

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 324	Continued From page 10 Completion 9-14-05. One Registered Nurse on vacation and will be inserviced before returning to work.	F 324			
F9999	FINAL OBSERVATIONS LICENSURE 300.1210a) 300.1210b)4) 300.1210b)6) Adequately and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Personal care shall be provided on a 24-hour, seven day a week basis. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These regulations are not met, as evidenced by the following: Based on observation, record review, and interview the facility failed to determine the location of 1 resident exhibiting exit seeking behaviors, prior to silencing the activated door alarm. R1 left the facility unattended without staff knowledge on 6-27-05. The facility failed to do a thorough grounds check, have an assessment tool to identify residents at risk for elopement, and have licensed staff perform a physical	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 11</p> <p>assessment of R1 following R1's return into the facility.</p> <p>This is for 1 of 1 residents at risk for elopement. (R1)</p> <p>The example includes:</p> <p>R1's Physician Orders Sheet dated June, 2005 documents R1's diagnoses to include Dementia, Cerebrovascular Accident, and Arthritis.</p> <p>R1's assessment of 6-12-05 assessed R1 as having short and long term memory problems. R1 is assessed as being moderately impaired in cognitive skills for daily decision making. R1's assessment documents that R1 requires extensive assistance of one person for bed mobility, and personal hygiene. R1 is totally dependent on one person for physical assistance in the areas of transfer, walking in room, dressing and toilet use. R1 was not able to complete the test for standing balance without physical help.</p> <p>R1's assessment dated 6-3-05 for cognitive loss documents the following " R1 has a history of alcohol abuse affecting cognitive function. R1 is usually okay but has points of cognitive failure that requires staff assist. R1 has impaired decisional ability."</p> <p>R1's assessment dated 6-28-05 documents that R1 had wandering behavior occurring 1-3 days out of 7 days and that this behavior was not easily altered. R1 was assessed as requiring extensive physical assistance of one person for walking, dressing, and toilet use. R1 was identified as having frequent bowel and bladder</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 12 incontinence.</p> <p>R1's assessment dated 6-28-05 addressing R1's cognitive loss documents the following "memory gaps both short and long term. R1 is able to learn and retain and recall bits of information that advance her own choices but R1 functionally does not recall data unrelated to her specific goals. R1's deficits are related to safety and require intervention."</p> <p>R1's care plan for cognitive deficit dated 6-28-05 documents R1's goal as " R1 will change at least one choice daily to be appropriate, due to better information."</p> <p>R1 was assessed as high risk for falls on 5-21-05 . R1's total score was 18. (Scores above 10 require fall prevention interventions to be put in to place) R1's care plan for fall prevention dated 5-23-05 documents that R1 frequently stands from a sitting position and does not lock the brakes on the wheel chair.</p> <p>R1 was assessed by Z1(Psychiatrist) on 6-8-05. Z1 documents that R1 is alert, disoriented, confused, impulsive, impaired cognition, erratic sleep, impaired insight/judgment, angry, and focused on going home. R1's diagnosis is documented as Dementia/ Alzheimers.</p> <p>R1's Nursing Notes document the following:</p> <p>6-4-05 at 6:30 PM until 6:45 PM "R1 was found walking outside the facility on the lane." The identified lane is 0.2 miles from a heavily traveled highway with a speed limit of 45 miles</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 13</p> <p>per hour.</p> <p>6-6-05 at 8:00 PM, R1 asking " How do I go home?"</p> <p>6-7-05 at 9:00 AM, R1 went out to the patio after breakfast, redirected back.</p> <p>6-7-05 at 4:00 PM, R1 was pushing her wheel chair ambulating very fast going toward the D wing exit. Attempted to slow R1 down and R1 became physically abusive, hitting nurse two times on the arm. Supported R1's body and sat her on the wheel chair to avoid R1 from falling. R 1 said " I'll be killed here, I might as well go and kill myself, I want to got home, let me go."</p> <p>6-10-05 at 12:00 noon, R1's family was told to provide R1 with a companion for the weekend of 6-11-05 and 6-12-05. The same entry documents " R1 needs 1:1 due to previous week end/ elopement risk and R1 is not easily re-directed, requested family attendance involvement or an outside agency."</p> <p>6-15-05 at 9:40 AM, R1 up at front door stating " Will you let me go home if I pull the fire alarm?" R1 then activated the fire alarm</p> <p>6-18-05 at 10:45, R1 triggered door alarm on A wing, nursing staff brought R1 back inside and back to her room.</p> <p>6-21-05 at 7:00 PM, R1 found opening the rehab door by he A wing as stated by Certified Nursing Assistant. (CNA)</p> <p>6-22-05 at 1:00 PM, R1 attempted elopement</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 14</p> <p>through the D wing door. CNA intercepted as she was going out the door. R1 was escorted around the building and in the front door.</p> <p>The Investigation of R1's elopement dated 6-27-05 documents around 3:00 PM R1 exited the facility through the A wing exit door. E1(CNA) responded to the door alarm. E1 did not observe any resident or staff member outside of the exit door. E1 silenced the alarm and returned to work. R1 was found in the parking lot in her wheel chair by a staff member who was going home.</p> <p>E1(CNA) wrote a statement on 6-27-05. E1 documents " looked at call light panel and found A wing going off, went down and checked it. Went out on ramp could not see any one and came back in."</p> <p>R1's nursing notes for 6-27-05 have only one entry for 6:18 PM that states R1's daughter was notified of incident of elopement today. There is no physical assessment documented in R1's record.</p> <p>The weather station history report shows that on 6-27-05 at 3:00 PM the outside temperature in Crystal Lake was 93.2 degrees Fahrenheit.