STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility failed to provide the required twelve (12) hours per year of continuing competence training for Certified Nursing Assistant (CNAs), including dementia management training. This failure has the potential to affect all 68 residents, as indicated in the facility's Centers for Medicare and Medicaid Services (CMS) Form 671, Long-Term Care Facility Application for Medicare and Medicaid report of their current census. The findings include:On 12/2/2025 at 10:20 AM, review of the facility's Certified Nursing Assistant (CNA) orientation packet showed no evidence of dementia-related in-services. V16 (Human Resources Coordinator) stated dementia training hours are not something she tracks, nor was she told that dementia training was required for CNAs to work on the floor. A sample review of three CNA personnel files also showed no documentation of dementia training. On 12/3/2025 at 11:54 AM, V19, V20, and V21 (CNAs) stated they do not keep track of their annual training hours. When asked about specific training topics completed in the past year, they did not report receiving dementia training. Review of the facility's 12/3/2025 Diagnosis Report identified 31 current residents with diagnoses of dementia and/or Alzheimer's disease. On 12/3/2025 at 9:40 AM, V1 (Administrator) and V2 (Director of Nursing) stated the facility does not have a specific policy regarding staff education requirements, including dementia training. V1 and V2 reported the facility provides 6 hours of general staff training upon hire and 3 hours of annual training thereafter. They also stated they are not required to provide a specific number of dementia training hours because the facility does not include a memory care unit.

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview, and record review, the facility failed to label residents' medications when opened. This applies to 4 out of 4 (R79, R65, R63, and R17) residents reviewed for medication storage in a sample of 22.The findings include:1. On 12/03/2025 at 8:20 AM, the facility's first-floor medication cart #2 was checked with V5 (Registered Nurse/RN). R79's Symbicort aerosol inhalers were opened and not labeled with open or discard dates.R79's Order Summary Report dated 12/03/2025 showed an active order for Symbicort Inhalation Aerosol 160-4.5 MCG/ACT 2 puff inhale orally two times a day.2. On 12/03/2025 at 8:20 AM, the facility's first-floor medication cart #2 also had R65's Fluticasone aerosol inhaler was opened and not labeled with an open or discard date. V5 said she was unsure why the opened inhalers were not labeled. R65's Order Summary Report dated 12/03/2025 showed an active order for Fluticasone-Umeclidinium-Vilanterol 1 inhalation inhale orally one time a day.3. On 12/03/2025 9:30 AM, the facility's second-floor medication cart #1 was checked with V6 (RN). R63's Symbicort, Atrovent, and Levalbuterol aerosol inhalers were opened and not labeled with open or discard dates.R63's Order Summary Report dated 12/03/2025 showed active orders for Symbicort Aerosol 160-4.5 MCG/ACT 2 puff inhale orally two times a day, Levalbuterol Tartrate 1 puff inhale orally every 6 hours as needed, and Ipratropium Bromide HFA Aerosol Solution 17 MCG/ACT 1 puff inhale orally four times a day.4. On 12/03/2025 at 9:30 AM, the facility's second-floor medication cart #1 also had R17's Albuterol inhaler was opened and not labeled with an open or discard date. V6 said all opened inhalers should be labeled with open dates to ensure they are stored and discarded properly. The facility's policy titled Medication Labeling and Storage undated, said the facility labeled medications and biologicals in a manner consistent with currently accepted pharmaceutical practices, federal, and state requirements. The policy continued to say that the nursing staff was responsible for maintaining medication storage, including in a safe manner.