| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| CRYSTAL PINES REHAB & HCC | 335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014 |

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| F 000 | INITIAL COMMENTS<br><br>Annual Licensure and Certification. | F 000 | | |
| F 164 SS=D | 483.10(e), 483.75(l)(4) PERSONAL PRIVACY/CONFIDENTIALITY OF RECORDS<br><br>The resident has the right to personal privacy and confidentiality of his or her personal and clinical records.<br><br>Personal privacy includes accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups, but this does not require the facility to provide a private room for each resident.<br><br>Except as provided in paragraph (e)(3) of this section, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.<br><br>The resident's right to refuse release of personal and clinical records does not apply when the resident is transferred to another health care institution; or record release is required by law.<br><br>The facility must keep confidential all information contained in the resident's records, regardless of the form or storage methods, except when release is required by transfer to another healthcare institution; law; third party payment contract; or the resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to provide privacy while | F 164 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F 164 | Continued From page 1<br>toileting a resident. This applies to 1 of 15 residents (R3) in the sample of 18 reviewed for privacy.<br>The findings include:<br>On May 16, 2016 at 1:20 PM, E12 CNA (Certified Nursing Assistant) transferred R3 to the bathroom toilet in her room. E12 CNA did not close the bathroom door before, during, or after toileting R3. As R3 was seated on the toilet, R9, R3's roommate, was seated next to her bed in the room, eating lunch and watching R3 void.<br>On May 16, 2016 at 1:30 PM, E12 CNA stated, "Sometimes I shut the door when taking a resident to the bathroom but most of the rooms are kind of small. I am not sure what the policy states about privacy and toileting residents."<br>On May 16, 2016 at 1:40 PM, R9 stated, "Heck yes, it bothers me to watch her pee when I am eating."<br>The facility's Incontinence/Perineal Care policy dated April 2009 showed that for the ambulatory resident, the employee will "provide privacy for the resident" while toileting a resident. | F 164 | | |
| F 312 SS=D | 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS<br><br>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to provide perineal cleansing following an incontinent episode for | F 312 | | |

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| F 312 | Continued From page 2 | F 312 | | |

residents who need extensive assistance with toileting.
This applies to 3 residents (R19, R22, R23) reviewed for Activities of Daily Living in the supplemental sample.
The findings include:
1. The Care Plan dated through June 2016 shows R19 is incontinent of bladder and bowel. R19 should be checked every 2 hours for episodes of incontinence. Wash, rinse, and dry perineum.
The Minimum Data Set assessment dated February 26, 2016 shows, R19 requires extensive assist with one person with toileting and is frequently incontinent.
On May 16, at 12:30 PM, R19 was sitting in his wheelchair in his room. R19's pants were visibly soiled with urine. A strong urine odor was present.
At 12:35 PM, E9 (Certified Nursing Assistant-CNA) entered the room and assisted R19 to the bathroom. R19 stood up, his backside from the top of his pants to the back of his knees were visibly saturated with urine. R19's wheelchair pad was saturated with urine. E9 wiped R19's backside with toilet paper. E19 did not clean R19's frontal area, legs, or in between his legs.
On May 16, at 12:35 PM, E9 said, "I came in a while ago and saw R19 was soiled but I took a resident to the dining room first."
On May 16, 2016 at 8:30 AM, E4 (Certified Nursing Assistant) said, residents who are incontinent should be cleansed with the foam peri-cleanser and then patted dry.
2. The Minimum Data Set Assessment dated April 6, 2016 shows, R22 is always incontinent and requires extensive assist of two person with transfers.
On May 16 at 2:00 PM, E5 (Certified Nursing Assistant) and E9 (Registered Nurse) transferred

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| F 312 | Continued From page 3<br>R22 from her wheelchair to the bed. E9 said to E5 "Are you gonna check R22 " (to see if she is soiled). E5 did not respond back. E9 said again to E5 "Check and see if she needs to be changed. I can smell her. I can help you change her." E5 pulled down R22's pants half way to check her brief and pulled her pants back up and left the room. E9 stated, " I know E5 wanted to leave because it's the end of her shift." R22 needs to be changed.<br>On May 18, 2016 at 8:30 AM, E4 (Certified Nursing Assistant) said residents who are incontinent should be checked and changed every 2 hours.<br>The facility's Incontinent/Perineal Care Policy dated April 2009 states, "Cleanse area with no rinse cleanser, ....Cleanse all skin areas that were exposed to urine and feces with no rinse cleanser ..."<br><br>3. On May 17, 2016 at 1:45 PM, E5 and E15 Certified Nursing Assistants (CNA) transferred R23 from the wheelchair to her bed. There was a strong urine odor permeating the air and R23's wheelchair cushion was wet.<br><br>On May 17, 2016 at 1:50 PM E5 stated "yes R23 is wet with urine and that is urine on her wheelchair cushion."<br><br>R23's MDS shows R23 is frequently incontinent and is dependent of two or more staff for toileting.<br><br>R23's Care Plan shows R23 is incontinent of bowel and bladder and has a self care deficit that requires scheduled toileting and incontinence checks every two hours and as needed. | F 312 | | |

