsection (e) of this Section, that the responsible party has the right to pay the amount of the bill in full up to the date the

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transfer or discharge is to be made and then the resident shall have the right to remain in the facility. Such payment shall terminate the transfer or discharge proceedings. This subsection (c) does not apply to those residents whose care is provided under the Illinois Public Aid Code. (Section 3-401 of the Act)

d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (j) of this Section and by a minimum written notice of 21 days, except in one of the following instances:

e) For transfer or discharge made under subsection (d), the notice of transfer or discharge shall be made as soon as practicable before the transfer or discharge. The notice required by subsection (d) of this Section shall be on a form prescribed by the Department and shall contain all of the following:

1) The stated reason for the proposed transfer or discharge; (Section 3-403(a) of the Act)

2) The effective date of the proposed transfer or discharge; (Section 3-403(b) of the Act)

3) A statement in not less than 12-point type, which reads:

"You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may file a request for a hearing with the Department of Public Health within 10 days after receiving this notice. If you request a hearing, it will be held not later than 10days after your request, and you

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generally will not be transferred or discharged during that time. If the decision following the hearing is not in your favor, you generally will not be transferred or discharged prior to the expiration of 30 days following receipt of the original notice of the transfer or discharge. A form to appeal the facility's decision and to request a hearing is attached. If you have any questions, call the Department of Public Health at the telephone number listed below."; (Section 3-403(c) of the Act)

4) A hearing request form, together with a postage paid, preaddressed envelope to the Department; and (Section 3-403(d) of the Act)

5) The name, address, and telephone number of the person charged with the responsibility of supervising the transfer or discharge. (Section 3-403(e) of the Act)

g) A copy of the notice required by subsection (d)(1) of this Section and Section 3-402 of the Act shall be placed in the resident's clinical record and a copy shall be transmitted to the Department, the resident, the resident's representative, and, if the resident's care is paid for in whole or part through Title XIX, to the Department of Healthcare and Family Services. (Section 3-405 of the Act)

j) The planned involuntary transfer or discharge shall be discussed with the resident, the resident's representative and person or agency responsible for the resident's placement, maintenance, and care in the facility. The explanation and discussion of the reasons for involuntary transfer or discharge shall include the facility administrator or other appropriate facility representative as the administrator's designee.

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The content of the discussion and explanation shall be summarized in writing and shall include the names of the individuals involved in the discussions and made a part of the resident's clinical record. (Section 3-408 of the Act)

k) The facility shall offer the resident counseling services before the transfer or discharge of the resident. (Section 3-409 of the Act)

These Regulations were not met as evidence by:

Based on observation, interview, and record review the facility failed to ensure a resident was not involuntarily transferred to another facility that provides the same level of care. The facility also facility failed to notify the resident and her daughter of the reason for the resident's transfer to another facility in writing and send a copy to the Office of the State Long-Term Care Ombudsman. R2 was transferred on 5/22/19 to another long term care facility against her wishes which resulted in psychosocial harm to the resident.

This applies to 1 of 3 residents (R2) reviewed for transfer/discharge in the sample of 14.

The findings include:

The Progress Notes for R2 showed on 5/9/19 she was admitted from the hospital to the facility after a fall at home and concussion per report from the hospital nurse. R2's daughter indicated to the facility that R2 would no longer be able to live with her upon discharge because it would not be safe and they will be looking for nursing home placement.

R2's Interim Care Plan dated 5/9/19 showed, "Initial goals: possible nursing home placement."

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R2's Progress Notes showed, "5/10/19 at 7:37 AM - R2 took early morning medications. Fifteen minutes after, the patient became very agitated. Threatening to kill herself, trying to hit her head with her fist, trying to fling herself to the floor. Focused on harming herself. R2 wrapped a blanket around her neck. Requested certified nursing assistant (CNA) supervisor stay 1:1 with R2; At 8:23 AM - Spoke with the medical assistant for the doctor and okay to send R2 to the hospital for safety and evaluation. Communicated to next shift registered nurse (RN) and daughter; 4:46 PM - Director of Nursing (DON) and this nurse spoke to the case manager at the hospital, resident has been deemed clear by psych, not suicidal at this point and calm; states the resident was able to verbalize she was angry with her daughter. The DON and this nurse spoke to the daughter and requested a sitter; daughter advised cannot afford a sitter and cannot stay with the patient. This nurse reached out to a mental health hospital and spoke to a staff member that said if the resident has been cleared by psych at another medical center they cannot take the referral . The patient needs to be readmitted to our facility and if behavior continues we can make a referral at that time."

