(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		С	
		IL6002273	B. WING		1	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTW	OOD TERRACE		UTH CENTR			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	OOD, IL 604	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
S 000	Initial Comments		S 000			
	Investigation of Fac 4/21/24/IL173150 4/19/24/IL172566	cility Reported Incident of				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.1210a) 300.1220b)3) 300.3240a)					
	Section 300.610 R	esident 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 (Nursing and Person	General Requirements for nal Care				
	with the participation resident's guardian applicable, must decomprehensive car	Resident Care Plan. A facility, n of the resident and the or representative, as evelop and implement a e plan for each resident that le objectives and timetables to				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 06/17/24

STATE FORM 6899 If continuation sheet 1 of 10 M14L11

TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		IL6002273	B. WING		05/2	24/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	OOD TERRACE		UTH CENTR OOD, IL 604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
\$9999	meet the resident's and psychosocial nesident's comprehallow the resident to practicable level of provide for dischargestrictive setting by needs. The assess the active participates resident's guardian applicable. (Section These regulations of Section 300.1220 Services b) The DON shall some services of the active participates of the active participates and goals to be accomprehensive assess and goals to be accomprehensive assess and goals to be accomprehensive assess and personnel, represenursing, activities, of modalities as are of be involved in the plan. The plan shall be remonthed as indicated. The plan shall be remonthed as indicated and interview failed to provide efficant interview for superviewed for	medical, nursing, and mental eeds that are identified in the ensive assessment, which attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act) were not met as evidence by: Supervision of Nursing upervise and oversee the the facility, including: p-to-date resident care plan for d on the resident's sessment, individual needs complished, physician's orders,	\$9999	DETICIENT!)		

Illinois Department of Public Health

STATE FORM 6899 M14L11 If continuation sheet 2 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	IL6002273	B. WING			C 24/2024	
NAME OF PROVIDER OR SUPPLIE	R STREET ADI	DRESS, CITY, S	TATE, ZIP CODE			
CRESTWOOD TERRACE		UTH CENTRA OOD, IL 6044				
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
altercation result at back of head, is with subdural here. Section 300.3240 a) An owner, licer agent of a facility resident. (Section These regulations failed to provide and intervene befaltercation escala altercation. This areviewed for superfailure resulted in disagreement, estaltercation, result at back of head. If diagnosis of subdicontusions. Findings include: R1 face sheet she intellectual disability dysregulation disagreement. R2 dated 4/18/24 seed denotes a score of section E for behapsychosis denote Zero (behavior no behavior and subdivior no behavior	calating into a physical ing in R1 observed with bleeding R1 sent to hospital diagnosis natoma and facial contusions. Abuse and Neglect insee, administrator, employee or shall not abuse or neglect an 2-107 of the Act) is were not met as evidenced by: We wand record review the facility effective supervision to monitor ore a resident-to-resident verbal the into an avoidable physical effected two of four residents ervision and monitoring. This R1 and R2 having a verbal calating into a physical ing in R1 observed with bleeding R1 was sent to hospital with ural hematoma and facial in Section C for cognitive mood order, impulsive disorder and the stion C for cognitive pattern of 8 (cognitive impairments), avior, potential indicators of hallucinations and delusions. In the stip of the ship is noted for physical order in the stip of the ship is noted for physical order in the stip of the ship is noted for physical order in the ship is noted for physical orde	S9999				

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STATE FORM 6899 M14L11 If continuation sheet 3 of 10

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						,
		IL6002273	B. WING		1	4/2024
		120002273			03/2	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
00=0=14		13301 SO	UTH CENTR	AL AVENUE		
CRESTW	OOD TERRACE	CRESTWO	OOD, IL 604	45		
(X4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
S9999	Continued From pa	ge 3	S9999			
	остания и тот ра	9				
		sent to the department dated				
		part R1, R2 resident to				
		, date of incident 4/21/24, time				
		Dam, location of incident				
		ediate action taken resident				
	•	itored, residents assessed for				
		al doctor) notified, family				
		tor notified, investigation				
		ription of original allegation:				
		d that co-resident R1 ating that he was Muhammad				
		ld fight him, R2 reported being				
		Residents were separated both				
		ed on increased monitoring.				
		an investigation. Medical				
		guardians notified. No				
		ents declined a police report.				
		Ms (brief interview mental				
		and is able to make his needs				
		behaviors related to his				
		ents with increased agitation,				
		al delusions and physically				
	aggressive with sta	ff and peers. R1 is medication				
	compliant and atter	nds groups and activities. All				
	behaviors are addre	essed in his plan of care. R2 is				
	alert with a BIMS of	f 15 and is able to make his				
	needs known. Resi	dent displays behaviors				
	related to his diagn	osis. R2 presents with				
		, verbalized delusional				
		pehavior and physical				
		nedication compliant and				
		th encouragement. All				
		essed in the plan of care.				
	•	gation/ facts determined:				
		nt R2 Co-resident walked up				
		Mohammed Ali; I will fight you,				
	then hit him, so he	hit back. According to R1				

