

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
S 000	Initial Comments Complaint Investigation: 2293084/IL145998	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210a) 300.1210b) 300.1210d)3)6) 300.1620e) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	S9999	Attachment A Statement of Licensure Violations	

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: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>each resident's comprehensive resident care plan. Adequate 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.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>e) The resident's licensed prescriber shall be notified of medications about to be stopped so that the licensed prescriber may promptly renew such orders to avoid interruption of the resident's therapeutic regimen.</p> <p>These regulations were not met as evidence by:</p> <p>Based on interview and record review the facility failed to identify and develop a plan with interventions to prevent drug seeking behaviors for a resident with a history of substance abuse. This failure affected 1 of 3 residents (R2)</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
S9999	<p>Continued From page 2</p> <p>reviewed for psychosocial interventions for substance abuse. This failure resulted in R2 seeking medication/drugs from peer residents, causing R2 to overdose and treated with Narcan (opioid antagonists).</p> <p>Findings include:</p> <p>On 4/19/2022 at 2:48 PM, R2 states regarding her hospitalization on 4/14/2022 that the nurses would not give her any pain medication. R2 states, her pain is in her side, back and left leg and she takes norco for pain. R2 states, "I was in a lot of pain and I got pain medication from another lady (R1) here." R2 states, "They don't give me pain medication when I ask, but (R1) can get whatever she wants from them. I know I made a mistake by getting the medication from her." R2 states that on 4/14/2022, (R1) "saw I was in a lot of pain and she gave me this white powder, and I took some with my finger and sniffed it. She told me, be careful and not to take a lot. She said I have to be careful because it was the straight stuff. I thought it was heroine." R2 states, "after taking the stuff (R1) gave me, I woke up the next day in the hospital .</p> <p>R2's Order Review Report notes Norco tablet 5-325mg 1 tablet every 6 hours ordered 3/8/22 as needed for Pain score 4-10.</p> <p>R2's Progress Notes dated 3/5/22 notes Nurse Practitioner was notified that R2's supply of Norco needs new script. Signed Script faxed to pharmacy.</p> <p>Review of Medication Administration Record for March 2022 notes R2 was not given Norco on 3/4/22 or 3/5/22.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
S9999	<p>Continued From page 3</p> <p>Review of R2's narcotic sheet is absent of any Norco administration for 3/5/2022.</p> <p>On 4/19/2022 at 2:56 PM, V11, (R2's Daughter), states, "the staff find (R1) here high all the time. The nurses and CNA's say that. I don't know why (R1) is still here." V11 states, this is the second time this has happened where (R1) has given her mother drugs. V11 states, "the night this happened (R5) told the nurse that (R1) told him to go check on my mother." R2 states about a month ago (3/5/22) she was in a lot of pain and (R1) gave R2 some medication, and she fell in R2's room and was sent to the hospital.</p> <p>On 4/20/22 at 1:25 PM, V3 LPN, said he was working on 4/14/22 when (R2) was unresponsive in her room. V3 said the paramedics had to give (R2) Narcan.</p> <p>On 4/20/22 at 2:48 PM, V9 Social Service Director said, I was told R2 was given Narcan when she went to the hospital on 4/14/22. V9 said if I know a resident has a drug abuse history I would care plan it. V9 said a resident with a drug abuse history can be referred to the Licensed Clinical Social Worker (LCSW). V9 said the facility has daily communication during morning meeting. V9 said she was told that (R2) went to the hospital and was given Narcan. V9 said I don't hear that medication mentioned often.</p> <p>On 4/20/22 at 1:37 PM V2 Director of Nursing, said, in March (R2) was hospitalized for Syncope. (R2) was unresponsive and was sent to the hospital. V2 said prior to (R2)'s hospital transfer on 4/14/22, I did not know (R2) had a history of drug use. V2 said if she had known that (R2) had a history of drug use she would have notified the Administrator, Social Services, and the Physician.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>V2 said if she was notified that a resident used drugs while residing in the facility an investigation would be done. On 4/21/22 at 2:03 PM, V2 said she reviewed (R2)'s hospital records from 3/5/22 and saw they had given R2 Narcan.</p> <p>On 4/21/22 at 2:12 PM, V12 LCSW, said she has seen R2 to discuss individual topics. V12 said (R2) is seen for Depression, Anxiety, and Grief. V12 said no groups are done in the facility and all programs are done on 1 to 1 basis. V12 said (R2) communicates and participates in her visits. V12 said asking if a resident has a drug abuse history is part of her intake documentation. V12 said she completed an intake on (R2) on 2/9/22. V12 said (R2) reported she had not used drugs in more than 12 months and was in "remission." V12 said depending on responses to the intake and if there are 2 or more concerns on the intake then she would discuss it with the team and make it part of (R2)'s treatment plan. V12 said (R2) was seen on 2/23/22 and 3/11/22. V12 said on 3/11/22 (R2) discussed grief and anxiety. V12 said she was aware (R2) had been hospitalized before 3/11/22 but she did not know why (R2) was hospitalized. V12 said hospitalizations are discussed at morning meeting. V12 said if a resident is hospitalized for drug use she would prefer the facility notify her. While reviewing her notes V12 said during her intake (R2) reported she used to struggle with Heroin addiction.</p> <p>Review of the facility provided Online Referral documents for R2 dated 1/13/22 notes Substance Use Marijuana. Hospitalist Internal Medicine Progress Notes dated 1/9/22 note Patient admits to history of smoking crack, last use was 2 months ago.</p> <p>Review of V12's Intake document for R2</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002265	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/26/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CRESTWOOD REHABILITATION CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445
--	---

(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
S9999	<p>Continued From page 5</p> <p>completed 2/29/22 notes Part B Substance Use Sustained remission (no symptoms for 12+ months). Severity Few/No symptoms reported. Details: The resident use to struggle with heroin addiction. She has been in remission for 17 years. Summary: The client struggles with feelings of anxiety and depression.</p> <p>Review of R2's hospital records admission date 3/5/22 note brought in secondary to being unresponsive. Provider notes state Differential diagnosis: Overdose medication, over medicated, CVA, CHF, Sepsis, Dehydration, and Renal Failure. Patient is given Narcan did get better.</p> <p>R2's progress notes dated 4/14/22 notes 911 was called and paramedics administered Narcan and R2 started breathing.</p> <p>R2's hospital records from 4/14/22 note Chief Complaint Drug Overdose.</p> <p>Review of R2's diagnosis notes Opioid Dependence with Opioid induced Mood Disorder dated 4/16/22.</p> <p>Review of R2's care plan initiated on 1/18/22 does not include a history of drug or Heroin abuse.</p> <p>(A)</p>	S9999		