Illinois L	Department of Public Health		4 STATES OF SERVICE	*******	Contract Section
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED	
	IL6002299	B. WING			C 06/2022
NAME OF	PROVIDER OR SUPPLIER STREET A	DDDEES CITY	STATE, ZIP CODE	1 077	UUILULL
	335 NOE	TH ILLINOIS	,		
	CRYSTA	L LAKE, IL	60014		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG			(X5) COMPLETE DATE
S 000	Initial Comments	S 000			
	Complaint Investigation: 2215085/IL148505 2215088/IL148509 2215105/IL148529				
S9999	Final Observations	S9999			
	Statement of Licensure Violations: 300.1210 b) 300.1210 c) 300.1210 d)2)3)4)A)5) 300.3210 t)				
8 - 83 - 4	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			3.	22
	care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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		Attachment A		
	further medical evaluation and treatment shall be		Statement of Licensure Violations		

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

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002299			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED C 07/06/2022	
		B. WING		The state of the s			
NAME OF	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
ODVCTA		335 NOE	TH ILLINOIS	•			
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S9999	Continued From pa	ge 1	S9999				
	resident's medical r 4) Personal ca 24-hour, seven-day include, but not be l	re shall be provided on a -a-week basis. This shall imited to, the following:		× :=		**	
· ·	personal attention, i oral hygiene, in add the physician.	esident shall have proper daily ncluding skin, nails, hair, and ition to treatment ordered by					
2 (5) 10 ± 4	pressure sores, hea breakdown shall be seven-day-a-week t	ogram to prevent and treat at rashes or other skin practiced on a 24-hour, pasis so that a resident who				****	
	develop pressure so clinical condition de sores were unavoida pressure sores shal services to promote	thout pressure sores does not pres unless the individual's monstrates that the pressure able. A resident having I receive treatment and healing, prevent infection, essure sores from developing.			÷ .	W E	
en Se	subjected to physica	ensure that residents are not al, verbal, sexual or a, neglect, exploitation, or			÷ 3.	e 21	
*	This REQUIREMEN	T is not met as evidenced by:	Ŧ			s = 5.0	
e	failed to identify a re prior to the injury (let unstageable. The fa ongoing assessmen unstageable left isch facility did not follow	and record review the facility sident's (R1) pressure injury it ischium/hip) becoming acility failed to provide ts and monitoring of R1's hial pressure injury. The their care plan as evidenced			*		
-	failures resulted in R	wound weekly. These 11 being hospitalized for an be left ischial pressure injury		1 42 to 1	32 M E		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6002299					C 07/06/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	, STATE, ZIP CODE			JUIZULL
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S9999	Continued From page 2		S9999				
		al intervention. These failures lents (R1) reviewed for the sample of 3.		u u			
	The findings include:					15	
	was admitted to the including chronic, no his feet with a history foot. The care plan risk of additional ski injuries related to his muscle weakness, a care plan showed a	d January 5, 2022 showed R1 facility with diagnoses on-pressure wounds to both of ry of osteomyelitis to his left showed R1 was at increased in breakdown/pressure s diagnoses of dementia, and impaired mobility. The n intervention to monitor bony lness and monitor the skin eek.	· · · · · · · · · · · · · · · · · · ·		° 5 × × ×		
_=	January 14, 2022 sh seen weekly, in the management of his R1 developed any p	d care clinic note dated nowed R1 was to be been clinic, for the treatment and chronic foot wounds only. If ressure injuries in the facility, to be treated by the facility's			8 o		To 11
(0	2022 showed R1 wa	essment dated January 5, is admitted to the facility with to his left ischium/hip.		E 50 UA			
	showed no pressure area.	eck note dated April 21, 2022 injuries to R1's left ischial				10	
	2022 showed R1 wa unstageable, pressu	Evaluation dated April 27, s found to have a new, re injury to his left ischial 2.3 cm(centimeters) x 2.5 cm		2 796,			
- 1							

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED B. WING IL6002299 07/06/2022 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 stated R1 was at high risk for skin breakdown upon admission to the facility. V3 stated, "I am not sure how (R1's) left ischial wound was not found until it was unstageable ... The verbal agreement was that when (R1) was admitted to us, we would manage and treat any pressure injuries he may have or develop while here. He went out to a wound care clinic, once a week, for treatment and management of his chronic foot wounds. They treated his foot wounds. We treated his pressure injuries ... Once a resident develops a pressure injury, the injury is to be assessed and measured once a week by myself and the wound doctor. I am responsible for completing the weekly wound assessments on any resident's pressure injuries. I complete the weekly assessments once the wound doctor and I have rounded on the resident. The nurses and CNAs (certified nursing assistants) should be monitoring the wounds daily, during cares, for any changes." R1's weekly Skin and Wound Evaluations for May 2022 were reviewed and showed no assessments of R1's left ischial wound were completed the weeks of May 2, 2022, May 16. 2022, and May 30, 2022. On July 5, 2022 at 1:30 PM V3 (Wound Nurse) was asked about R1's missing weekly wound assessments for May 2022. V3 stated, "I don't know why they weren't done. They should have been. Maybe (R1) was at his weekly outpatient wound clinic appointments for his feet so he might have been out of the facility." R1's weekly Skin and Wound Evaluations of R1's left ischial pressure injury, dated June 9, June 16, and June 21, 2022, were reviewed. R1's