The hospital Discharge Instructions dated 5/10/19 for R2 showed, "Recurrent moderate/major depressive disorder without psychosis. No suicidal ideation. Mood disorder. Anxiety disorder."

R2's Progress Notes from 5/11/19 through 5/22/19 were reviewed and did not show any behaviors or suicidal ideation.

R2's Psychosocial Well Being -Behavior

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Management Follow Up forms dated 5/11/19 through 5/20/19 showed "no behavior issues."

On 5/22/19 at 9:23 AM, V1 (Administrator) stated, "When R2 came to the facility her daughter said she wasn't going back home; there was a fight between R2 and her daughter. R2's goal was to go home with the daughter. R2 thought she was just coming here for therapy and that is how it all started. R2 woke up the next morning and wrapped a sheet around her head/neck and said she was going to kill herself. We sent her out and the hospital evaluated her. R2 said she only did that because she was mad at her daughter and was not suicidal. The hospital sent R2 back after a psychiatric evaluation at the hospital. A hospital with a mental health unit said they couldn't do anything because she was just seen and they couldn't admit her because she was evaluated by another hospital. They said if R2 had any further behaviors they would be able to evaluate her. R2 has been fine ever since. Another long term care facility was contacted because they have a behavioral unit. Our psych saw her here; I am not sure what they did. R2 is not an involuntary discharge; if she is stable we might just keep her. Now that she is stable I don't see why she needs to go anywhere else. R2 has stayed with us before and there were no issues. I need to see where we are at with her. R2's daughter was touring another facility this last weekend. We thought the behavioral unit there would better suit her needs. All of our rooms are dual certified; we take Medicare and Medicaid."

On 5/22/19 at 10:05 AM, R2 was sitting in a wheelchair in her room. Resident was dressed and getting ready to leave via ambulance for another facility. R2 was asked if she was leaving the facility and she said, "yes." When asked if she

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wanted to leave the facility to go to another facility she stated, "No" and then became visibly upset and started to cry."

On 5/22/19 at 11:07 AM, V5 (R2's daughter) stated, "We were not given the option for her to stay and they told me to look for another facility. They gave me the names of a couple of facilities to look at so I went with one. I was not aware this facility was a long term care facility or that they could have kept her. The move to the other facility is traumatic for her. They did not discuss any option of her staying there. They said this was a rehabilitation facility and she would need to go somewhere else for long term care. They told me about one close by and one in another town that had space for her. V6 the Social Worker told us that. I would have kept her there if I could. I told mom last night that she was going to move to another facility and she was upset and crying; she said she would rather die than move. I have a feeling it is going to be hard for her to get used to another place. The last time she was at this facility was in January 2019 and she went home after her stay. She lived with me; she fell again and went to the hospital and from the hospital to the facility. The hospital said she had 40 days left of Medicare coverage and then she has medicaid. She had a problem one night when she first came in; I told her that I could not take care of her at home. I got a call from there and they said she was upset and said she would kill herself by not eating or taking medication. She was sent to the hospital and then sent back to the facility; they said she wasn't suicidal. They told me at the facility that if she could behave then she would not have to go anywhere else. She hasn't had any incidents since. They never said she wasn't behaving after that. I think it is why they are transferring her. She is going to a regular unit at

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the other facility and not the behavioral unit."

On 5/22/19 at 11:50 AM, V1(Administrator) stated there are Medicaid certified rooms available at this time in the facility. She stated she would check on how many are available.

R2's Social Service Notes showed, "5/16/19 - Phone call to R2's daughter regarding discharge plan. No longer looking at sending her mother to Florida. She will need to look for long term care in the area. Reviewed facilities that usually can accept long term Illinois Public Aide; 5/20/19 - Phone call to R2's daughter for follow up. R2's daughter has toured facility A and facility B and has chosen facility B."

