Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6002273 B. WING 01/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13301 SOUTH CENTRAL AVENUE CRESTWOOD TERRACE CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations 2199389/IL00141467 S9999 Final Observations S9999 Complaint Investigations: 2199389/IL00141467 STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b)The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal care needs of the resident.

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ABORATORY 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 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ C IL6002273 B. WING _ 01/04/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

13301 SOUTH CENTRAL AVENUE

(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
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	Based on interviews and record reviews, the facility failed to follow their Abuse Policy, to affirm the right of their resident to be free from physical abuse. This failure affect one resident (R1) of 3 residents reviewed for Abuse. This failure resulted in R1 getting hit on the head and going to local hospital for skin laceration in forehead with steri-strips.			
	Findings Include:		- 44	
	Facility Reported Incident dated 12/13/21 reads in part: Both residents were in involved in physical altercation. R1 attempted to take R2's belongings and when R2 asked R1 to leave, R1 became verbally aggressive resulted in physical engagement. R1 has a laceration (small cut on the head). Conclusion of Investigation: Based on investigation conducted, review of medical records and interview with staff and residents involved, it could be concluded that both residents were involved in the altercation. R1 did go into R2's room. Upon being asked to leave R1 began to argue with R2 and the two ended up in a tugging match both pulling the clothing item at the same time. R1 would not let go, so R2 did take off her (R2) shoe and hit R1. R1 reported that R2 hit R1. R2 admitted that R2 hit R1 with her			
	(R2)shoe because R1 would not let go of R2's shirt and would not leave when asked. R1 remains on increased monitoring. R2 will be placed on increased monitoring upon return from the hospital and will be counseled regarding	:		76
	seeking assistance from staff. R1's record reviewed. R1 has diagnoses of but not limited to: schizoaffective disorder, dementia with behavioral disturbances, and bipolar disorder. R1 has a BIMS (Brief Interview for			47

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6002273 01/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13301 SOUTH CENTRAL AVENUE **CRESTWOOD TERRACE** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 Mental Status) score of 12 (Moderately Impaired). R1's care plan for wandering behavior, and it reads in part: 1.) R1 has a current behavior of going into peers room and staff offices uninvited. With interventions of but not limited to: R1 will be monitored as needed. R1 will participate in structured activities of interest and scheduled groups. R1 will receive 1:1 to discourage current behavior. 2.) R1 has a history of wandering, aggressive, inappropriate, attention-seeking behavior. R1 displayed inappropriate behavior towards staff on 4/22/21. On 6/13/21, R1 was socially inappropriate towards staff and was counseled. With intervention of: Intervene when any inappropriate behavior is observed. Communicate assertively that the R1 must exercise control over impulses and behavior. R1 has diagnoses of but not limited to: schizoaffective disorder, dementia with behavioral disturbances, and bipolar disorder. R1 has a BIMS (Brief Interview for Mental Status) score of 12 (Moderately Impaired). Progress note on 12/13/21 at 15:30, reads in part: R1 had a physical altercation with a peer where he received a superficial cut to the right forehead. Order received to transfer resident out via 911. Progress note on 12/14/2021 at 09:19, reads in part:

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R1 returned with laceration to right side of forehead. R1 had 3 steri-strips (thin adhesive strips used to close small incisions or wounds)

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		J. C. L.		STATE, ZIP CODE					
CRESTV	CRESTWOOD TERRACE 13301 SOUTH CENTRAL AVENUE CRESTWOOD, IL 60445								
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			ino	DEFICIENCY)	PRIAIL	DAIL			
S9999	Continued From pa	Continued From page 3							
	applied to site. Orde	er given and for treatment	'						
	carried out.								
8	R2's record reviews	ed. R2 has diagnoses but not	1						
	limited to: schizoaff	fective disorder, and major	1						
	depressive disorder	r. R2 has a BIMS score of 15	1			*			
	(Cognitively intact).								
	R2's progress note	on 12/13/21 at 17:55, reads in	1						
	part: Physician orde	er for R2 to be send to hospital							
	for psych evaluation	n due to physical altercation							
	with another resider	at.							
-	R2's progress note	on 12/14/2021 at 07:45,							
	reads: Follow up cal	all to hospital, spoke with ER	l j						
	nurse, R2 admitted								
ý.	Schizophrenia.								
		aggressive behavior, reads in							
	part:								
	1.) R2 displays pen	navioral symptoms related to ss. R2 is diagnosed with							
	schizoaffective disor	rder and major depression	1						
		ivioral symptoms are							
	manifested by physic	cal aggression.							
	2) R2 displays beh	navioral symptoms related to							
	severe mental illnes	ss. These behavior symptoms							
1	are manifested by R	R2 displaying physical							
-	abuse/aggression to	wards others.		·					
1	2) D2 displays soci	ially inconvenients and							
	maladaptive behavio	ially inappropriate and or related to: A mental illness			1				
		ne potential to be aggressive							
	towards peer.	p p 10							
	4) 50 5 L t-t								
		of aggressive behavior and ggression towards another			1				
	peer on 6/9/2021.	Jgression towards another							

