Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ________ B. WING ________	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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 Investigations: 2393088/IL158691 & 2393118/IL15873 & 2392687/IL158207	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.1210b) 300.1210d)3 300.1210d)6 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 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. 6) All necessary precautions shall be taken to	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 1	S9999		

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.

These Requirements were not met as evidenced by:

Based on interviews and record reviews, the facility failed to prevent or determine how an injury of unknown
origin occurred for 1 of 3 residents (R10) reviewed for resident injuries in a total sample of thirteen. This failure resulted in R10 being found with fractures to multiple ribs and multiple lumbar spine in various stages of healing and a hemothorax (collection of blood in the space between the visceral and pleura space) of the right lung.

Findings Include:

R10 is a 41 year old with the following diagnosis: dysphagia, catatonic disorder, and developmental disorder. R10 admitted to the facility on 9/13/17.

A Nursing note dated 4/10/23 at 1:04 PM documents R10 was noted with excessive drooling and is unable to swallow purée, consistency food. Speech therapy evaluated R10 and spoke with the physician. The physician ordered to send R10 to the hospital for failure to thrive and unable to swallow.

A Nursing note dated 4/10/23 at 3:25 PM documents R10's family member was made aware of the bedside swallow evaluation by speech therapy. The left hand was also noted with mild edema along with left lower cheek

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 2	S9999		

swelling. The ambulance transportation company came to pick up R10.

A Nursing note dated 4/10/23 at 10:23 PM documents R10 is admitted to the hospital with a diagnosis of fever and dysphasia. A Nursing note dated 4/11/23 documents a physician from the hospital called and reported that R10 has acute and chronic multiple rib fractures, a pleural effusion with a chest tube, and an acute pneumothorax. The physician asked if the facility suspected any abuse or not.

A Social Service note dated 4/12/23 documents the facility received notification from the hospital that R10 was found to have both chronic and acute fractures of the ribs. These injuries are an unknown source in an abuse investigation has begun. A police report was attempted to be created, but the responding officer could not file the report due to R10 not being in the facility.

On 4/13/23 at 1:47PM, V3 (Nurse) stated, R10 was sent out that afternoon because R10 wasn't eating. The top of R10's left hand was a little swollen too. I noticed it when I was giving R10 morning medications. R10 is total care. R10 can't do anything for herself. R10 can't even feed herself. R10 can't get back up by herself into the bed after a fall. R10 would absolutely need help. There were no reports that anything happened to R10 or that anything else was different about R10. I called the hospital to check on her and got a diagnosis of pleural effusion, pneumothorax, and acute and chronic rib fractures. I told the next nurse and then called the administrator.

On 4/13/23 at 1:57PM, V18 (CNA) stated, R10 can't talk. I got nothing in report from the other CNA's or nurses that anything happened to R10.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 3 R10 cannot stand or walk around, but R10 will roll out of bed. R10 needs a lift because R10 is total care. On 4/13/23 at 2:07PM, V19 (CNA) stated, There were no accidents on any of my shifts with R10. I didn't get any reports but any thing happened to R10. R10 can't do anything for herself. R10 might try to sit up in the bed but that is it. R10 can only roll. R10 uses a lift to go from the bed to the chair because R10 can't get up herself. On 4/13/23 at 2:44PM, V5 (Nurse) stated, I gave R10 one pill in the morning before I left. R10 drank some of the shake and took the pill with no problem. I did not get any report from any other nurses or CNA's that R10 had something happen. R10 can't walk or stand. If R10 were to fall, R10 could not get back to bed by herself. It takes 3 to 4 people to get her back into the bed when R10 does fall. On 4/19/23 at 9:52AM, V20 (Hospital Nurse) stated, R10 was put on nasal cannula because R10 was satting at 93% on room air. They did a right upper quadrant ultrasound of her abdomen because her liver enzymes were elevated and that's when they discovered she had a pleural effusion to the right lung. R10 needed to have a nonrebreather place because R10 was satting in the 80s. They did a chest x-ray on 4/11, and that was concerning for bilateral lower rib fractures that were recent and a right hemothorax. In the report, it mentions that the fractures can be correlated with a history of trauma or abuse. They did another chest x-ray later that day, and it showed multiple bilateral rib fractures of the lower ribs. On 4/11 in the evening R10 had a CT of the chest/abdomen/pelvis that showed multiple rib fractures with callous formation indicating that the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 4	S9999		

fractures had been there for sometime. R10 also had fractures of the lumbar spine on L1, L2, and L3. The L1 and L3 had callous formation. On the 11th and 12th rib those did not have callous formation, indicating that they were new fractures. L2 did not have callous formation. That indicated it was a newer fracture. We are not sure where the hemothorax occurred. I know with all the fractures R10 had there was a concern from doctors on if it was trauma related like a fall versus a concern for abuse. I don't see anything in R10's history that would cause R10 to have these type of fractures without some type of trauma.