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assessment dated June 21, 2022 showed R1's

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6002299 07/06/2022 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 (X4) ID PREFIX ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 left ischial wound was worsening in condition and had become bigger in size with measurements of 5.3 cm x 4.5 cm x 1.8 cm. R1's June 2022 medical records, including all progress notes and skin assessments, were reviewed and showed no additional assessments were completed on R1's left ischial wound from June 22-June 30, 2022. AWound Care Clinic note dated June 30, 2022 showed R1 arrived to the outpatient wound care clinic for weekly management of his chronic foot wounds. The note showed, "in December (2021), the patient had a small stage 2 pressure injury to the left ischium. The nursing home insisted that there in house wound care would manage the ischial ulcer and the Wound Care Clinic was to only mange the foot wounds. The patient was complaining of great pain today and the ischial dressing was removed. The wound is grossly infected with erythema and foul odor. The bone (hip) is not quite palpable at this time but there is only a very thin layer of tissue protecting it. Patient complains of great pain to this area ... The note showed R1's left ischial pressure injury measured 3.5 cm x 6 cm x 3.8 cm with a wound depth of 6 cm in one area of the wound. The note showed R1 was sent immediately, by ambulance, to a local hospital for an evaluation of the wound. R1's hospital records dated June 30, 2022-July 4. 2022 showed R1 was admitted to the hospital with a primary diagnosis of an infection to his stage 4 left ischial pressure injury with possible sepsis. The records showed R1 underwent surgical debridement of his wound on July 1. 2022.

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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:** A. BUILDING: \_ COMPLETED B. WING IL6002299 07/06/2022 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 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 On July 5, 2022 at 11:30 AM, V4 (Outpatient Wound Clinic Nurse Practitioner) stated, "We had been treating (R1) weekly for his chronic foot wounds since December 2021. He did have a history of a small pressure injury to his left ischium that was noted in December. When (R1) was admitted to the facility in January 2022, we were told by the facility that they would manage any of (R1's) pressure injuries and we would manage his foot wounds. On June 30, 2022, (R1) came to our clinic for his weekly appointment. You could smell his infection the minute you entered his room. He didn't have that odor when we saw him on June 23rd for his previous appointment. He was complaining of pain to his left hip. He couldn't move on his own at all, so we got him out of the wheelchair and got him onto the bed. We removed the dressing to his left hip and found a circular wound that was the size of my fist. It was so foul smelling and infected. The wound was slightly necrotic, with thick yellow drainage. That wound had been like this for at least 3-4 days prior. I sent him immediately to the emergency room... An unstageable pressure injury should be monitored at least weekly, if not daily, especially if you are concerned the wound is getting infected. (R1) got that injury from pressure. He was laying in one position for too long. He was too weak to reposition himself without our help ... He was at high risk for skin breakdown, but his unstageable pressure wound did not just develop overnight ..." On July 5, 2022 at 3:50 PM, V11 (R1's Hospital Physician) stated, "Unfortunately, (R1) has taken a turn for the worse today and is now in septic shock. I don't know if he is septic because of his left ischial wound or because of the wound to his right foot ... What I can tell you is that when (R1)

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presented to the emergency room (on 6/30/22),

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	Continued From page	ge 6	S9999				
	ischium. It smelled	ected wound to his left foul and contained a large tissue. His wound had been while"		35 ± 35		, viii)	
	On July 6, 2022 at 9:40 AM, V3 (Wound Nurse) stated she was unable to find any facility documentation and/or assessments of R1's left ischial wound that were completed from June 22-30, 2022. V3 stated she did not reassess R1's left ischial wound from June 22-30, 2022. V3 stated, "When we (wound care team) saw (R1) on June 21, 2022, I was concerned his wound (left ischium) was getting infected, but he was already on an antibiotic for an infection to his right foot. Staff should have been assessing his left ischial wound every day for any changes and			290.2 3			
		200 200 53			20		
æ ¥	reporting any change sure why his wound	es immediatelyI am not wasn't reassessed during have been assessed daily by	¥)	n	ă.	7 (2) 1	
	Nursing) stated the f	:50 PM, V2 (Director of facility did not have a policy dimanagement of a resident's		#* 		17. Maria	
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