

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145612</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SPRINGS AT CRYSTAL LAKE, THE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0684  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide appropriate treatment and care according to orders, resident's preferences and goals.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to thoroughly assess and identify a significant change in a resident's condition resulting in a delay of care for 1 of 3 residents (R1) reviewed for quality of care. The findings include: R1 was re-admitted to the facility on [DATE] after being treated at the hospital from 4/3/20 until her return on 4/8/20. Her [DIAGNOSES REDACTED]. V5, Licensed Practical Nurse (LPN) was unable to be reached on 8/3/20 and 8/4/20. V5 was the nurse caring for R1 on 4/20/20. V5 documented in R1's Resident Progress Notes on 4/20/20 at 1:48 PM, patient is more lethargic today than in past days. Unable to obtain oxygen saturation due to poor perfusion in both hands. Will attempt to warm hands and re-try saturation. At 6:03 PM, V5's next documentation in R1's chart indicates that R1's son wants R1 transported to the hospital. No other nursing documentation is in R1's chart between the these two entries written. On 4/20/20 at 9:20 PM, V8, RN, documented in R1's Resident Progress Notes the following: Resident vital signs were within normal limits. only symptoms were cough and decline in mental status. V8 was not able to be reached via phone on 8/4/20 and no longer works for the facility nor lives in the state. The facility's Vitals Report has no recorded oxygen saturation results recorded for R1 between 4/13/20 and 4/20/20. R1's Care Plan shows as of the Problem Start Date of 4/9/20, she is at Risk for Infection with the goal as follows: R1 will remain free from signs/symptoms of Covid-19. The facility's approach included Maintain reverse isolation for all new admissions/residents for 14 days. Precautionary only. Every shift. On 8/4/2020 at 10:55 AM, V1, Administrator, said the facility was in a state of heightened awareness beginning on 4/17/20, as they were in the midst of a Covid-19 outbreak. They were being especially diligent to identify anyone who was not quite their normal. V1 said R1 would have been on a 14 day quarantine after returning from the hospital on [DATE]. (The quarantine would be from 4/8/20 through 4/22/20). She would have been on the transition unit where those residents are closely monitored for abnormal symptoms, their activity is strictly limited and a full set of vital signs (temperature, pulse, respirations, blood pressure, and oxygen saturation) are taken every shift. V1 said the residents on the transition unit are at a higher risk for Covid due to their potential exposure. V1 said someone elderly with a history of lung disease would also be at a higher risk of developing Covid. On 8/3/2020 at 8:45 AM, V2, Director of Nursing (DON) said Altered Mental Status (AMS) is quite often one of the first clues a resident displays when they have an illness. V2 said she would definitely be concerned with a resident having lethargy and AMS. V2 said she would use the warm packs available to warm a resident's hands if she was unable to obtain a pulse oximetry reading due to their hands being too cold, or she would try using another machine. V2 said if she was ever in doubt, she would send the resident to the hospital. V2 said a doctor/provider order is not necessary to send an ill resident to the hospital. V2 said that an antibiotic is not effective treatment for [REDACTED]. V3 said residents are isolated for 2 weeks when they return from the hospital as a precaution. On 8/3/20 at 9:04 AM, V4, RN said she checks a resident's mental status, does a head to toe assessment with full vital signs, and looks at recent lab results and checks their medical history when assessing a resident for a change in condition. V4 said, for example, a resident with lung disease would need their oxygen saturation checked. If it was low and didn't increase after applying oxygen and there was a change in mental status, she would make sure to stay at the bedside and monitor them closely while another team member called 911. V4 said residents returning from the hospital are on isolation precautions on dedicated wings with dedicated staff for 14 days. V6, Advanced Practice Nurse (APN), documented seeing R1 via TeleMed at 8:00AM on 4/20/20. She recorded R1's vital signs within normal range, however they did not include her oxygen saturation readings. V6's documentation shows R1 was lethargic with poor intake, increased weakness and increased confusion with no known cause. R1 was started on an antibiotic for possible pneumonia. No lab work was ordered. The facility's Change in a Resident's Condition or Status policy revised April 2007 shows a significant change of condition is a decline in the resident's status that will not normally resolve itself without intervention by staff. The facility's Action Plan-Covid-19 dated 4/16/20 shows residents that have been readmitted and their Covid-19 status is negative or unknown will utilize the transition area (E-wing). It also shows that same resident should be placed on droplet precautions/isolation and monitored for 14 days.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.