

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Crystal Pines Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 335 North Illinois Avenue Crystal Lake, IL 60014	

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)
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47552</p> <p>Based on interview, and record review the facility failed to ensure a resident was free from misappropriation. This applies to 1 of 4 residents (R1) reviewed for misappropriation in the sample of 4.</p> <p>The findings include:</p> <p>R1's Minimum Data Set, dated dated [DATE] shows R1 scored a 15 out of 15 on her brief interview for mental status test indicating R1 is cognitively intact.</p> <p>On 2/24/25 at 10:00 AM, R1 said during the week of February 10th through February 15th, V4 (R1's Family Member) visited and gave R1 two twenty-dollar bills. R1 said she placed the two bills with the rest of R1's money in the side pocket of her purse that uses a drawstring to close.</p> <p>On 2/24/25 at 11:53 AM, V4 said after giving R1 the money, R1 and V4 counted the money together and V4 watched R1 put the money into the side pocket of the purse and closed the drawstring closure.</p> <p>Facility sign-in sheet for visitors shows that V4 visited R1 on 2/11/25 and again on 2/14/25.</p> <p>On 2/24/25 at 10:00 AM, R1 said on the morning of 2/15/25, R1 asked V5 (Agency Certified Nursing Assistant- Agency CNA) to grab R1's purse from the floor to give money to V5 to go to the vending machine for R1 and purchase a water and a package of cookies. When V5 gave R1 her purse, R1 opened the side pocket with the drawstring and immediately noticed the two twenty-dollar bills were not in the pocket. V5 said V5 helped R1 search R1's purse and immediate surrounding in R1's room, but the money could not be found.</p> <p>On 2/24/25 at 11:27 AM, V6 (RN Supervisor) said V5 reported the missing money to V6 and V6 immediately notified V2 (Assistant Administrator) who was working as the manager on duty for the weekend. V2 along with V1 (Administrator) notified the local police and state agency of the incident and conducted an investigation thereafter.</p> <p>On 2/24/25 at 10:40 AM, V1 said after discussing the incident with R1, R1 believed V5 stole R1's money, but could not determine when. V1 said V5 was immediately suspended pending the investigation and V3 (Director of Nursing) placed V5 on the Do Not Return list with V5's staffing agency. V1 reimbursed R1 the missing forty dollars and R1 was appreciative.</p> <p>(continued on next page)</p>

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
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<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/24/25 at 11:37 AM, V5 denied taking R1's money but corroborated helping R1 search R1's purse and room for the missing money.</p> <p>Facility Abuse, Prevention, & Prohibition Policy dated 12/2024 states, Each resident has the right to be free from abuse, corporal punishment, and involuntary seclusion. Residents must not be subjected to abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff or other agencies serving the resident, family members or legal guardians, friends, or other individuals . Misappropriation of Resident Property is defined as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent.</p>		