On 5/2/23 at 3:23PM, V2 stated We ended up sending R10 out on the 10th because R10 was having some dysphasia for a couple days. We didn't get notified of the rib fractures and hemothorax until the next evening after R10 was admitted. I know R10 did end up needing oxygen because R10's saturations were in the 80s but that wasn't until later in the evening as well. R10 didn't start showing signs until she got to the hospital later.

On 5/3/23 at 9:20AM, V23 stated R10 ended up having multiple rib fractures with a hemothorax and lumbar fractures. Usually those type of fractures are from a fall or some kind of trauma. Usually symptoms start to occur 48 to 72 hours after the fracture. I've seen cases where it's taking up to a week to develop symptoms, because the bleed happens slowly. Because we aren't able to tell what happened. I cannot say exactly when this occurred. I know V1 and V2 have talked with all staff going back a couple weeks, and they have no evidence that there was any type of trauma or fall. I know R10 had a jaw fracture in December when R10 fell and that was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 5	S9999		

seen on the x-rays at the current hospital and it was documented as chronic. The fractures were different varying degrees. The story just does not add up. Acute fractures mean that they are newer and they have happened within the last 4 to 6 weeks. Subacute fractures means that there's some callus formation so they have had to have happened anytime after the six weeks. R10 may have poor nutrition because of not eating well before R10 went to the hospital, but usually these type of fractures only occur with trauma or falls.

The Hospital Records dated 12/11/22 documents R10 was sent to the hospital status post fall and was noted with a hematoma to the forehead and a swollen bottom lip. Imaging returned with no acute intracranial, cervical spine abnormalities, and no abnormality on the chest x-ray or x-ray of the pelvis. The CT of the face is significant for an acute fracture of the right hemi mandible. The chest x-ray report documents, no pleural effusion or large pneumothorax. No acute osseous abnormalities. There is no documentation of any fractures in the chest or spine at this time.

The Minimum Data Set (MDS) dated 4/2/23 documents R10 does not have a Brief Interview for Mental Status score because R10 is rarely/never understood. Section G of the MDS documents R10 is a 2 person physical extensive assist for bed mobility and transfers. R10 needs a one person, extensive physical assist with dressing, eating, and locomotion on/off unit.

The Physician Order Sheet documents an order for an x-ray of the left hand was placed on 4/10/23. The order was discontinued due to R10 being transferred out of the hospital.

The Hospital Records dated 4/10/23 document

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 6	S9999		

R10 presented to the hospital for worsening dysphasia for the past 2 days. R10 has an oxygen level of 93% on room air so a nasal cannula was placed at 2L. R10 also has a fever of 100.8°F. A right upper quadrant ultrasound was performed and shows a right plural effusion. Around midnight on 4/11/23, R10 became hypoxic to 80% and was placed on a nonrebreather mask. The right chest x-ray shows complete opacification (haziness) of the right hemithorax (a collection of blood in the pleural space) and right lower rib fractures. R10 has normal respirations with no distress and is currently not requiring any oxygen, despite needing oxygen overnight. R10 has right lower flank/anterior chest tenderness on exam and R10 nods yes when I asked if in pain. There is no apparent skin erythema/edema/bruising. The facility was attempted to be contacted for questioning for possible trauma. The CT scans show bilateral rib fractures, chronic (majority) subacute, and some possible acute. There is also a right hemithorax pleural effusion and multiple chronic lumbar and subacute lumbar transverse process fractures. A chest tube was placed for the large plural effusion. The plural effusion is subacute because R10 does not have any respiratory distress, and there is no additional O2 requirement. The rib fractures are at varying degrees of healing.

(A)

2.