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Based on observation, interview, and record review, the facility failed to obtain orders from the physician to have resident medication at the bedside. The facility also failed to complete self-administration of medication assessments. This applies to 3 of 3 residents (R1, R63, and R70) reviewed for medications in a sample of 22.The findings include: 1. On 12/01/2025 at 10:11 AM, the following medications were on R63's bedside table: Fluticasone Propionate Nasal Spray, Hydrocortisone ointment 1%, Atrovent (Ipratropium Bromide) inhaler, Spiriva Respimat inhaler (Tiotropium Bromide), Levalbuterol Tartrate (Xopenex inhaler). R63 stated that the medications are always kept in her room. She stated she has emphysema and chronic bronchitis. R63 said, No one told me how to do these inhalers or cream. I've been using these for years and I know how to do it. It's always kept here. Review of R63's POS (Physician Order Sheet) shows orders for the following medications: Fluticasone Propionate Nasal Suspension 1 spray in both nostrils two times a day for allergies, Hydrocortisone External Ointment 1%--apply to affected topically every 24 hours as needed, Ipratropium Bromide HFA Aerosol Solution 17 MCG/ ACT—1 puff inhale orally four times a day related to COPD with acute exacerbation, Spiriva Respimat inhalation aerosol solution 1.25 MCG/ ACT (Tiotropium Bromide)—2 puffs inhale orally one time a day related to COPD, Xopenex HFA inhalation aerosol 45 MCG/ACT (Levalbuterol Tartrate)—1 puff inhale orally every 6 hour as needed for SOB (Shortness of Breath). There were no orders for the medications to be kept at the bedside. Review of R63's electronic medical record shows there is no self-administration of medication assessment form uploaded. R63 did not have a care plan regarding self-administration of medication. 2. On 12/1/25 at 11:31 AM, R1 had Carboxymethylcellulose Sodium Ophthalmic Solution 0.5% on his bedside table and (brand name) Premium Saline spray on his dresser. R1 said the medications are always kept in his room. He said the nurse didn't teach him how to use it. He's been using it for a very long time. Review of R1's POS shows orders for Carboxymethylcellulose Sodium Ophthalmic Solution 0.55—Instill 1 drop in both eyes four times a day for dry eyes related to age-related nuclear cataract unspecified eye. There was no order for the nasal spray. There were no orders for the medications to be at the bedside. Review of R1's electronic medical record shows there is no self-administration of medication assessment form uploaded. R1 did not have a care plan regarding self-administration of medication. On 12/02/2025 10:02 AM, V2 (Director of Nursing) stated that medications brought from home should be locked up and the nurse should call the family and the doctor for it to be at the bedside. Then, the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	nurse should do an assessment to see if the resident can self-administer medication without any problems. 3. On 12/1/25 at 11:14 AM, R70 had three Lidocaine patches, one bottle of (brand name) Premium Saline Spray, two vials of nebulization solution, and one bottle of (brand name) Tears lubricant eye drops on his nightstand. R70 said he keeps them in his room for easier access. R70 said he knows how to use them and doesn't need anyone to teach him or to remove the medication from his room. Review of R70's POS shows orders for Lidocaine External Patch 45 – Apply to lower back topically once daily; Artificial Tears Ophthalmic Solution 0.2-0.2-1% (Glycerin-Hypromellose-Polyethylene Glycol 400) – Instill 1 drop in both eyes four times a day for dry eyes; Saline Nasal Spray Nasal Solution 0.65% - 1 spray into both nostrils every 2 hours as needed; and Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083% – Inhale 2.5 MG orally via nebulizer daily and as needed. Review of R70's electronic medical record shows there is no self-administration of medication assessment form uploaded. R70 did not have a care plan regarding self-administration of medication. Facility's policy titled Self-Administration of Medications Management (6/29/17) shows the following: Procedure: 1. When determining if self-administration is clinically appropriate for a resident, a licensed nurse will complete the Evaluation for Resident Self-Administration of Medications to aid in the determination of resident's ability to self-administer medication. In addition, if resident's medications include respiratory inhalants, the self-administration evaluation of respiratory inhalants will be completed.3. Determination of the resident's ability to self-administer medication by the IDT (Interdisciplinary Team) will be documented in