STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510155	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAND VICTORIAN OF CRYSTAL LAKE	965 N BRIGHTON CIRCLE CRYSTAL LAKE, IL 60012

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A 000	Initial Comment Complaint Investigation IL197034 - Resident not in assisted living. Facility Reported Incident IL197477 deficiency 295.5000 f)2) IL197403 deficiency 295.4010d)e)h) IL197065 no deficiency	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 2 Violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised, if necessary, immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).	A4010		

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A4010	Continued From page 1 2) The amount, type, and frequency of health-related services needed by the resident. 3) Staff responsible for the provisions of the service plan. 4) Any risk being negotiated; and . h) The service plan shall include all support services provided or arranged for by the establishment. i) Nothing in this Part limits a resident's ability to direct his or her own care and negotiate the terms of his or her own care. Residents have the right to refuse certain services or approaches that would otherwise be recommended based on the physician's assessment if the resident has received clear information regarding the risks and benefits of such a choice and the choice does not put other residents or staff at risk. Disclosure of the risks of refusing services or approaches must be documented in the service plan. This requirement was not met, as evidenced by: Based on interview and record review the facility failed to integrate outside services into facility service plan and failed to address history of falls in service plan with interventions. This involves 1 (R1) of 1 person reviewed for service plans. This failure caused harm to a resident and has the substantial probability to cause harm to other residents. Findings include: Record review for R1 showed R1 was admitted to the facility on 7/25/23 with diagnoses to include	A4010		

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A4010	Continued From page 2	A4010		

hyperlipidemia, dementia, mood disorder, Alzheimer's disease, and hypertension.

R1's facility reported incident dated 9/2/25 showed R1 was seated on his rollator and was being propelled by E14 (PT-Physical Therapist) heading towards the main dining room. As E14 pushed the rollators over the threshold of the doors towards the dining room, the rollator tipped backwards and R1 fell backwards. R1 sustained skin tear on left elbow and complained of pain in right knee. 911 was called, R1 was sent to the hospital and was admitted there.

R1's Physician's orders dated 3/11/25 included PT (Physical Therapy), OT (Occupational Therapy) eval and treat for pain in right knee.

R1's 'fall risk assessment' dated 7/1/25 showed R1 was a high risk for falls and that he had previous history of falls.

R1's service plan did not include fall assessment and interventions to prevent further falls. R1's service plan did not include therapy services.

E13 (Therapy manager) stated, R1 received PT (Physical Therapy) from 3/25/25 to 4/23/25 and 5/21/25 to 8/19/25. E13 stated, R1 was on Therapy Department's wellness program from 7/31/25 to 9/3/25, where he received 2 sessions in a week to remind and help him walk.

E14 (Physical Therapist) stated, R1 sat on the rollator as he had knee pain and she pushed him towards the dining room. E14 stated, as they rolled over the threshold of the doors to the dining room, the rollators tipped backwards and R1 fell backwards, sustaining skin tear on left elbow and R1 also had pain in right knee. E14 stated, she

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A4010	Continued From page 3 called for help and nursing staff took over from there. E2 (DON-Director of Nursing) stated, the seat on the rollator walker is for resident to rest if they are tired while walking. E2 stated, it is not safe for residents to sit on and be pushed to destination and that it is not meant for that. E2 stated, R1 always has complaints of knee pain since admission. E2 stated, R1 had a previous fall on 12/18/24 in the parking lot of the facility. Post fall, on 12/18/24, R1 was not sent out to the hospital as he had no injuries. E2 stated, post fall on 9/2/25, the assessment was done by E15 (Program Director for Assisted Living), who is neither a nurse nor a physician. E2 (DON) was not able to produce any clinical training for E15. Facility policy on Falls Management dated 09/2025 showed Procedure: C. Upon a resident fall event, an immediate assessment by a licensed clinician or evaluation by a non-licensed, trained staff member should be completed to determine any possible injury.	A4010		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 3 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage f) If an establishment provides medication administration or supervision of self-administered	A5000		

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A5000	Continued From page 4	A5000		

medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address:
2) Storing and controlling medication;

This requirement was not met as evidenced by:

Based on record review and interview, the facility failed to follow policy regarding safe keeping of narcotics,failed to do subsequent counting of narcotics, and failed to notify administration of missing medication in a timely manner.
This involves 1 of 3 residents (R3) reviewed.
This failure resulted in 1 bottle of controlled substance dilaudid unaccounted for.

Findings include:

R3 was admitted to the facility on 3/6/25 with following diagnoses : diabetic, chronic kidney disease, hyperlipidemia, hypertension, a-fib, a-flutter, TIA, and weakness of lower extremities and history of falls prior to admission.R3 was placed on hospice care.

On 3/28/25 , the hospice agency provided R3 with a medication comfort kit which included the following medications: Dilaudid liquid and Ativan.
On 8/20/25 at 12:23 AM, R3 expired in the establishment.

Missing medication scenario:
On 8/20/25 at 2 am , E17 (Staff Nurse) and Z3 (hospice nurse),wasted medication (Ativan) of R3.
8/21/25 Thursday at 7:01am E7 (R)N) and E3 (Med Tech) counted and saw R3's Dilaudid in locked narcotic cabinet.

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A5000	Continued From page 5 8/21/25 pm shift E3 counted with pm nurse and R3's narcotic was in locked cabinet. 8/21/25 night shift E8 (Registered Nurse), E9 (Registered Nurse) and E12(Registered Nurse)can't remember if they saw narcotic bottle but counted that shift. 8/22/25 Friday day shift count was not done due to an emergency. 8/22/25 3 pm shift counted E3 (Med tech) E11 nurse count off. 8/22/25 11pm (night shift E12 RN E10 RN counted, count off. 8/23/25 Saturday am staff notified DON of missing narcotic. E2 DON went to facility and started her investigation. 9/16/25 E2 DON noted that Z1 (Police/Detective) were called and started an investigation for missing narcotic. R3's narcotic (Dilaudid)was never found. Police closed their case with no findings. Policy Procedure for storage and handling of schedule 11 Medications: Purpose: the purpose of this procedure is to ensure safe medication delivery and storage. 1.Only a licensed nurse may open the resistant bag 2. Schedule 11 medications must be stored in a locked medication cabinet within the nursing office, or other secure location until medication is needed. 3. Licensed nurse will deliver schedule 11 medication to the resident apartment as indicated by the residents need. 4. Each time a schedule 11 medication is delivered it will be reconciled with pharmacy sheet and stored in a controlled-medication	A5000		

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A5000	Continued From page 6 binder and / or with medication in locked cabinet. Completed count sheets will be filed in the resident record until time of discharge. (count sheet is not considered part of the designated record set) If a medication is discontinued, the schedule 11 medication will be destroyed per medication disposal policy.	A5000		