300.610a)
300.1210b)
300.1210d)6

Section 300.610 Resident Care Policies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 7 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 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.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 8	S9999		

These Requirements were not met as evidenced by:

Based on interview and record review, the facility failed to prevent a resident (R1) from obtaining a severe burn from a radiator heater connected to the wall when R1's bed was pushed against the wall for one out of three residents reviewed for accidents and incidents in a total sample of four. This failure resulted in R1 suffering second and third degree burns to the left leg requiring a hospitalization where R1 received a debridement and skin graft surgery.

Findings Include:

R1 is a 66 year old with the following diagnosis: peripheral venous insufficiency, cerebral infarction, and weakness. R1 admitted to the facility on 8/10/20.

A Nursing note dated 3/19/23 documents upon doing rounds, R1 was heard, moaning and complaining of left leg pain. The nurse helped turn R1 from the left side to the right side. A burn was then observed on the left lateral lower leg. The burn appeared red with a blister, when I asked what happened, R1 stated that the bed was close to the heater attached to the wall and the heat was too warm and burned. R1's leg. The burn was cleansed and left to air dry. The physician was called and orders were received to apply a burn cream twice a day and a burn wound consult. R1 denied any pain or discomfort.

A Nursing note dated 3/20/23 documents the nurse practitioner evaluated R1's left leg wound and gave verbal orders to send to the burn specialist to evaluate the left leg burn wound.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 9	S9999		

A Nurse Practitioner note dated 3/20/23 documents R1 was assessed due to a new wound. Per R1, R1 was sleeping with the leg up against the heater on the wall when R1 noticed the leg beginning to hurt. R1 called the nurse and that is when the nurse noted R1 had a wound on the left leg, as it was lying on the heater on the wall. R1 was repositioned immediately to get the leg off the heater and a burn was identified. After coordination with the wound team and a complete assessment, it was decided to send R1 to the hospital for further evaluation and treatment, which requires a higher level of care. The wound to the left leg extends from the thigh to below the knee. The wound is red and dry at the proximal portion of the wound. There is darkness to the middle portion of the wound. There is a large serous filled blister at the distal portion of the wound just below the knee.

A Nursing note dated 3/20/23 documents R1 was admitted to the hospital with a diagnosis of a full thickness, third-degree burn to the left leg. R1 is scheduled to have surgery in the morning.

A Nursing note dated 3/23/23 documents R1 had a debridement to the left leg burn site with a skin graft.

The Final Investigative Report Form dated 3/19/23 documents R1 was lying in bed and complained of pain to the left leg. Upon assessment, the left leg was noted with redness and a clear fluid filled blister area. The doctor was made aware and treatment orders were received, as well as a consult for a burn wound. The next morning, the nurse practitioner and the wound care nurse assessed R1's leg. The nurse practitioner gave orders to send R1 out to the hospital for a burn consult. R1 was admitted to

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ____ B. WING ____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 10 the hospital and remains in the hospital this time. The Hospital Records dated 3/20/23 documents R1 presented to the emergency room with a burn. R1's bed was next to the radiator. R1 had pain to the left knee where the burn was but endorse it has improved. The physical exam shows left knee erythematous (redness) with evidenced of a popped blister with cream over line. The left medial knee has a palm size blister. Plastic surgery/burn physician was consulted. The assessment from the burn physician indicated R1 sustained a full and partial thickness burn to the left lower extremity. R1 reported sleeping in R1's bed, which is next to the radiator when R1 felt the radiator burn R1's leg. The burn is 2% total body surface area to the left distal thigh, knee, and proximal lower leg. The central portion of the burn is full thickness with edges of partial thickness. A large blister is noted distantly. R1 was admitted to the burn intensive care unit. On 3/23/23, a fascial excision (excision of the full thickness and subcutaneous tissue to create a reliable bed for skin grafting) of the burn and autograft placement was performed with the donor site being from the left thigh. On 3/31/23 at 1:56PM, this surveyor went to make observation in the room where R1 stayed. The radiator heater previously attached to the wall was removed. There is an empty space on the wall where the radiator used to sit. The empty space shows the radiator heater was attached to the wall about 1 foot from the floor and was approximately 6 feet long down the length of the wall. At 2:01PM, R2 walked in the room and was interviewed. When asked what happened to R1, R2 stated R1 burned R1's left leg on the heater that used to be on the wall. R2 endorsed that night R1 was making noises causing R2 to wake	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 11	S9999		

up and "that is when everyone started coming in the room to check" on R1. R2 denied R1 screaming out for help but was moaning and saying "Ouch. It hurts." R2 reported seeing the burn the next morning and described it starting from the lateral, mid-thigh and extending to the just below the lateral knee with a fluid filled blister the size of a golf ball. R2 also stated the wound was red in color. R2 stated R1 went to the hospital the next day because the blister got larger.

