

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL5102956	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/04/2025
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NAME OF PROVIDER OR SUPPLIER BICKFORD - CRYSTAL LAKE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 717 MCHENRY AVE CRYSTAL LAKE, IL 60014
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(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) COMPLETE DATE
A 000	Initial Comment Complaint Investigation 2513343/ IL190314 -Section 295.4010a)d)e)g)A)C)2)3)h) cited.	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 physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living. C) special accommodations for the resident. 2) The amount, type, and frequency of health-related services needed by the resident.	A4010		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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A4010	<p>Continued From page 1</p> <p>3) Staff responsible for the provisions of the service plan.</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment.</p> <p>Based on interview and record review, the facility failed to:</p> <ol style="list-style-type: none"> 1. Conduct a revision on the resident's service plan to identify and address residents affected with acute gastro enteritis (AGE)/norovirus. 2. Implement interventions to monitor and manage residents' symptoms, prevent potential complications and to promote residents' comfort (hydration, dietary adjustment, and medication management) 3. Maintain residents' safety by identifying the specific precautions and appropriate personal protective equipment to be utilized. <p>These failures resulted in an outbreak of Acute Gastro Enteritis /Norovirus with a total number of eight residents (R1 through R8) and seven staff (E2, 4, 5, 7,8,9 and E10) affected that started from April 9 through April 14, 2025.</p> <p>The findings include:</p> <p>The establishment AGE (Acute Gastro Enteritis) Outbreak Line List identified eight residents (R1 through R8) and seven employees (E2, 4, 5, 7,8,9 and E10) with clinical symptoms to include nausea, vomiting diarrhea, abdominal cramps and fatigue.</p> <p>The list identified two staff (E2/Wellness Director/LPN and E7 /CNA) initially showing the signs and symptoms on April 9, 2025, at 7:00 AM followed by two residents R2 (at 9:00 AM) and R1 (at 11:00 AM).</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>On April 10, 2025, R4 was also identified with the symptoms (nausea, vomiting, diarrhea and abdominal cramps) and continued with two other residents (R5 and R6) and three employees (E5/Resident Assistant, E10/Maintenance and E4/Cook) on April 11; R8 on and E8/CNA on April 12; R3 and R7 on April 13, 2025.</p> <p>There were no plan of care develop to identify this concerns and risk factors for these eight residents (R1 through R8). There were no interventions develop and implemented to monitor the progress of the residents and to identify a coordinated treatment and services to promote safety and comfort to the residents as well as to prevent possible complications.</p> <p>These findings were discussed and confirmed by E1 (Executive Director) and E3 (Administrative Assistant/RN) on June 4, 2025, at 4:37 PM.</p>	A4010		