

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145612	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2024
NAME OF PROVIDER OR SUPPLIER  Pearl of Crystal Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 East Brighton Lane Crystal Lake, IL 60012	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>35178</p> <p>Based on interviews and record reviews the facility failed to ensure an as needed medication was documented in R1's Medication Administration Record (MAR) for 1 of 10 residents reviewed for pharmacy services in the sample of 10.</p> <p>The findings include:</p> <p>On 07/31/24 at 3:13PM V6 (RN-Registered Nurse) said, I assessed R1 to have pain 6 out of 10. I provided her with the house stock acetaminophen pain medication. I forgot to document the administration. R1 received acetaminophen 650 milligrams by mouth for 6 out of 10 pain.</p> <p>On 08/01/24 at 2:00PM V2 (DON-Director of Nursing) said, the nurse should ensure they document the medication provided to the residents in the residents' MAR.</p> <p>R1's Medication Administration Record dated July 2024 shows, R1 did not receive any as needed acetaminophen while in the facility.</p> <p>The facility's Medication Administration policy dated 03/20/20 shows, Document as each medication is prepared on the MAR.</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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