On 3/31/23 at 2:50PM, V3 (Nurse) stated, I came in on Monday morning and the burn looked really bad. I thought to myself R1 needs a burn unit. We got orders to send R1 to a hospital burn unit. There was a heater on the wall, and R1's bed was pushed against the wall. R1 turned that way towards the wall in bed, and R1's leg came off the bed and was touching the heater. The heater was like an old radiator type of heater. R1 had kind of two spots of where the burn was. Then below the knee R1 had a very large blister. I would say it was about the size of a fist. There was another blister on the side of the knee that had popped. You could tell a blister was there. R1's pretty much total care but R1 can turn. R1 is overall weak. R1 does have venous insufficiency, so R1 probably couldn't feel what was burning R1 because of the lack of blood flow. R1 might not have been strong enough to get his leg back over after it was touching the heater, or R1 might have been in too much pain to lift it off alone.

On 3/31/23 at 3:39PM, V4 (Maintenance Director) stated, I don't really have anything to do with the heaters. We only check those when they're broken. It's a hardwired space heater. The ones that are mounted to the walls are in working condition. Only the rooms at the end of the halls

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ____ B. WING ____	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 12 have the heaters connected to the wall because they are right next to a stairwell so it could be colder in their rooms from some drafts. I did not check any temperatures in that room of the heater that I can remember. I know there's a dial on there with three different settings that the residents can access if they want to. I don't check the knobs. If you left your skin on there for too long, it would probably burn. No, I still don't have to check any temperatures of the heaters. On 3/31/23 at 3:46PM, V5 (Nurse) stated, I answered the call light and R1 was complaining of heat coming from the heater that was attached to the wall. R1 asked to be pushed away from the wall because R1 was too hot. I pushed the bed away and R1 moaned in pain. R1 started talking about R1's left leg hurting. It was covered with a blanket, so I couldn't see it. When I took the blanket off to look at it, I saw the skin was off superficially, and R1 had a small blister. The blister was on the left lower lateral leg near the knee. The red area went all the way up on the lateral side of the thigh. It didn't go all the way up the side, but probably to the middle of the thigh. I would say the blister started off as a golf ball size then got a little bit bigger. No, I did not tell anyone when it got bigger. That's usually what blisters do. I went into check on R1 for my first round around 11PM and R1 was sleeping. R1 wasn't complaining of anything so that did not prompt me to do anything. R1 can turn from side to side. R1 uses a wheelchair to get around. R1 couldn't really say what happened or why R1 kept R1's leg there. I don't know all the diagnoses of the residents so if R1 does have a diagnosis of that (PVD), then that could be a reason R1 kept R1's leg there. R1 might not have felt it getting hot. R1's bed was up against the wall when I came in but because the blanket was covering R1. I could	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 13	S9999		

not see if R1's leg was on the heater the first time I rounded on R1 so I didn't do anything then. I can't really remember exactly what time it happened but I want to say it was between 2 and 3 AM.

On 3/31/23 at 4:28PM, V6 (CNA) stated, I first saw R1 around 10PM when I came in and did my first rounds. R1 was sleeping then. The nurse (V5) came in around 11PM and she did her first rounds and saw R1 sleeping too. I can't remember what time it happened but I saw R1 again still sleeping after midnight. I was doing my rounds again and the nurse called me into R1's room to show me the burn. R1 had a burn on the side of R1s knee with a blister just below the knee. It was probably a little bit bigger than a gold ball. R1 is able to turn by himself in bed. I think when R1 turned R1 was just sleeping on the heater and didn't realize it until R1 was burned. When I went into R1's room to check on R1, it looked like R1 was just sleeping under the blankets. I saw R1's bed up against the wall but I couldn't see R1's leg touching the heater because the blankets were touching it. I don't know why R1's bed was against the wall. I don't remember R1's bed being against the wall before.

