STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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 Investigation of Facility Reported Incidents 9/19/24 IL178304, 9/19/24 IL178284, 9/19/24 IL178549, 10/9/24 IL179198 - Substantiated	A 000		
A2050	Section 295.2050 Incident and Accident Reporting This Regulation is not met as evidenced by: Type 3 Violation Section 295.2050 Incident and Accident Reporting a) An establishment shall report to the Department any serious incident or accident. For the purposes of this Section, "serious" means any incident or accident that causes physical or emotional harm or injury to a resident. A change in an individual's (resident's) condition that is due to health or medical decline is not a reportable incident or accident. b) The report shall be made by contacting the Department of Public Health Division of Assisted Living via email at DPH.LTCAL@illinois.gov or as requested by the Department within 24 hours after the occurrence of the incident or accident. c) A copy of the report shall be maintained by the establishment for one year after the date of the incident or accident. (Source: Amended at 47 Ill. Reg. 13264, effective August 30, 2023)	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A2050	Continued From page 1 This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to submit serious incidents/accidents to the Department within 24 hours after the occurrence of the incident/accident. This applies to 2 of 4 (R1, R3) residents reviewed for this requirement. The findings include: On 1/13/25 and 1/14/25, resident records were reviewed during an investigation of Facility Reported Incidents. There was no documentation found or provided to show the following serious incidents that caused physical harm or injury were reported to the Department: 1. R1's Progress Note, dated 3/6/24 at 22:19 (10:19 PM), showed care managers heard a loud thud and after checking, found R1 and another resident on the floor. R1 indicated, R1 hit their head and complained of a little pain. The note indicated there was no injury but did not indicate R1 was sent to the hospital for evaluation. R1's Progress Note, dated 5/21/24 at 7:50 (AM), showed R1 fell and landed on both knees and complained of pain to the knees. The note showed R1 refused to go to the hospital for evaluation. R1's Progress Note, dated 8/5/24 at 6:20 (AM), showed R1 had a fall that resulted in redness to both knees and left elbow, a skin tear to the left pinky toe, and abrasion to the right knee.	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A2050	Continued From page 2 2. R2's Progress Note, dated 8/9/24 at 6:05 (AM), showed R2 had a fall, stated, they hit their head and complained of back pain. The note did not indicate R2 was sent to the hospital for evaluation. R2's Progress Note, dated 8/9/24 at 10:27 (AM), showed R2 had a second fall and showed confusion and brain fog. R2's Progress Note, dated 8/9/25 at 11:15 (AM), showed R2 returned to the establishment, after evaluation and diagnostics at the hospital showed no acute head or spine injury, but R2 had a Urinary Tract Infection. During interview on 1/13/25, E2 (Resident Care Director) was not aware of what to report to the Department. The above incidents occurred prior to her taking the position on 10/11/24. The establishment policy titled Incident and Event Reporting (Revised 6/13/22) was not consistent with current state regulation to report a serious incident or accident that causes physical or emotional harm or injury and showed ...Action Steps: 1) ...report to the Department of Public Health an incident or accident that has a significant negative effect on a resident's health, safety or welfare. A significant negative effect shall be assumed whenever an unplanned or unscheduled visit to a hospital is necessary as a result of that incident or accident, treatment is provided, and follow-up care is required ... During interview on 1/14/25, E1 (Executive Director) was not aware the state regulation for reporting was revised, and he would be sure to update their policy.	A2050		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A6010	Continued From page 3	A6010		
A6010	Section 295.6010 Abuse, Neglect, and Financial Exploitation Pr	A6010		

This Regulation is not met as evidenced by:
Type 3 Violation

Section 295.6010 Abuse, Neglect, and Financial Exploitation Prevention and Reporting

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.

b) A written report of the investigation conducted pursuant to subsection (a)(2) shall contain at least the following:

1) Dates, times, and description of the alleged abuse, neglect or financial exploitation;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A6010	Continued From page 4 2) Description of any injury to the resident; 3) Description of any change in the resident's physical, cognitive, functional, or emotional condition; 4) Any actions taken by the licensee; 5) A list of individuals and agencies interviewed or notified by the establishment; 6) Names of witnesses to the alleged abuse, neglect, or financial exploitation; and 7) If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future ... This requirement was not met, as evidenced by: Based on interview and record review, the establishment failed to develop a written report within 14 days after the initial report and send the written report to the Department within 24 hours after completion. The report failed to include the minimally required information. This applies to 1 of 3 residents (R1) reviewed for this requirement. The findings include: On 1/13/25 and 1/14/25, resident records were reviewed during an investigation of a Facility Reported Incident for an allegation of employee to resident abuse against R1.	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A6010	Continued From page 5 R1's Incident and Accident Report, date of incident 9/7/24 at 8:00 PM, documented the allegation and showed confirmation to the Department as 9/7/24 at 23:01 (11:01 PM). R1's Incident and Accident Report, date of incident 9/7/24 at 8:00 PM, with confirmation to the Department as 9/24/24 at 14:53 (2:53 PM), was provided as the follow-up report to the Department. The report was not dated with the date of completion, but the confirmation showed the report was not completed by 9/21/24, within 14 days after the intial report, and submitted within 24 hours. The follow-up report was not a written report and did not contain all the minimum required information: -Dates, times, and description of the alleged abuse, neglect or financial exploitation: The report showed to "see original/initial report", for the description of the alleged abuse. -Description of any injury to the resident: The report did not detail any injury or lack of injury. -Description of any change in the resident's physical, cognitive, functional, or emotional condition: The report did not detail if the resident was monitored for anfor and described any change or lack of change in condition. -A list of individuals and agencies interviewed or notified by the establishment: The report did not document staff or residents interviewed.	A6010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510345	A. BUILDING: _____ B. WING _____	C 01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNRISE OF CRYSTAL LAKE	751 E TERRA COTTA AVE 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
A6010	Continued From page 6 -Names of witnesses to the alleged abuse, neglect, or financial exploitation: The report did not document the staff that witnessed and alleged the abuse. -If the abuse, neglect, or financial exploitation is substantial, a description of the action to be taken by the establishment to prevent the abuse, neglect or financial exploitation from occurring in the future: The establishment did not substantiate the allegation but the report did not document training/in-services that was provided to staff, due to the allegation. On 1/14/25, E1 (Executive Director) indicated the report was not written and sent in by him, but he would review the regulation to make sure it is followed going forward.	A6010		