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| F 318 | Continued From page 4 | F 318 | | |
| F 318 SS=E | 483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION<br><br>Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview and record review, the facility failed to have a restorative program that assesses resident needs and abilities and identifies restorative goals. The facility failed to provide restorative services in ambulation and monitor the effectiveness of the restorative interventions quarterly.<br>This applies to 2 of 15 residents (R8, R11) reviewed for restorative services in a sample of 18 and 3 residents (R19, R25, R26) in the supplemental sample.<br>The findings include:<br>1. On May 16, 2016, at 12:35 PM, R19 was sitting in his wheelchair. On May 17, 2016 at 11:35 AM, R19 was sitting in his wheelchair.<br>On May 17, 2016 at 11:35AM, R19 said, he is supposed to be getting walked daily, but that does not happen. "Lately service has dwindled, not as good as it used to be. "<br>R19's Care Plan dated through June 2016 shows he has a deficit of self care performances related to activities of daily living related to fatigue, activity intolerance, limited mobility, and impaired balance. R19 should be receiving restorative services for ambulation. R19 is to ambulate 500 ft | F 318 | | |

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| F 318 | Continued From page 5 | F 318 | | |

with a rolling walker and supervision 6-7 days per week.
Restorative Program Data Collection dated February 29, 2016 shows, R19 is in the following restorative services, active range of motion, passive range of motion, dressing, transferring and ambulation. The Restorative Program Data Collection states," ...document a restorative progress note that speaks to the progress the resident is making toward goals. " (The facility could not provide the progress notes).
2. The restorative care plan last revised on February 18, 2016 shows R8 is on the walk to dine program. The plan shows that R8 is supposed to walk 6-7 times a week.

On May 16, May 17 and May18, 2016, R8 was observed sitting up in the wheelchair in her room eating lunch.

On May 18, 2016 at 12:50pm, R8 said, "I miss therapy. I have to ask my CNA's to walk me and they don't always have time. They don't have a regular walking program here. I think it would be great if they did. I will lose my strength if I don't get to walk enough." R8 said she eats in her room. R8 is shown on the dietary list of diets as a "room tray."

On May 19, 2016 at 925am, E17 (Restorative Aide) said, "Sometimes I am pulled to work the floor as a CNA. There is another girl that does restorative and we split up the residents. R8 likes to walk, but it's better for her in the afternoon because she likes to sleep late."

On May 18, 2016 at 12:45pm E4 (CNA) said, "We try to walk the residents if we have time."

3. The Restorative Program Data Sheet dated October 17, 2015 documents R26 needs a restorative program for eating. The facility had no restorative progress notes to show R26's

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| F 318 | Continued From page 6<br>improvement or decline.<br>On May 18/2016 at 1:00pm, R26 was in bed being totally fed lunch by E18.<br>On May 19, 2016 at 9:20am, E29 (CNA) said, "I just fed R26, she can not feed herself."<br>R26's care plan of April 1, 2016 shows, "R26 has a restorative feeding program. The care plan also shows R26 has a problem related to limited mobility, Multiple Sclerosis and needs to be fed.<br><br>On May 18, 2016 at 1:00pm, R25 was being tube fed.<br>On May 19, 2016 at 9:20am, E29 (CNA-Certified Nursing Assistant) said, "R25 doesn't eat much, we have to feed her, but she does have tube feeding too."<br>The Minimum Data Set (MDS) of May 6, 2016 assessed R25 has range of motion limitations to both sides and is totally dependent on staff for eating. The assessment showed R25 as having severe cognitive impairment with long and short term memory loss.<br>The facility submitted a restorative roster on May 18, 2016 shows R25 is on a restorative eating program. The restorative care plan was last revised on November 27, 2015 shows R25 has a restorative program to include but not limited to eating. The approaches show: "Place tray near resident and tell her what food items are on plate, verbally cue." The facility had no restorative progress notes to show R25's decline in eating.<br><br>4. The Restorative Program Data Sheet dated March 18, 2016 shows R11 needs restorative programs for dressing, bathing, grooming, toileting and transferring. There was no restorative progress notes to show improvement | F 318 | | |