On 3/31/23 at 4:40PM, V7 (Nurse) stated, I worked the evening shift the day before it happened. R1 didn't complain of anything to me that shift when I was leaving. I do remember R1'ss bed was up against the wall, but I didn't think R1 could touch the heater. I didn't ask R1 why R1's bed was against the wall. The burn was a big red area on the side of his leg. It went from the thigh to a little below the knee. It was probably as thick as the top part of the heater. There was a blister on it too. It was probably the size of a golf ball.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 14	S9999		

On 4/3/23 at 4:17PM, V8 (Burn Unit Physician) stated, R1 had both second and third degree burns to the left leg. Second degree means it goes partially through the dermis which is the second layer of skin under the epidermis. A third degree burn is a full thickness burn which goes all the way through the epidermis and dermis. This burn was more complicated because it was near a joint. A third degree burn around a joint can cause a contracture. R1 ended up needing a skin graft to assist in healing the area. Skin grafts are the main course of treatment for extensive, more serious burns. It would take much longer to heal and a greater risk for infection if no skin graft was done. For a burn that is second or third degree, it would need to be something 108 degrees or higher that touches the skins for about 2 - 3 minutes. I can't say exactly how long he had his leg on the heater, but most people have the instinct to immediately remove their body from something that feels hot. We know he at least had it on the heater 2 - 3 minutes if it was 108 degrees. Yes, he does have a history of peripheral vascular disease so that could have distorted his perception of how hot the heater really was. PVD causes decreased sensation because of the decrease of circulation and the narrowing of the blood vessels. Any burn with a blister that is growing in size should be seen as soon as possible. A burn is considered an open wound so you increase the risk of infection. Burns also cause dehydration through fluid loss. Because this was over a joint, this would be considered an area that needed to be treated immediately because of the location. With a burn around a joint, the skin, muscles, and tendons can tighten causing much more severe damage.

On 4/4/23 at 10:49AM, V9 (Nurse Practitioner)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 15	S9999		

stated, The burn just didn't look great. My gut said to send R1 out. It was a large wound to the left thigh that traveled down past the knee. There was a lot of redness with a blister. The blister was the size of maybe one of the cutie oranges. After speaking with the wound nurse and the floor nurse, we decided R1 needed a specialized burn unit to care for this wound. R1 told me R1 rolled over in R1's sleep and R1 felt R1's leg getting hot. R1 put on the call light to get the nurse to help R1 and they found the burn on R1's leg.

On 4/4/23 at 11:03AM, V10 (Wound Care Nurse) stated, I saw R1 when I came in on Monday. I measured the area and assessed R1. I was told R1 laid R1's leg on the heater. The wound was an open red area from the thigh all the way down past the knee a little. I was on the lateral side. R1 also had a blister on the wound closer towards the bottom. It was big. I would say probably the size of a grapefruit.

On 4/4/23 at 4:00PM, V2 (DON) stated, We found the cause of the burn was the bed being against the wall. R1 told me it made R1 feel more secure when R1 was moving in the bed. R1 was mostly independent with bed mobility. R1 just wasn't able to transfer alone. We don't know why R1 kept R1's leg there long enough to get burned. Doing more thorough rounds would help prevent or decrease injuries like this.

On 4/6/23 at 11:08AM, This surveyor walked in the room mid-dressing change to the left leg. There were 2 sites noted. The wound to the top of the left thigh was the donor site. It is pink and a rectangle shape. The second site was the graft site which is located about inch above the lateral left knee to about the middle of the calf. That wound is red with dark red edges around the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 16	S9999		

whole wound. The thigh was treated with Silvadene, xeroform, and a dry abdominal pad. The lateral knee was treated with xeroform and a dry abdominal pad. R1 has a purple discoloration completely around both legs starting from the ankle extending up the leg about 3-4 inches. The surveyor questioned V11 (Outside Facility Wound Care Nurse) what the discoloration was on the legs and V11 stated, "R1 has PVD. That can cause discoloration to the legs because of the lack of circulation."
On 4/6/23 at 11:16AM, V11 stated, The wound to the top of the thigh is the donor site. That is 10.5cm x 16cm. The lower leg is 22cm x 13.5cm. The wound to the top of the thigh has gotten smaller R1 admitted to us, but the graft site has remained the same. R1 admitted to us on 3/30/23 from the hospital burn unit. R1 is not able to roll himself when we do the dressing changes. R1 can assist in helping us turn, but R1 can't do it alone.