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6002273 01/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **13301 SOUTH CENTRAL AVENUE CRESTWOOD TERRACE** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 On 12/28/21 at 11am, interviewed R2 and reported that R2 was sleeping in R2's room and R2 heard a noise. R2 woke up and saw R1 rummaging at R2's cabinet drawers. R2 asked R1 to stop and leave R2's room. Per R2, R1 refused to leave the room and continued to touch R2's belongings. R2 stated "R1 always come to my room and other residents' room. I got tired of him going through my stuff and taking my belongings. So I started hiding my shoes close to my bed. I told R1 to leave and R1 refused, so I hit him R1 with my shoe. R1 ran out of my room. bleeding". On 12/28/21 at 1pm, R4 (President of Resident Council) reported that R1 wanders in the facility and at times will take another resident's food off their meal trays. R4 also reported that R1 wanders to other residents' room. R4 is concern that R1's behaviors might end up in physical altercation with other residents. On 12/29/21 at 10:15am, V6 (PRSD) stated "R2 has a history of physical aggression towards other residents in the facility. R2 is care plan for those behaviors". On 12/29/21 at 12:30pm, V1 (Administrator) stated "R1 goes around the facility sometimes. R1 wanders occasionally. I don't think it is the first time, to my knowledge R1 has done it before. We have CNA on each halls. Somebody should be there watching the unit unless they are assisting other resident. R1 is pretty quick, R1 is ambulatory. V1 also stated that V1 investigated the incident on 12/13/21. Per V1, R2 admitted in hitting R1

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with R2's shoe. R1 had a laceration on R1's forehead, and was hospitalized and returned in

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	the facility the next	day. R2 remained agitated					
	and was sent out al	lso for evaluation, per doctor's	100	4			
		itted in the local hospital with					
		ophrenia and stayed in the of days. V1 stated that a CNA					
		away for a minute during that					
	particular time, the i	incident happened in the					
	afternoon during sh	nift change, someone may					
		t the time. When it is shift	1				
		have someone stationed in watch R1 and other residents.					
		d that R2 hit R1. "I did it, I hit					
	R1. R2 has a history	y of verbal aggression but I					
	can't remember if a	ny physical. R2 was yelling					
		acting out verbally, she did	8				
		e after R1 incident, however ed and the doctor gave an					
		evaluated. R2 was admitted in					
	the hospital. Was in	the hospital for a couple of					
		o the facility much calmer".					
	Ahuse Policy reads	in part with an effective date					
	of 4/2020: This facil	lity affirms the right of our					
-	residents to be free	from verbal, physical, sexual,					
	mental abuse, negle	• • •					
		property, involuntary					
	prohibits abuse, neg	atment. This facility therefore					
		property, and mistreatment of					
	residents. In order to	o do so, the facility attempted			To:	V.	
		ent sensitive and resident					
		The purpose of this policy is					
		cility is doing all that is within toccurrences' of abuse,				9	
		, misappropriation of property					
	and mistreatment of						
	Atus magne one n	huntal injury or			- 4.		
		hysical or mental injury or led upon a resident other than					
		s, Abuse is the willful infliction				15	

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6002273 01/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 13301 SOUTH CENTRAL AVENUE **CRESTWOOD TERRACE** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain, or mental anguish to a resident. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment. (B)

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