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co-resident he does not remember what happened. Staff reported that resident R1

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						,
		IL6002273	B. WING		1	
		11.6002273			05/2	4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		13301 SO	UTH CENTR	AL AVENUE		
CRESTW	OOD TERRACE		OOD, IL 604			
	OLIMAN DV OTA		-			0.5
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
20000	Cantinuad Frame	1	S9999			
S9999	Continued From pa	ge 4	29999			
	approached co-resi	dent, R2, and stated I am				
		ill fight you then hit R2.				
		t R2 was wearing his				
		the time and stated I handle				
		then hit R1 back. Staff				
		ttempting to box R1 loss his				
		the floor. R1 sustained a small				
		is head as a result of the fall.				
		e nurse. R1 was assessed				
		. R1 was sent to the hospital				
		ion per medical doctor orders.				
		hospital with a diagnosis of				
		a. R1 return to the facility and				
		ed monitoring. R2 was				
		rse and was given medication				
		octor) orders for increased				
		dents have been counseled				
		staff assistance as needed.				
		signment are in opposite halls				
		oth residents were placed on				
		ng, all behaviors were				
		an of care. Based on				
		cted, review of the medical				
		ews of staff and residents				
		e concluded that both residents				
	•					
		Ilful intent of causing harm or				
		th appear to be exhibiting				
		their diagnosis. Both to be				
		al thoughts, one believing that				
		li and the other believing that				
		Necessary, care plans,				
		and assessments were				
		ated for both residents. Both				
		n notified of the outcome of				
		y and medical doctors notify				
		oth residents remain on				
		ng. V6 (administrator) name is				
	noted at bottom of	page.				

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On 5/23/24 at 11:48am R1 was escorted to the

IIIINOIS L	epartment of Public	Health				
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
				7. BOILDING.		
			D WINC	D. WING		;
		IL6002273	B. WING		05/2	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
TW WILL OT	NOVIDEN ON OUT LIEN					
CRESTV	OOD TERRACE			AL AVENUE		
		CRESTWO	OOD, IL 604	45		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
				BEI IOIEROT)		
S9999	Continued From pa	ae 5	S9999			
	-					
		uided by V11 (social services),				
		o person, R1 observed with				
		a guy came in his room and				
		R1 don't recall the date, time,				
	or who the person v	was. R1 touched the back of				
	his head stating he	hit his head. R1 said he lost				
	vision in his right ey	e when shampoo got into his				
	eye. R1 don't recall	going to the hospital. R1 said				
		ve the conference room. R1				
	escorted back to his	s room by V11. R1 observed				
		d tremors to right hand.				
	5 ,	3				
	On 5/23/24 at 1:08r	om R2 observed alert and				
		ace, time, situations, and				
		was walking up and down the				
	hallway in the "C" w					
		R1 came up behind him and				
		retarded ass out". R2 said he				
		ones, placed them on the				
		sponded to R1 by saying "do				
		punched him. R2 said they				
		said this started in the hallway.				
		in his room on the floor				
		fighting. R2 said he didn't				
	walk away because	R2 said "I'm from the				
		don't let anyone put their				
		said R1 had the gall to hit him.				
		ep telling him that R1 does not				
		comprehend his actions. R2				
		ngry and is destructive of				
		id he goes to group, and he is				
		egies to manage his anger, R2				
		nat stuff. R2 said he will not hit				
	anyone unless they	nit nim first.				
	0 5/00/04 1 10 5	- 1/40 (01) 4 (17)				
		5pm V12 (CNA-certified				
		she was the aide assigned to				
		V12 said a resident came and				
		nting, and she followed that				
	resident, that reside	ent took her to R1 room. V12				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,		COMPLETED	
		IL6002273	B. WING		1	4/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
005074	(000 TEDD 405	13301 SO	UTH CENTR	AL AVENUE		
CRESIV	OOD TERRACE	CRESTWO	OOD, IL 604	45		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	said she observed I was in the hallway. his room, sitting on didn't see any injuriand got the nurse a R1 was observed was acceration to the baccould not communities difficult to underendered first aide. The "front" of the "C that she was sitting hall where the incided does have a behavior also. It is behavior also. It is saying "you know I way a very tall man, over approaches someo intimidating, V12 sate of anyone. V12 said was assessed but such what R2 said how the she did separate the On 5/23/24 at 2:06pt.	R2 swearing and yelling, R2 V12 said she observed R1 in the floor. V12 said initially she es on R1. V12 said she went and upon further assessment with some bleeding and ck of the head. V12 said R1 cate what happened. V12 said rstand R1. V12 said the nurse V12 said she was sitting at "wing. V12 said the position in she could not see down the ent occurred. V12 said R1 for where he is shadow aying Muhammad Ali. R1 doorway of his room and do V12 said R1 would approach is hands like he's boxing while fluhammad Ali". V12 said R1 is of feet tall, and if he ne with his stature, it would be aid R1 doesnt mean any harm if after R1 was assessed R2 she doesn't recall the details of the incident occurred. V12 said was in the hallway swearing, et wo residents.				
	went into R1 rooms bedside, V13 said to from the floor. V13 observed laceration something on his forecall exactly what we defiantly had bleedid V13 said R1 said he	nons by V12 and when she she observed R1 sitting at the he staff had picked R1 up said she assessed R1 and to the back of his head and brehead, V13 said she don't was on R1 forehead, but R1 ng to the back of his head. The hit his head on the wall. V13 priewed R2 R2 said he told R1				