On 4/6/23 at 11:22AM, R1 stated, I went to bed that night sometime between 9 and 10PM. The CNA (V12) put me to bed that night. While V12 was putting me to bed, V12 pushed my bed against the wall. I don't know how it happened or why V12 did it. I didn't ask for that. I don't remember having my bed against the wall before. I didn't feel it right away but when I was trying to go to sleep, my leg was hot. I knew I was touching the heater then. I had a blanket under my leg so I thought I would have been ok. I didn't think I was going to burn myself. The pain kept getting worse and I couldn't take it anymore so I put on my call light. The nurse (V5) came in my room and helped me. I told V5 to push my bed away from the wall because I was too hot. When V5 moved me, I told V5 my leg really hurt. V5 looked at it and told me I was burned on me leg. I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 17	S9999		

had my leg on the heater probably about an hour or a little more than that. I know it wasn't very long after V5 got there that I called for help. I tried to sleep but I was sleeping on and off because my leg was so hot. I didn't move my leg off the heater. The nurse had to do it for me. I can't move my legs too good with the blankets on top of them. I guess I'm not strong enough. I use a lift to get in my wheelchair and that is how they put me back in bed that night. I sometimes need help adjusting in bed. I can use my arms good and push myself up a little, but my legs don't work so good anymore. I didn't go back to that facility because after this happened there is too much danger there. This burn made me realize I don't feel safe with them taking care of me.

On 4/6/23 at 1:36PM, V12 stated, I put R1 to bed around 8:30 - 9PM. I put R1 in with a lift. We use that because R1's unstable on R1's feet and unsteady with R1's gait. That night, R1 asked me to scoot R1's bed against the wall because R1 wasn't feeling well. R1 said R1 wanted R1's bed against the wall, and R1 was afraid of hanging out of the bed a little bit. No, I didn't tell anyone R1 was feeling this way. I just did what R1 asked. R1 never asked me to do that before. I did my last round about 10:15 PM and R1 was sleeping. I walked over and I watched R1 breathe and R1 didn't say he had any problems then. R1 did have the blanket covering R1's body. I didn't let anyone know I pushed the bed against the wall. I didn't think he could touch the heater.

The Treatment Nurse Initial Skin Alteration Review dated 3/20/23 documents R1 has a full thickness wound to the left knee extending to the lower left leg. Per this assessment, a full thickness wound is defined as skin loss with extensive destruction, tissue necrosis, or damage

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ___ B. WING ___	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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	Continued From page 18	S9999		

to underlying structures, such as muscle, tendon, or bone. It may present as a deep crater and may even tunnel into surrounding subcutaneous tissues. The size of the wound is documented as 26 cm x 10 cm. It is 30% slough tissue, 40% red (smooth), and 30% clear fluid filled blister. There is a small amount of serous drainage. A predisposing risk factor for developing the wound is immobility and PVD.

The Side Rail Review dated 3/20/23 documents R1 needs extensive assist with bed mobility. R1 is not able to turn from side to side unassisted while in bed.

The Care Plan dated 11/24/21 documents R1 has peripheral vascular disease (PVD) and is at an increased risk of skin integrity issues. R1 has potential for diminished blood flow to the bilateral lower extremities.

The Care Plan dated 4/11/22 documents R1 needs a mechanical lift for transfers due to lower extremity strength, impaired range of motion of the lower extremities, and weakness.

The Care Plan dated 3/24/23 documents R1 has an alteration of skin, integrity, related to impaired mobility status, decreased sensory perception, comorbidities, and PVD.

The Minimum Data Set (MDS) dated 1/3/23 documents R1 is an extensive two-person physical assist with bed mobility and transfers. Section I of the MDS documents R1 has a diagnosis of peripheral venous insufficiency. Section M of the MDS documents R1 does not have any pressure ulcers or burns.

(A)

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6004741	A. BUILDING: ______ B. WING ______	C 05/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE CREST HEALTH CARE	3300 WEST 175TH STREET HAZEL CREST, IL 60429

(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