the resident's medical record and on the care plan. 5. A periodic evaluation of the resident's ability to self-administer medication will be performed by the IDT.6. A physician's order will be obtained and recorded in the chart. The order also will include which specific medications can be kept at the bedside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on interview and record review, the facility failed to give residents and/or their POA (Power of Attorney) written notification for the reason of the transfer to the hospital. The facility also failed to provide a bed hold notice and notify the ombudsman. This applies to 2 of 4 residents (R5, R63) reviewed for transfers and discharges in a sample of 17. The findings include:1. R5's face sheet shows an original admission date of 12/4/25. R5's progress note dated 10/15/25 at 3:36 PM shows the following: (R5)'s BP (Blood Pressure) noted to be 73/39, Temperature 97.7, Pulse 109. Vital signs rechecked and BP 79/32, Pulse 66, Temperature 99.0, Respiration 18, and Oxygen Saturation 95% on room air. NP (Nurse Practitioner) in the building with new order to send (R5) to ER (Emergency Room) via 911 for further evaluation. Son and Daughter notified. 911 called. Approximately 3:30 PM, (R5) was transported to the hospital via 911. Report called to ER nurse.Review of R5's electronic medical record had no reason of transfer form or bed hold notice uploaded. Progress notes do not indicate that a written reason of transfer form or bed hold notice was given to R5 and/or POA.2. R63's face sheet shows an original admission date of 4/15/2018. R63's progress notes indicate the following: On 7/5/25 at 5:27 PM, Five minutes later, (R63) asked for Norco. When back to get Norco and while at the nursing station, received a call from 911 that (R63) had called them for difficulty breathing. Went back to the room to ask (R63) if she needed to go, 911 crew met (nurse) in the room while (R63)'s breathing treatment was still going on, but she has taken it off saying it did help. Told the nurse she needed a new type of breathing treatment. (R63) left facility about 5:15 PM via 911. Daughter notified via a voice note. On 7/5/25 at 11:05 PM, (R63) admitted for COPD (Chronic Obstructive Pulmonary Disease) Exacerbation. On 7/17/25 at 11:21 AM, (R63) was readmitted from hospital.On 8/8/25 at 5:21 AM, At 4:50 AM, (R63) complained of SOB (Shortness of Breath). Oxygen Saturation rate was 86% on 4 Liters/Minute oxygen inhalation via nasal cannula. Nebulizer treatment given with no effect. 911 was called. At 5:15 AM, (R63) left in care of fire department. Transported to (hospital) ER. Medical doctor notified. On 8/8/25 at 4:00 PM, (R63) admitted at (hospital) for COPD exacerbation. On 8/14/25 at 1:03 PM, (R63) readmitted from hospital.On 9/13/25 at 8:45 AM, (R63) requested for Xanax and Zofran.took to (R63)'s room for administration and stated, I think I am having a heart attack. Please call somebody. Vitals all within normal ranges. Oxygen saturation was 95% via nasal cannula. Not noted to be in any distress. (R63) sent out via 911 to ER. On 9/13/25 at 4:26 PM, (R63) returned from the ER with no new diagnosis or new orders.Review of R63's electronic medical record had no reason of transfer form or bed hold notice uploaded for all three transfers. Progress notes do not indicate that a written reason of transfer form or bed hold notice was given to R63 and/or POA.On 12/02/2025 at 11:02 AM, V2 (Director of Nursing) stated the facility doesn't give resident and/or their POA anything regarding the reason for transfer in writing. V3 stated the nurses only them or the paramedics the recent medication list, and labs. She stated maybe the marketing representative will give them the bed hold notice. V2 stated, We don't have time to give them a written notice or reason for transfer. We don't notify the ombudsman. This is the first time I'm hearing this. V2 was unable to provide any written reason of transfer forms, bed hold notices or documentation showing that the ombudsman was notified.Facility's policy titled Bed hold, Transfer, and Temporary Absence Policy (Review Date: 2/20/25) shows: 1. Resident Rights and Notifications-Residents and/or representatives will receive written notice of bed hold rights at admission and each time, a resident is transferred to the hospital or placed on leave. Notice must include coverage periods, private-pay options, and return rights. Updated notices will be issued if information changes. Procedure: 1. Staff provide the Bed hold notice at time of transfer, including duration and payment structure. 2. Medical record must include health status, transfer reason, notices, dates of communication, ombudsman notifications, and return needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145004	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crescent Care of Elgin	180 South State Street Elgin, IL 60123

