

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 12/03/2025
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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>Based on observation and interview the facility failed to ensure residents are treated with dignity and respect. This applies to 2 of 4 residents (R1, R2) reviewed for resident rights in the sample of 4. The findings include: On 12/2/25 at 9:24 AM, R1 was in her room sitting in her wheelchair, sitting next to her roommate R2. R1 said on 11/28/25, there was a young kid V3 (Agency CNA) who came into her room to assist her in the bathroom. R1 said it was the first time she had seen V3, he was wearing street clothes a black shirt, no name tag and did not introduce himself. R1 said he looked like he would be cleaning the floors wearing a black t-shirt with writing on it. I don't think that's professional attire, he did not announce who he was and just came into our room and took me to the bathroom. R1 said she felt uncomfortable, he didn't explain who he was and she did not know he was a CNA. On 12/2/25 at 9:28 AM, R2 was in her room sitting in her wheelchair, sitting next to R1. R2 said on 11/28/25, V3 entered the room, did not knock or introduce himself. V3 was not wearing a name tag and had a black t-shirt on that said class of 2023. V3 came in caressed his hand on my head down my face. R2 said she jerked back, and he removed his hand. R2 said she felt uncomfortable and surprised, he has no right to do that. She didn't know V3, and it seems agency staff are not qualified. She would expect staff to knock, identify themselves and treat the residents with more respect. R2 said V3 was asking me to guess his age and she thought the conversation was weird. On 12/2/25 at 11:23 AM, V3 (Agency Certified Nursing Assistant-CNA) said he was R1 and R2's aide on 11/28/25. Typically, he wears scrubs when working with his name tag. V3 confirmed he was a t-shirt that evening and said his name tag came off. He should knock on the door and introduce himself when he enters a room. V3 said he does not recall touching R2's hair or face while providing care. On 12/2/25 at 2:42 PM, V5 (CNA) said she was the night CNA on 11/28/25. V5 said some of the agency staff don't wear scrubs or name tags. That night V3 was wearing sweatpants and a t-shirt. R2 said V3 was petting her on the head and she did not like that. R1 reported V3 in street clothes and she felt uncomfortable not knowing who he was. On 12/2/25 at 11:54 AM, V6 (CNA) said R2 complained of V3 touching her face and feeling uncomfortable. Some of the agency staff wear street clothes and no name tag, residents have complained about this. On 12/2/25 at 1:07 PM, V1 (Administrator) said all staff should wear scrubs and their name tags including agency staff. They should identify themselves when entering the rooms and interact with residents in a respectful manner. R2 said she felt uncomfortable when V3 patted her on the head.</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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