IIII OIS L	Department of Public	<u>Health</u>		- FF	I ON	MAPPROVE	
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION  4G:		(X3) DATE SURVEY COMPLETED	
	· ·	IL6011803	B. WING	<u> </u>		**********	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	Y, STATE, ZIP CODE		/20/2022	
PEARL	OF CRYSTAL LAKE, T	HE 1000 EAS	T BRIGHT LAKE, IL	ON LANE			
(X4)ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
S 000	Initial Comments		S 000		,		
	Change of Ownersh	ip Survey	ļ ·				
S9999	Final Observations		S9999				
	Statement of Licens	ure Violations:		*			
	1 of 3 300.696b)						
	300.696d)2)						
	Section 300.696 Info	ection Prevention and Control					
	surveillance, investig of infectious agents infections in the facili followed, including fo	es and procedures for ation, prevention, and control and healthcare-associated ity shall be established and or the appropriate use of equipment as provided in the					
-	Centers for Disease Guideline for Isolatio Respiratory Protectio Occupational Safety Respiratory Protectio and procedures musi	Control and Prevention's In Precautions, Hospital In Program Toolkit, and the and Health Administration's In Guidance. The policies It be consistent with and					
	include the requireme	ents of the Control of ases Code, and the Control				er	
	guidelines and toolkit Control and Preventic Health Service, Depa Services, Agency for	hall adhere to the following s of the Centers for Disease on, United States Public rtment of Health and Human Healthcare Research and onal Safety and Health ection 300.340):		ts		A .	
	2) Guideline for I Health-Care Settings	Hand Hygiene in		Attachment A Statement of Licensure Violati	ons		

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

TITLE

(X8) DATE

HIITOIS L	Department of Public	Health	.0 . (2)	The transfer to the second	1014	MALLICOAED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6011803		(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		B. WING	·				
NAMEOF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	04	/20/2022	
PEARL C	OF CRYSTAL LAKE, T	4000 F-	ST BRIGHTO				
<del></del>		CRYSTA	L LAKE, IL 6	0012			
(X4)D PREFIX TAG			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 pa	ge 1	S9999			7.4	
	This REQUIREMEN by:	IT was not met as evidenced	14 15				
<b>⊕</b>	review, the facility fa and change gloves to contamination and fa drainage bag in a m contamination for th	on, interview, and record lifed to perform hand hygiene to prevent cross ailed to position a urinary anner to prevent cross ree of seven residents (R103, ed for infection control in the		· · · · · · · · · · · · · · · · · · ·			
	The findings include	:					
	Nursing Assistant) pr R103. There was a la R103's incontinence peri area, touched R cream. R103 placed area. V8 touched R1 and helped R103 turn There was stool in R cleansed R103's but cream onto R103 but incontinence brief on back, and touched R	46 AM, V8 CNA (Certified rovided incontinence care to arge amount of urine in brief. V8 wiped R103's front 103's dresser drawers and cream onto R103's front peri 03's clean incontinence pade by touching his body. 103's incontinence brief. V8 tock area. R103 placed ttocks, placed clean, turned R103 back onto his 103's gown. V8 did not perform hand hygiene.					
	removed a soiled dre There was brown dra cleansed the wound v prep wipe around R10 a new clean dressing touched R104's gown	, pillow, blankets, and not change her gloves or					

PRINTED: 06/26/2022

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A. BUILDING: COMPLETED IL6011803 B. WING 04/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE PEARL OF CRYSTAL LAKE, THE CRYSTAL LAKE, IL 60012 SUMMARY STATEMENT OF DEFICIENCIES (X4) D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 On 4/20/22 at 3:10 PM, V7 registered nurse said gloves should be changed anytime they get soiled. Gloves should be changed after incontinence care is done or dressings are changed and before any item that is clean is touched. The facility's Personal Protective Equipment-Gloves policy created 11/22/21 shows, "Gloves must be worn when handling blood, body fluids, secretions, excretions, mucous membranes and/or non-intact skin. Gloves shall be used only once and discarded into the appropriate receptacle located in the room in which the procedure is being performed. Wash your hands after removing gloves." 3. On 4/20/22 at 8:56 AM, R105's catheter drainage bag was resting directly on the floor next to her bed with no cover. On 4/20/22 at 12:00 PM, V2, Director of Nursing (DON), said catheter drainage bags should not be on the floor due to infection control concerns. R105's Minimum Data Set (MDS) dated 2/4/22 shows R105 has an indwelling catheter and is totally dependent on staff to care for her toileting needs, including catheter management. V6, Advanced Practice Nurse (APN), documented the following on R105's Progress Notes: Visit: 04/11/2022 11:00AM Urinary tract infection ...active March 16, 2022, midnight. The facility's Perineal Care Policy (reviewed 5/20/21) shows "7. Ensure Foley catheter is positioned correctly ..."