On 5/22/19 at 12:07 PM, V6 (Social Services Director) stated, "R2 left because the daughter was looking for options for care in Florida to be closer to another sibling but changed her mind and decided that was not the best plan. V5 wanted R2 closer to her and she chose the other facility. It is 7 miles closer to her house. I did not give the daughter the option of R2 staying here. I don't remember telling the daughter that this is a rehabilitation only facility but I never gave her the option of staying here. R2 has not exhausted her Medicare days. We were initially concerned about her behavior but when she came back from the hospital her behavior was fine. My impression is that they wanted her closer and asked what other facility in the area accepted public aide. It's my understanding that in the last seven years this facility is mostly a short term rehabilitation facility; before that it was a long term care facility that did very little rehab. We are now accepting more long term care residents. The administration makes decisions on the admissions, transfers, and discharges. We don't meet as an interdisciplinary

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team regarding discharges. Admissions will screen residents and ask the patient what their plan is and what they need before they come to the facility. Initially R2 was coming here for rehab."

On 5/22/19 at 3:00 PM, V7 (Transitional Care Coordinator) stated her job duties are to work alongside V6 (Social Services Director) to prepare residents for discharge which also includes residents going to other facilities in the community. V7 stated when a transfer is a medicare transfer then discharge instructions and medication list is printed out. The floor nurse will call and give report on the resident themselves. V6 does the notice with the resident and family and then gives her the name and date of the resident going home. V7 stated, "R2 from what I understand she was going to go to Florida and closer to her son or closer to the daughter for long term care placement after rehab."

On 5/22/19 at 3:10 PM, V2 (DON) stated, "For a resident discharge the transitional care coordinator and primary nurse work on the discharge. Notice is given by social services. In the discharge planning phase social services gives notice, sets up equip etc for home. V7, the transitional nurse, sets up appointments and medications and prepares documents for the nurses. The primary nurse does a formal review of the discharge. When a resident is transferring out, a notice is given and V6 (Social Service Director) has it signed; its usually a 72 hour notice unless it's for something else."

On 5/23/19 at 09:42 AM, V2 (DON) stated, "The social worker told me there wasn't a notice of discharge given because R2 was a Medicare to Medicare transfer to another facility and not a

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discharge."

The Face Sheet for R2 showed she was discharged from the facility on 5/22/19 to an assisted living facility; R2 went to another long term care facility. The Face Sheet dated 5/22/19 for R2 showed diagnoses including cerebral infarction, chronic respiratory failure, hemiplegia/hemiparesis affecting the right side, atherosclerotic heart disease, hypertension, chronic obstructive pulmonary disease, asthma, major depressive disorder, anxiety disorder, retention of urine, osteorthritis, peripheral vascular disease, peptic ulcer and transient ischemic attack.

The Resident Profile in the Facility Assessment (2/13/19) showed the facility it is able to care for residents with psychiatric/mood disorders such as impaired cognition, depression, anxiety disorder and insomnia and that it is some of the "top common diseases and conditions" that they serve. The facility assessment showed, "Should an individual require care and services based upon diagnosis or condition not typically serviced in our resident population, our team, in conjunction with our medical director, attending physician and director of nursing utilizes an interdisciplinary pre-admission screening assessment process for identifying patients that may need further review or consideration prior to acceptance. The facility takes an interdisciplinary approach to making admission or continuing care decisions for persons that have diagnoses or conditions the facility is less familiar with and have not supported." The Facility Assessment also showed, "The facility provides care and services based upon the needs of our resident population. Our facility embraces a person centered care culture in which we provide care

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and services based upon our resident population, including the following: Behavioral health - management of medical conditions and medication related issues causing psychiatric symptoms and behavior, identify and implement interventions to help support residents with issues dealing with anxiety, care of someone with cognitive impairment, care of residents with depression, trauma/PTSD, and other psychiatric diagnosis."

The facility's Transfer and Discharge policy (2/2016) showed, "The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility unless: The transfer or discharge is resident initiated; The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by the facility. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility. The safety of individuals in the facility would otherwise be endangered; the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility or the facility ceases to operate." Documentation in the resident's medical record must include: the basis for transfer; the specific resident need(s) that cannot be met, the attempts by the facility to meet the resident's needs and services available at the receiving facility to meet there need(s). Notice of discharge shall be provided to the resident and resident representative. A copy of the notice of discharge shall also be provided to the Office of the State Long Term Care Ombudsman at least 30 days prior to discharge or as soon as possible. The copy of the notice to the ombudsman must be sent the same time notice is provided to the

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