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 _____	01/08/2026

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 Annual Licensure Survey conducted 295.2000c)13) 295.2040e) 295.4050 696.140a)2)C) Facility Reported Incident 12/27/2025 - IL 199303 Technical Infraction: 295.2050b) During this survey, it was identified that the establishment did not report the accident within 24 hours of the fall. The regulations were reviewed with the establishment who verbalized understanding. It was determined a technical infraction would be given surrounding this event. While the surveyor was onsite, the establishment has taken steps to correct the situation, including prevention from reoccurrence, as listed in 295.2050b). No violation imposed. Facility Reported Incident 12/31/2025 - IL199385 295.6010a)1)2)	A 000		
A2000	Section 295.2000 Residency Requirements This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements TYPE 2 VIOLATION	A2000		

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A2000	Continued From page 1 c) A person shall not be accepted for residency if: 13) The person requires 5 or more skilled nursing visits per week for conditions other than those listed in subsection (c)(12) for a period of 3 consecutive weeks or more except when the course of treatment is expected to extend beyond a 3 week period for rehabilitative purposes and is certified as temporary by a physician. (Section 75(c) of the Act) This requirement was not met, as evidenced by: Based on interview, and record review the establishment failed follow residency requirements for a patient with a stage 3 pressure wound. This applies to 1 of 10 (R7) reviewed for residency requirements in the sample of 10. This failure creates the substantial probability of harm to a resident. The findings include: On 1/8/2026 at 9:34AM, E2 Director of Nursing (DON) said [R7] currently has a stage 3 wound, and it had been there since admission. E2 said they do not normally admit residents with stage 3 wounds. R7's History of Present Illness documentation states, . . . the patient originally developed the wound during a rehabilitation stay following a fall at home. She was living independently at the time but moved to an assisted living establishment in late 2024 after her rehab stay. . . Skin: wound to coccyx. . . Wound: sacral 0.4cm x 0.2cm x 0.3cm. . . non-healing coccygeal wound, stage 3 pressure ulcer. . .	A2000		

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A2040	Continued From page 2	A2040		
A2040	Section 295.2040 Disaster Preparedness This Regulation is not met as evidenced by: Section 295.2040 Disaster Preparedness TYPE 2 VIOLATION e) Drills shall include residents, establishment personnel, and other persons in the establishment. This requirement was not met, as evidenced by: Based on interview, and record review the establishment failed to include residents in the fire drills. This has the probability to affect all residents residing in the establishment. The findings include: On 1/7/2026 at 12:41PM, E13 (Maintenance Director) said fire drills are being done once a month. E13 said they have only been including or evacuating residents in the affected area. E13 said the establishment has not been including residents with the drills done at 11:00PM. The establishment provided Fire & Disaster Drill & Alarm Report dated 8/28/2025 at 3:30PM and 11/25/2025 at 3:20PM does not have an attached list of residents who were included in the drill.	A2040		
A4045	295.4045 Infection Control EMERGENCY This Regulation is not met as evidenced by: Section 295.4050 Tuberculin Skin Test	A4045		

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A4045	Continued From page 3 Procedures TYPE 3 VIOLATION Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm. Code 696). Section 696.140 Screening for Latent Tuberculosis Infection (LTBI) and Active Tuberculosis (TB) Disease a) Screening for Latent TB Infection 2) Workers and clients at health care settings and other residential settings serving high-risk groups shall be screened in accordance with this subsection (a)(2) and the following CDC guidelines: Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection; Guidelines for Health-Care Settings; Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC. C) All clients in non-acute care residential health care settings serving high-risk groups shall obtain an entry TB screening according to the healthcare establishment written protocol. Routine periodic screening shall be determined by completing a Department approved a risk assessment tool performed in cooperation with the local TB control authority. The TB Risk Assessment Form is available on the Department's website at https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/tuberculosis-risk-assessment.pdf. This requirement was not met, as evidenced by:	A4045		

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A4045	Continued From page 4 Based on interview, and record review the establishment failed to screen residents and staff within 7 days of admission or hire per the establishment's policy. This applies to 1 of 10 (R5) residents in the sample of 10 reviewed for TB screening. This also applies to 1 of 5 (E3) staff in the sample of 9 reviewed for TB screening. The findings include: On 1/7/2026 at 12:15PM, E12 (Human Resources Director) said TB testing for staff is usually done within 7 days of hire. E12 said [E3 - Certified Nursing Assistant) is a night shifter and it was harder for her to track her down. The establishment provided Employee Roster dated 1/7/2026 lists E3's Seniority Date as 10/29/2025. The establishment provided Tuberculosis Skin Test Screening Record for E3 lists an administration date of 11/26/2025. On 1/8/2026 at 9:34AM, E2 (Director of Nursing - DON) said TB testing is done upon admission and annually there is a screening questionnaire completed. The establishment provided Rent Roll document dated 1/7/2026 shows an admission date of 11/10/2025 for R5. The establishment failed to provide a TB test for R5 during the annual survey. The establishment provided Tuberculosis Skin Testing and Follow Up (Residents & Employees) policy revised 5/2025 states, . . . A two-step	A4045		

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A4045	Continued From page 5 Mantoux, P.P.D. tuberculosis skin test will be administered to: 1. New employees within 90 days prior to the date of hire or commenced no more than seven days after the date of hire. 2. New residents within 90 days prior to the date of admission or commenced no more than seven days after the date of admission . . .	A4045		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr This Regulation is not met as evidenced by: Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting TYPE 3 VIOLATION a) When the establishment has a reasonable belief that a resident has been the victim of abuse, neglect, or financial exploitation, the establishment shall: 1) Notify the Department within 24 hours after receiving the allegation, by contacting the Assisted Living Complaint Registry by telephone, fax, or other electronic means. The establishment shall document this report and maintain documentation on the premises for 12 months after the date of the report. 2) Investigate and develop a written report within 14 days after the initial report. The establishment shall send the written report to the Department within 24 hours after it is completed and shall maintain a copy of the written report on the premises for 12 months after the date of the report.	A6010		

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A6010	Continued From page 6 This requirement was not met, as evidenced by: The establishment failed to report and investigate an allegation of misappropriation. This applies to 1 of 3 (R2) in the sample of 3 reviewed for misappropriation. The findings include: On 1/8/2026 at 11:29AM, E9 (Caregiver) said she [R2] had reported a missing jewelry item a couple months ago. E9 said [R2] didn't want her to report it but she did report. On 1/8/2026 at 11:43AM and 1:44PM, E1 (Executive Director) said she did not do a reportable regarding the allegation for [R2] and doesn't even recall what the item was. E1 said she called the resident's family right away and they came in right away. E1 said she probably didn't document it. E1 said it should have been documented.	A6010		