

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6022653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER ENCORE AT CRYSTAL LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 495 ALEXANDRA BLVD CRYSTAL LAKE, IL 60014		
(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 Annual Licensure Survey conducted on 6/11/2025. Violation: 295.4000 Physician's Assessment - a) g)	A 000		
A4000	Section 295.4000 Physician/s Assessment This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment.	A4000		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6022653	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER ENCORE AT CRYSTAL LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 495 ALEXANDRA BLVD CRYSTAL LAKE, IL 60014		
(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
A4000	<p>Continued From page 1</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to ensure the initial comprehensive assessments of residents, upon admission to the establishment, were conducted by a physician.</p> <p>This applies to 2 (R1, R3) residents reviewed for initial Physician's Assessment in the sample of 4.</p> <p>The findings include:</p> <p>On June 11 and 12, 2025, review of resident records and interview were conducted.</p> <p>The establishment's daily census showed R1's move-in date was May 22, 2025, and R3's move-in date was March 20, 2025.</p> <p>R1's Physician Admission Plan of Care dated May 15, 2025 was conducted and signed by a nurse practitioner (NP) instead of a physician.</p> <p>R3's Physician Admission dated March 18, 2025 was conducted and signed by a nurse practitioner (NP)/advanced practice RN (APRN) instead of a physician.</p> <p>On June 11, 2025 at 3:30 PM, E1 (Executive Director) and E2 (Wellness Director) said they will make sure to have the resident's physician conduct and sign off on the initial physician's admission/certification upon admission to the establishment.</p>	A4000		