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview and record review, the facility failed to assess, monitor and obtain a treatment order for a resident with a known pressure wound. This affects 1 of 4 residents (R89) reviewed for pressure ulcers. The findings include:R89's face sheet documents admission date of 11/24/25. Diagnoses include surgical amputation of left foot due to foot ulcer, type II diabetes mellitus, hyperlipidemia, depression, obstructive sleep apnea, hypertension, atherosclerotic heart disease, atrial fibrillation, congestive heart failure, peripheral vascular disease and osteoarthritis. MDS (Minimum Data Sheet) dated 11/3/25 documents R89 has intact cognitive functions. R89 is totally dependent on two staff for transfers and needs partial/moderate assistance with bed mobility. On 12/1/25 at 10:35 AM, incontinence care was being provided by V7 (Certified Nursing Assistant/CNA), V8 (CNA) and V9 (CNA). When R89 was positioned on his left side, an undated bordered foam dressing was observed on R89's sacrum. The wound dressing appeared old and was peeling off from R89's skin. V9 said she was going to take it off and inform the nurse to change it. V9 proceeded to take it off and went to the nurse. V4 (Wound Care Nurse) came to the room and immediately said that the dressing was not for pressure ulcer but was a pain patch and she will inform the nurse that it needs to be replaced. V4 was requested to look at R89's sacrum. V4 assessed R89's sacrum and said it looks like slough was present. She excused herself to get supplies for wound care. When V4 returned to R89's room, she proceeded to clean R89's sacral wound with normal saline. After cleansing, she measured the wound. R89's pressure wound measured 9 cm x 8.5 cm x 0.1 cm. V4 said there is a small area of the wound showing granulation but most of the wound was slough. V4 said she will inform R89's physician and will obtain orders for wound care. V4 said she was not informed of R89's wound on his sacrum. She said the last time she saw R89 was on 11/28/25 and wound was not present. V4 said she did a comprehensive skin assessment on 11/25/25 and wound on sacrum was not there.R89's hospital records immediately prior to admission were reviewed. The records showed R89 had a documented sacral pressure wound measuring 7 cm x 8.5 cm x 0.1, the wound was purplish, non-blanchable erythema, open deep tissue injury.On 12/2/25 at 11:00 AM, V13 (Wound Care Nurse Practitioner) said wounds should be assessed regularly, treatments should be monitored to increase chances of wound healing. V13 said if wound is not assessed and if proper wound treatment is not done, chances of the wound deteriorating increases.On 12/1/25 at 10:40 AM, review of R89's POS (Physician Order Sheet) showed no treatment order was included for R89's sacrum pressure wound. TAR (Treatment Administration Record) for November and December were reviewed and there was no treatment ordered for R89's sacrum wound. Care plan was reviewed, no care plan for right sacrum wound noted. Comprehensive Wound Assessment done by V4 on 11/25/25 documented wound due to below knee amputation of leg. V4's Progress Notes dated 11/25/25 at 4:24 PM documents that a body check was completed. R89's wound due to left lower extremity amputation was documented. No other wounds were documented. Facility's Pressure Ulcers/skin Breakdown-Clinical Protocol revised in March 2025 documents the following: Assessment and Recognition 3. The staff will examine the skin of a new admission for ulcerations or alterations in skin. Treatment/Management 1. The physician will authorize pertinent orders related to wound treatments, including wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents if indicated for type of skin alterations.