</p> <p>On 9-7-05 8:30 AM E2 (Registered Dietician) was interviewed. E2 stated that on 6-27-05 some time after 3:00 PM she was going home. E2 said she saw R1 seated in a wheel chair at the end of the black top in the back parking lot. E2 said " R1 was always trying to get out, always wanted to go home." E2 said it was really hot out that day. E2 stated " I told R1 she could not be outside there is an ozone alert. R1 tried to leave the facility all</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 15</p> <p>day long, she would say to everyone who passed by her 'can I go with you?' When I was in the parking lot there was no one else out there looking for R1, no one else was going home at that time."</p> <p>On 9-12-05 at 3:15 PM the distance between the A wing exit door and the location of where R1 was found in the back parking lot was paced off. The distance was 128 paces. The parking lot has two areas of decline making the surface uneven and steep. The steep areas begin at the end of the walk way coming out from the A wing exit door, and the other is the entrance to the delivery ramp.</p> <p>E3, Assistant Director of Nursing (ADON) was interviewed on 9-7-05 at 10:30 AM. E3 stated that when the alarm triggered on 6-27-05 E1 (CNA) responded. E3 said " I was in my office. E1 said I'm going to go out and get the alarm, and I said okay. E1 walked out the door looked both ways and saw no one, E1 turned off the alarm and everyone assumed it was okay."</p> <p>E4 (Restorative Nurse) was interviewed on 9-7-05 at 10:35 AM. E4 stated "I was in my office and heard someone say the door is going off, they said E1 was outside, so I went back to my office."</p> <p>E5 (Registered Nurse) was interviewed on 9-7-05 at 10:55 AM. E5 stated " I had just come in to work. R1 tends to elope everywhere she goes, R1 had a history of elopement prior to coming here . I have no knowledge how R1 got out that day, R1 is very quick. Both nurses were in the middle of report in the library, neither of us had knowledge of what was going on until E3 (ADON) came and</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 16 told us R1 was found outside." E6 (Restorative CNA) was interviewed on 9-7-05 at 11:00 AM. E6 stated that prior to R1's elopement that day she had been "her usual self, just going around the building." E2 said that R1 was frequently asking staff " How do I get out of here?" E7 Licensed Practical Nurse (L.P.N.) was interviewed on 9-7-05 at 11:05 AM. E7 stated "It happened during report, I was giving report to E5 in the library, I've only been here since June 7 th." E8 (CNA) was interviewed on 9-7-05 at 11:10 AM . E8 stated R1 used to live in assisted living. E8 said "R1 wanted to go back there because she had a cat, R1 just wanted to go home." E10 Registered Nurse (RN) was interviewed on 9-27-05 at 11:25 AM. E10 stated that R1 eloped during the change of shift. " I didn't hear the alarm, I was in the library getting report." E13 (R.N.) was interviewed on 9-7-05 at 11:30 AM. E13 stated " I was in the library, can't hear the alarm with the door closed, the nursing assistants were on the floor." E11 (CNA) was interviewed on 9-27-05 at 11:25 AM. E11 stated "R1 always wanted to go home, R1 was always by the door, and going hall to hall. I heard R1 say I want to go home." On 9-8-05 at 10:10 AM Z1 (Psychiatrist) was interviewed. Z1 stated that R1 would be a danger to herself if she were out of the facility unassisted	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 17</p> <p>. Z1 was not aware that R1 had left the facility without staff knowledge.</p> <p>On 9-7-05 at 12:15 PM E9 (Director of Nursing) was interviewed. E9 stated that there is no specific assessment tool used to identify residents at risk for elopement. E9 said " it is just done in the first 72 hours and ongoing."</p> <p>On 9-7-05 at 12:45 PM E12 (Administrator) stated the facility currently is not using an elopement risk assessment. E12 said " we have one now but it has not been implemented yet, R1 did not have one."</p> <p>The facility Elopement Policy and Procedure under procedure item number 5, reads that " If staff is not able to identify the source of the alarm the staff will exit the facility and check outside the building to ensure a resident has not exited the building unsupervised." Item 6 reads " If the staff is not able to identify the source of the alarm the staff will immediately notify the Administrator/ designee and a head count will be conducted immediately by the nursing department and the results made immediately known to the Administrator/designee.</p> <p>During a confidential interview on 9-8-05 at 9:30 AM it was learned that R1 used to wander when she lived in assisted living. R1 would wander within the building during the night. It was stated that "R1 has no concept of the consequences of going out alone. Some times R1 has dreams and doesn't know if it is a dream or real."</p> <p>A confidential interview was conducted with Z3 on 9-7-05 at 3:00 PM. Z3 stated that "when R1</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2005
FORM APPROVED
OMB NO. 0938-0391

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 C 09/14/2005
NAME OF PROVIDER OR SUPPLIER FOUNTAINS AT CRYSTAL LAKE, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST BRIGHTON LANE CRYSTAL LAKE, IL 60012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 18 lived in assisted living R1 was beginning to be confused, could not remember things, could not make safe decisions." R1 was observed at another facility on 9-7-05 at 2:00 PM. R1 was sitting in a wheel chair near the second floor dining room. R1 was observed to have food debris on right pant leg from the lunch meal. R1 was taken to her room for an interview at 2:15 PM. R1 was asked if she knew she was in a nursing home. R1 responded, " I have been here a long time. I don't remember going to a nursing home. They put me on a bus and brought me here. I guess no one ever came to pick me up, so I just stayed." R1 was asked if she knew the day of the week and the name of the month. R1 responded " It's the end of August isn't it?" While seated looking out the window in R1's room, R1 pointed to some white rock on the grounds and said " what's that honey, snow?"	F9999			