FORM APPROVED 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 11/18/2021 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.1010 g)4) 300.1210 b)4) Section 300.1010 Medical Care Policies g) Each resident admitted shall have a physical examination, within five days prior to admission or within 72 hours after admission. The examination report shall include at a minimum each of the following: 4) Orders from the physician regarding weighting of the resident, and the frequency of such weighing, if ordered. 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. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless

Illinois Department of Public Health

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

functional communication systems. A resident

eat; and use speech, language, or other

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:

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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	Continued From page 1	S9999		
	who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.			<u></u>
	This REQUIREMENT is not met as evidenced by:			
	Based on observation, interview, and record review the facility failed to implement dietician recommendations for 1 resident (R35) and failed to monitor weights for new admissions for 2 residents (R33, R56) for 3 of 5 residents (R33, R35 and R56) reviewed for nutrition. These failures resulted in 1 resident (R35) not receiving the recommended amount of artificial nutrition to maintain R35's body weight that resulted in a 4.9lb (2.6%) weight loss within 1 month. R33's weight records showed from 10/1/21 to 10/12/21, R33 experienced a weight loss of 10.6lbs (10.7%).			
	The findings include:			
	1) R35's electronic face sheet printed on 11/18/21 showed R35 has diagnoses including but not limited to urinary tract infection, sepsis due to enterococcus, atherosclerotic heart disease, obstructive & reflux uropathy, dementia without behaviors, and cerebral infarction.			22
	R35's facility assessment dated 11/1/21, showed R35 has severe cognitive impairment, unplanned weight loss, and has a feeding tube.			
	R35's care plan dated 10/27/21 showed, "(R35) requires tube feeding due to dysphagia. Registered dietician to evaluate quarterly and as needed. Monitor caloric intake, estimate needs. Make recommendations for changes to tube feeding as needed. Enteral feeding: (brand name ment of Public Health		<u> </u>	

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dietician recommendations for tube feedings.

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Illinois Department of Public Health

first 4 weeks after admission per our policy and then monthly after that. We are missing 2 weeks' worth of weights for (R33) at the end of October

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Illinois Department of Public Health

malnutrition, low body mass index, weight loss,

and inadequate oral intake.

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