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| F 318 | Continued From page 7<br>or decline in R11's abilities.<br><br>On May 17, 2016 at 3:00pm E1(Administrator) said, We don't have a restorative nurse. We have 2 restorative aides; one works 7am-2pm (1st shift) and one works 2pm-10pm (2nd shift). On May 19, 2016 at 9:45am E2 (Director of Nursing-DON) said, E16 and E17 are the restorative aides.<br><br>The working staffing schedule for May 3- May 16, 2016 (14 days) only show 1 day (May 5), that an AM and a PM restorative aide was working. The schedule shows there was only one restorative aide working on May 6, 7 and 16. The other 10 days, E16 and E17 were scheduled to work as Certified Nursing Assistants.<br><br>The facility submitted a restorative roster on May 18, 2016 showing 59 residents who were listed to receive restorative services. R8, R11, R19, R25, and R26 are on the list. The facility had no restorative progress notes for any of the 59 residents shown on the list. | F 318 | | |
| F 323 SS=E | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by: | F 323 | | |

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| F 323 | Continued From page 8 | F 323 | | |

Based on observation, interview, and record review the facility failed to ensure safe transfers for a resident who does not bear weight and failed to safely transfer a resident who requires a two person assist. The facility failed to secure two oxygen cylinders in an unlocked oxygen storage closet on the 400 wing.
This applies to 6 of 15 residents (R1, R3, R4, R9, R10, and R14) reviewed for safety in the sample of 18 and 18 residents (R22, R29-R46 ) in the supplemental sample
The findings include:
1. The Minimum Data Set assessment dated April 6, 2016 shows R22 is non-ambulatory and has bilateral impairment to her lower extremities.
The Care Plan dated through May 2016 shows, R22 is at risk for falls, related to being unaware of safety needs, Dementia, and gait/balance problems. R22 is to be transferred with two person max assist of two via a stand/ pivot transfer.
On May 16, 2016 at 2:00 PM, E5(Certified Nursing Assistant) and E9 (Registered Nurse) transferred R22 from the wheelchair to the bed. E5 and E9 each hooked an arm under R6's arms and with a gait belt lifted R22 to the bed. R22's knees were bent and did not touch the floor.
On May 17, 2016 at 1:45 PM, E5 said, R22 does not bear weight, and does not walk.
On May 18, 2016 at 10:45 AM, E26 (Registered Nurse) said R22 is a one person stand pivot transfer.
On May 18, 2016 at 8:30 AM, E4 (CNA) said residents who are unable to bear weight should be transferred with a mechanical lift.
On May 18, 2016 at 11:15 AM, E1 (Administrator) said residents are evaluated for transfers usually by the rehabilitation nurse. "We are without a rehabilitation nurse right now."

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| F 323 | Continued From page 9<br>The facility did not provide a transfer policy.<br><br>2. R1's nurses note dated March 24, 2016, showed, "CNA alerted writer she lowered resident (R1) to the floor. When writer asked what happened, CNA told writer that she was helping the resident to the bathroom but didn't realize she (R1) was a 2 person assist as the CNA is new to the hallway."<br>3. On May 16, 2016 at 10:26AM, the door to the oxygen cylinder storage closet on the 400 wing was not locked. The closet had two oxygen cylinders sitting on a floor. The tanks were not secured.<br>On May 16, 2016 at 10:29AM, E13 said, "it should be latched up."<br>According to the facility roster of residents R1, R3, R4, R9, R10, and R14, and R29-R46 reside on the 400 wing.<br>A policy on oxygen tank storage was requested, the facility provided, The National Fire Protection Association Standard No. 99: Standard for Health Care Facilities. Chapter 5.3.3.3.2, that showed, "Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over." | F 323 | | |
| F 371 SS=E | 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY<br><br>The facility must -<br>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and<br>(2) Store, prepare, distribute and serve food under sanitary conditions | F 371 | | |

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| F 371 | Continued From page 10 | F 371 | | |

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review the facility failed to maintain required refrigeration temperatures for the food refrigerator on the 400 wing and failed to dispose of expired dairy products to prevent food born illness.
This has the potential to affect 6 of 6 residents (R1, R3, R4, R9, R10, and R14) reviewed for food safety in the sample of 18 and 17 residents R29-R46 in the supplemental sample.
The Findings include:
On May 17, 2016 at 2:40PM, R13 RN (Registered Nurse) removed three cups of apple sauce from the refrigerator and threw them away. There was six open cartons of milk based dietary supplement in the refrigerator. The milk based dietary supplements were not removed. The temperature gage showed 50 degrees Fahrenheit. On May 18, 2016 at 12:00PM, the 400 hall refrigerator had six open containers of milk based dietary supplements in the refrigerator. The dates of when the milk based dietary supplements was opened were marked on the containers; it showed, April 11, April 23, May 1, May 4, May 5 and one was not dated. E14 RN removed the milk products and placed in trash.
On May 17, 2016 at 2:40PM, R13 said, the apple sauce is expired; it is only good for one day. The refrigerator temperature is 50 degrees. On May 18, 2016 at 12:00PM, E14 RN said, the milk based product is only good for three days. This refrigerator is for all the residents on the 400 hall. The refrigerator temperature should be between 35 to 46 degree Fahrenheit. If it falls outside that temperature range, all the products in the refrigerator are thrown away and new supplies