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to "hit me then". V13 said R2 asked R1 to hit him,

STATE FORM 6899 M14L11 If continuation sheet 7 of 10

Illinois D	epartment of Public	Health				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6002273	B. WING		05/2	2 4/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
				AL AVENUE		
CRESTW	OOD TERRACE	CRESTWO	OOD, IL 604	45		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
		V13 said R2 made a e handles things around here".				
	he is aware that R1 boxing (punch the a Ali. V11 said R1 wo this behavior, he had door doing this behavior, he had abuse and fighting. implemented monit behavior. V11 said the starounds on R1 every hallway, and they sibehavior and interv V11 said the staff sidoing this behavior referred to the psychinking he's Muhar plan has been updainterventions. V11 said the intwas not effective be altercation due to hinjury. V11 said R1 the altercation with decline in mental cafacility. V11 said R1 programming due to capacity. V11 said R1 programming due to capacity. V11 said R1 has mental function been displaying this and approaching of	er R1 would not benefit from o his decline in mental R1 BIMS score is not 15, R1 o decline. V11 said R1 has behavior of shadow boxing ther with motion of shadow				
		plan with V11, V11 said R1 een updated with R1 behavior				

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AND DI AN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6002273	B. WING			C 24/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
CRESTV	VOOD TERRACE		OUTH CENTRA			
(VA) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF C	OPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	others with shadow interventions related	nammad Ali, approaching boxing motion, and the d to the plan to monitor R1 for vent escalation, abuse and the behavior.				
	facility camera local focus on the exit do but she could not do started in R1 room asked how this alte the staff was "monitiaway from R1 room altercation or hear to the hallway. V6 said staff said they did no said she did review	om V6 (Administrator) said the ted in the "C" wing is used to our, she reviewed the camera, etermine if the altercation or in the hallway. V6 was reation start in the hallway and toring" the hallway 12-15 feet and did not observe this this altercation that started in d she was not there, and the ot witness the incident. V6 the cameras in the dining station did not happen in the				
	(ADON-assistant di V14 (CNA) was sitti the hall of the C wir was within 15 feet of found on the floor. dining room too, wh the hall from his po	tour of the "C" wing with V3 rector of nursing), the aide ing with his back facing downing. The "front" of the C wing of R1 room, where R1 was V14 said he's watching the nen asked if he could monitor sition (back facing the hall). If he could see down the hall the hall.				
	in an altercation wit delusional ideations Ali and is unable to altercation occurred immediately separa injuries. Noted sma	ated 4/21/24 resident involved h co-peer. R1 noted with s stating that he is Mohamad give description as to how the d. R1 and co-peer were sted. R1 was assessed for Il laceration to occipital head in near right eye. First aid				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
	A. BOILDING.		С			
		IL6002273	B. WING			4/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	WOOD TERRACE		UTH CENTR DOD, IL 604	AL AVENUE 45		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	rendered. Neuro cheverbal with confusion and reactive to light No nausea or voming ave orders to send medical evaluation minutes. Placed can emergency contact emergency contact above information. staff until arrival of call from Hospital puriter was made and diagnosis is subdurned to the consciousness, pathistory of schizophr mellitus presenting after a head injury of the patient currently respected by hitting his roommate and of followed by hitting his roommate and of the properties of head-contusions procontusions and abroadbural hematomal impression denotes	pecks initiated. R1 is alert and on per his norm. Pupils equal to R1 denies pain at this time. Iting noted. Doctor notified and diresident to hospital for Ambulance called, ETA 45 and made him aware of R1 remains one on one with ambulance. Writer received er resident's status update. Ware that resident's admitting all hematoma. It dated 4/21/24 denotes in-part and injury without loss of ient 54year old male with renia, dystonia and Diabetes to ED via EMS for evaluation without loss of consciousness. Sides at assisted living facility, as in a physical altercation with was struck in the face with fists his head on the wall. There are of consciousness. Denies a trauma. Examination: resent, multiple facial asions. Clinical impression a, contusion of face. CT as, small extra-axial hematoma oral lobe likely representing a	S9999			

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