	Department of Public	Health	F - 1		FORM	APPROVI
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		SURVEY
	Ţ.	IL6011803	B. WING		0.410	00/0000
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY.	STATE, ZIP CODE	1 04/2	20/2022
DEAR C	OF CRYSTAL LAKE, T	4000	ST BRIGHTO			
		CRYSTA	L LAKE, IL 6			
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		120				
	2 of 3 300.1210b)3)				552	
	Section 300.1210 G Nursing and Person	eneral Requirements for lal Care	€			
16.	b) The facility scare and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal cresident to meet the care needs of the remeasures shall inclufollowing procedures	shall provide the necessary attain or maintain the highest mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident. Restorative ide, at a minimum, the				
	incontinent of bowel appropriate treatmer urinary tract infection normal bladder funct personnel shall assis who enters the facilit catheter is not cathet clinical condition den catheterization was re-	so that a resident who is and/or bladder receives the and services to prevent as and to restore as much tion as possible. All nursing at residents so that a resident by without an indwelling terized unless the resident's nonstrates that necessary.			<i>y</i> -	
	by: Based on observation	T was not met as evidenced	e.			
	dependent on staff as for daily living) receiv	ed to ensure residents ssistance for ADLs (activities ed incontinence care for 3 of 101, R103) reviewed for g in the sample of 7.				

PRINTED: 06/26/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Health  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		LUILULL	
PEARL C	OF CRYSTAL LAKE, T		T BRIGHTON				
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S9999	Continued From pa	ge 4	S9999				
	R100 was always in bladder. The care pextensive assistance "provide incontinence incontinence episod R100 had diagnoses arm/leg paralysis and On April 20, 2022, at bed, on her back, wi R100 stated, "I am whief and pants need stroke, so I need hel last time they came if around 2:00 AM. The check me unless I as Practical Nurse (LPN V3 began providing in R100 was incontinent with urine leaking our R100's pants and be R100's buttocks were your bottom is red. In that."  2. R101's care pland showed R101 was freshowed R101 was freshowed R101 was freshowed R101 sasistance of two states.	dated March 9, 2022, showed continent of bowel and plan showed R100 need's e of staff for toileting and se care after each e" The care plan showed including a stroke with left d decreased mobility.  19:20 AM, R100 was lying in the her call light on/flashing. Wet (incontinent of urine). My to be changed. I have had a p getting cleaned up. The in and cleaned me up was sey don't really change or sk." At 9:36 AM, V3 Licensed by answered R100's call light. Incontinence care to R100. It of a large amount of urine to fher incontinence brief. Incontinence care to R100. It of a large amount of urine to fher incontinence brief. Incontinence care to R100. It of a large amount of urine to fher incontinence brief. Incontinence care to R100. It of a large amount of urine to fher incontinent of bowel. The old required extensive fif for toileting. The care plan					
i i	with right arm/leg par mobility. On April 20, 2022, at ped, with her call light	agnoses including a stroke alysis and decreased 9:45 AM, R101 was lying in t on/flashing. R101 stated,					
is Departm TE FORM	nent of Public Health	686		0211		E 72 10 10	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			TE SURVEY MPLETED	
IL6011803		B. WING			04/20/2022	
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PEARL C	OF CRYSTAL LAKE, T		ST BRIGHT LLAKE, IL			
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	"My left side of my to changed and they no there (left buttock) changed me last." A Nursing Assistant (C Nursing (DON) answ CNA asked R101, "I V4 CNA and V2 DO R101 as R101 was i small amount of blace were reddened with across R101's coccy "This is the first time	putt hurts. I need to be eed to put a pillow underI don't know when they At 9:55 AM, V4 Certified CNA) and V2 Director of wered R101's call light. V4 Do you need to be changed?" N began providing cares to incontinent of urine and a ck stool. R101's buttocks a large pink linear scar noted /x area. V4 CNA stated, I have changed (R101) :00 AM. No one has been in				
er <sub>a</sub> .	yet to clean her up s On April 20, 2022, at	ince night shift."  10:00 AM, V2 DON stated, hould be provided to			ň	
	admitted to the facilit	nmary Report shows he was by on 1/22/22 with diagnoses is disease, dysphagia, major and benign prostatic		<i>:</i>	V	
į.	shows R103 is not co extensive assistance	um Data Set) dated 1/28/22 ognitively intact, requires with personal hygiene, and tinent of bowel and bladder.				
	incontinence care to wipe his buttocks. Th buttocks and near his	AM, V8 CNA provided R103. V8 turned R103 to ere was stool on R103's s rectum. V8 did not wipe the ctum and placed the clean				

R103's Care Plan shows, "Resident experiences bladder incontinence related to decreased

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6011803 B. WING 04/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE PEARL OF CRYSTAL LAKE, THE CRYSTAL LAKE, IL 60012 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 mobility, ensure adequate bowel elimination." The facility's Perineal Care policy reviewed 5/20/21 shows, "Perineal care is provided to clean the perineum, prevent infection and odors, and provide comfort." The facility's Activities of Daily Living (ADLs), Supporting policy dated March 2018 showed, "Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene ..." 3 of 3 300.1210d)5) Section 300.1210 General Requirements for Nursing and Personal Care 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: 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 services to promote healing, prevent infection. and prevent new pressure sores from developing. This REQUIREMENT was not met as evidenced by:

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6011803 B. WING 04/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE PEARL OF CRYSTAL LAKE, THE CRYSTAL LAKE, IL 60012 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 Based on observation, interview and record review the facility failed to ensure pressure relieving interventions were in place for 2 of 5 residents (R101, R104) reviewed for pressure injuries in the sample of 7. The findings include: 1. R101's care plan dated February 2, 2022, showed R101 was at risk for developing pressure injuries related to decrease mobility and previous injuries/scarring noted to her coccyx area. The care plan showed, "Provide incontinence care after each incontinence episode ... Treatments as ordered ..." R101's Physician Order dated March 19, 2022. showed, "Apply optifoam dressing to coccyx area every 3 days for skin protection." R101's pressure injury risk assessment dated March 10, 2022, showed R101 was at moderate risk of developing pressure injuries. On April 20, 2022, at 9:45 AM, R101 was lying in bed, with her call light on/flashing. R101 stated. "My left side of my butt hurts. I need to be changed and they need to put a pillow under there (left buttock) ... I don't know when they changed me last." At 9:55 AM, V4 Certified Nursing Assistant (CNA) and V2 Director of Nursing (DON) answered R101's call light. V4 CNA asked R101, "Do you need to be changed?" V4 CNA and V2 DON began providing cares to R101 as R101 was incontinent of urine and a small amount of black stool. R101's buttocks were reddened with a large pink linear scar noted across R101's coccyx area. No dressing was noted to R101's coccyx area or in R101's incontinent brief. A penny-sized peeling scab was

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 IL6011803 B. WING 04/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE PEARL OF CRYSTAL LAKE, THE CRYSTAL LAKE, IL 60012 SUMMARY STATEMENT OF DEFICIENCIES (X4)D PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 noted to the inside of the pink area of R101's right buttock. V4 CNA stated, "This is the first time I have changed (R101) today. I started at 6:00 AM. No one has been in yet to clean her up since night shift." On April 20, 2022, at 10:00 AM, V2 DON stated, "(R101) should have a dressing in place to her coccyx." On April 20, 2022, at 11:05 AM, V5 Wound Nurse stated, "(R101) has a history of pressure injuries to her coccyx/buttock area. She currently has a pink scarred area to that area. Pressure relieving interventions for her include the foam dressing to her coccyx area, frequent repositioning, keep her (buttocks) clean and dry, and offloading pressure points." 2. R104's Pressure Ulcer Risk Assessment History dated 4/14/22 shows R104 is at risk for developing pressure injury. R104's Order Summary Report dated 4/20/22 shows she was admitted to the facility on 3/24/22 with diagnoses including chronic kidney disease, dementia, morbid obesity, heart failure, repeated falls, and anxiety disorder. R104's Order Summary Report shows an order for Coccyx Stage three [pressure injury]: Cleanse with normal saline, pat dry with gauze and apply foam every three days and as needed. Wound care for stage one to bilateral heels: Apply skin prep; Apply foam; every three days and as needed. On 4/20/22 at 11:02 AM during incontinence care, R104's dressing to her coccyx was dated 4/13/22. There was brown colored drainage visible on the outside of the dressing.

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
DEAD	OF COVETAL LAKE T		T BRIGHT				
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		Α	09999				
	R104's Treatment A	dministration Record shows					-
	the dressing to R10	4's coccyx was signed off as					
	being done on 4/17/	22. The dressings to R104's					
	heels were not chart	ted as being done on 4/15/22		-			
	and 4/18/22.		4				
	R104's Care Plan sh	nows, "The resident has					
. 35	potential/actual impa	airment to skin integrity of the		~			
	overall skin related to	o edema, fragile skin,					
	immobility. Admitted	with bilateral heel stage one,					,
	redness to right buttock, skin tear to left forearm,						
	deep tissue injury to	right coccyx/buttock. Follow					]
	facility protocols for t	reatment of injury.					}
	Monitor/document lo	cation, size and treatment of		•			
	skin injury."						
	On 4/20/22 -4 0-07 D	14 1/5 14/					
	On 4/20/22 at 2:0/ P	M, V5 Wound Care nurse				,	
	bilatoral bools was a	ks. The dressings to R104's		1			
	dressings to P104's I	lated 4/13/22. V5 said the					
	nut on by VE VE soid	neels and coccyx were last		1			
- 1	changed at least ever	the dressings should be		<u> </u>			· i
	needed.	ry unee days and as					- 1
j	noodod.			, ·			
	The facility's Wound	Management policy dated				- 1	J
	October 21, 2021, sh	owed "Escilib will		·			
1	implement a wound o	are program to assist the					í
	facility in the care se	vices, and documentation					ł
	related to the occurre	nce, and prevention of				- 1	
	pressure as well as no	on-pressure related wounds		,			-
	2. Facility will initiate	e and implement appropriate		•			
2.5	interventions such as	ensuring treatment order	- 1				
	(s) are in place press	ure reduction devices as				- 1	I.
	ordered and or reques	sted "					
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