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| F 371 | Continued From page 11<br>are obtained.<br>The facility's refrigerator temperature log showed, on May 1st, 5th, 7th, 12th, 14th, and 16th the refrigerator temperature was equal to or greater than 49 degrees Fahrenheit. The temperature log also showed, " Take immediate corrective action if temperature is above 46 degree Fahrenheit". | F 371 | | |
| F 431 SS=E | 483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS<br><br>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.<br><br>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.<br><br>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.<br><br>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to | F 431 | | |

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| | 145257 | A. BUILDING _____ B. WING _____ | 05/19/2016 |

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| CRYSTAL PINES REHAB & HCC | 335 NORTH ILLINOIS AVENUE CRYSTAL LAKE, IL 60014 |

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| F 431 | Continued From page 12<br>abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to date a multiple resident use vile of tuberculin testing solution in the medication storage area.<br>This has the potential to affect 6 of 6 residents (R1, R3, R4, R9, R10, and R14) reviewed for medication storage in the sample of 18 and 17 residents R29-R46 in the supplemental sample.<br>The Findings include:<br>On May 17, 2016 at 2:00PM, there was an open, undated multiple use bottle of tuberculin testing solution in the medication storage.<br>On May 17, 2016 at 2:00PM, E13 RN-Registered Nurse said, "There is no date so, I'll throw it away. It's good for 30 days after opening."<br>The manufacturer's undated medication insert showed, Storage: "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency." | F 431 | | |
| F 441 SS=D | 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS<br><br>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. | F 441 | | |

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| F 441 | Continued From page 13<br>(a) Infection Control Program<br>The facility must establish an Infection Control Program under which it -<br>(1) Investigates, controls, and prevents infections in the facility;<br>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and<br>(3) Maintains a record of incidents and corrective actions related to infections.<br><br>(b) Preventing Spread of Infection<br>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.<br>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.<br>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.<br><br>(c) Linens<br>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility staff failed to wash hands during and after incontinence care to prevent the spread of infection.<br>The findings include:<br>1. On May 16, 2016 at 2:45 PM, E11 (Certified | F 441 | | |

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| F 441 | Continued From page 14<br>Nursing Assistant) provided incontinence care to R27. R27 was soiled with urine and large amounts of stool. R27's incontinent pad was soiled with stool. E11 cleaned up stool on R27's leg and bottom. E11 pressed R27's call button for assistance with his stool contaminated gloves. E11 then opened the dresser drawers looking for an incontinence pad (there was none). E11 left the room without washing his hands. E11 returned back to the room with a clean incontinence pad and did not wash his hands before continuing incontinence care. E11 placed R27's stool soiled incontinent pad on R27's bed table, then with the same contaminated gloves touched multiple surfaces, blanket, wedge cushion, and call light without removing gloves and washing his hands. E11 then removed his gloves and assisted R27's roommate to the bathroom without washing his hands.<br>On May 18, 2016 E4 (Certified Nursing Assistant) said, handwashing should be done before and after patient care, after cleaning urine, and stool; anytime when gloves are soiled.<br>The facility's Handwashing Policy and Procedure dated April 2009 states, "Hand hygiene is a basic procedure that should be performed by all caregivers before and after contact with Residents."<br><br>2. On May 16, 2016 at 1:20 PM, while wearing gloves, E12 CNA wiped R3's perineal area after R3 finished voiding. With the same contaminated gloves, E12 CNA placed a new incontinence brief on R3, pulled up R3's pants, and touched R3's wheelchair. | F 441 | | |
| F 516 SS=C | 483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS | F 516 | | |

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| F 516 | Continued From page 15<br><br>A facility may not release information that is resident-identifiable to the public.<br><br>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.<br><br>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review the facility failed to protect resident clinical records against water damage.<br>This has the potential to affect all 87 residents in the facility.<br>The Findings include:<br>The facility's Census and Condition form dated May 16, 2016 shows a census of 87.<br>On May 17, 2016 at 2:30PM, resident medical records were stored in paper binders and cardboard boxes under an automatic fire sprinkler nozzle.<br>On May 17, 2016 at 2:30PM, E27 (Medical Records) said, the charts on the shelf are closed records and discharged residents.<br>The facility's Records, Retention Policy and Procedure dated December 14, 2009 showed, "Inactive records shall be stored in a locked area that is limited in access, is not subject to hazards that would possibly damage or destroy the records stored therein. This includes areas | F 516 | | |

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| F 516 | Continued From page 16<br>subject to fire or flooding..." | F 516 | | |