(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6002273	B. WING		03/2	3/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CRESTW	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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2592543/IL188705	ation 2592443/IL188599 and				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610a) 300.3210t)					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory confined in the policies shall complete the facility and shall by this committee, or the procedure of the policies in the facility and shall by this committee, or the procedure of the policies in the facility and shall by this committee, or the procedure of the p	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ammittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed of the meeting.				
	Section 300.3210 (	General				
	not subjected to phy	shall ensure that residents are ysical, verbal, sexual or e, neglect, exploitation, or property.				
	These regulations v	vere not met as evidenced by:				
	facility failed to prot	s and record review, the ect a resident's right to be free e (R2) from another resident				

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

TITLE **Electronically Signed** 04/07/25

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY PLETED
	IL6002273	B. WING			C <b>23/2025</b>
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ΓΑΤΕ, ZIP CODE	-	
CRESTWOOD TERRACE		UTH CENTRA			
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
for one (R2) of five resin a sample of eight. The being physically assautransferred to the host trauma.  Findings include:  R1 is a 57-year-old feron 08/07/2023 with dialimited to Schizoaffect Malignant Neoplasm (Obesity Due To Exces Nuclear Cataract, Bila Bilateral; Presbyopia; Recurrent, Severe Wirschizophrenia; And Cacording to R1's MD assessment dated 01/R1 has BIMS (Brief In score of 14 indicating,  R2 is a 60-year-old feron 09/09/2024 with dialimited to Major Depresevere with Psychotic Polyosteoarthritis; Polyosteo	aggressive behavior (R3) sidents reviewed for abuse This failure resulted in R2 ulted and emergently pital for evaluation of facial male admitted to the facility agnosis including but not tive Disorder, Bipolar Type; Of Skin; Morbid (Severe) as Calories; Age-Related ateral; Hypermetropia, Major Depressive Disorder, ith Psychotic Symptoms; chronic Viral Hepatitis C. PS (Minimum Data Set) //04/2025 under section C, aterview of Mental Status), indicating intact cognition.  male admitted to the facility agnosis including but not essive Disorder, Recurrent, a Symptoms; Other lyp of Colon; Unspecified sified Abdominal Pain; isease Without Heart	S9999			

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
			A. BOILDING.	7. BOILDING:		
		IL6002273	B. WING			23/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	VOOD TERRACE		UTH CENTR OOD, IL 604	AL AVENUE 45		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	comprehensive ass (R2) has a diagnos able to make her not assure (R2) that she environment with compsychosocial adjust developing a trusting person and verbalizateling."  R2's anxiety care papart, "(R2) has exhibehavior such as: Excessive and personse to severe Ex	sessment as evidenced by: is of mental illness. (R2) is not eeds known. Interventions: he is in safe and secure aring professionals. Explain tent is often facilitated by hig relationship with another zing thoughts, needs and  lan dated 09/12/2024 reads in hibited or has history of anxious Evidenced by Apprehension in and persistent mental illness. Sistent daily worry about life incentration difficulty such as hight. Persistent and hof a specific object or situation. In identifying actual life  female admitted to the facility diagnosis including but limited his; Hypertensive Heart heart Failure; Morbid (Severe) his; Hypertensive Heart heart Failure; Morbid (Severe) his; Hypertensive Heart heart Failure; Morbid (Severe) his; Hypertensive Heart his	S9999	DEFICIENCY		
	assessment dated R3 has been demo	11/06/2024 section E shows nstrating potential indications as hallucinations and				

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IL6002273    B. WING   C   C   G3/23/2021   CRESTWOOD TERRACE   STREET ADDRESS, CITY, STATE, ZIP CODE   13301 SOUTH CENTRAL AVENUE   CRESTWOOD, IL 60445    CAMPACTERIAL   CRESTWOOD, IL 60445   CRESTWOOD, IL 60445	STATEMEN	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  CRESTWOOD TERRACE  (X4) ID PREFIX TAG  (X4) ID REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 3  delusions, and daily occurrence of threatening and screaming at others.  R3's aggression care plan dated 06/26/2024 reads in part, "(R3) has a history of aggressive, inappropriate, attention seeking behavior due to Severe mental illness. (R3) becoming hybrical inappropriate and verbal aggressive with staff when redirected. Interventions: Intervene when any inappropriate behavior is observed. Communicate assertively that (R3) must exercise control over impulses and behavior (Social skills training)."  R3's delusional statements care plan dated 3/16/2028 reads in part, "(R3) has shown evidence of making delusional statements related to diagnosis of severe mental illness. Interventions: Assess ability to maintain reality orientation. Provide reality orientation as needed."							
CRESTWOOD TERRACE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999 Continued From page 3 delusions, and daily occurrence of threatening and screaming at others.  R3's aggression care plan dated 06/26/2024 reads in part, "(R3) has a history of aggressive, inappropriate, attention seeking behavior due to Severe mental illness. (R3) becoming physical inappropriate and verbal aggressive with staff when redirected. Interventions: Intervene when any inappropriate behavior is observed. Communicate assertively that (R3) must exercise control over impulses and behavior (Social skills training)."  R3's delusional statements care plan dated 3/16/2028 reads in part, "(R3) has shown evidence of making delusional statements related to diagnosis of severe mental illness. Interventions: Assess ability to maintain reality orientation. Provide reality orientation as needed."			IL6002273	B. WING		03/2	3/2025
CRESTWOOD TERRACE  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE COMPETING AND ALL TORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 3  delusions, and daily occurrence of threatening and screaming at others.  R3's aggression care plan dated 06/26/2024 reads in part, "(R3) has a history of aggressive, inappropriate, attention seeking behavior due to Severe mental illness. (R3) becoming physical inappropriate and verbal aggressive with peer. (R3) becoming verbally aggressive with staff when redirected. Interventions: Intervene when any inappropriate behavior is observed. Communicate assertively that (R3) must exercise control over impulses and behavior (Social skills training)."  R3's delusional statements care plan dated 3/16/2028 reads in part, "(R3) has shown evidence of making delusional statements related to diagnosis of severe mental illness. Interventions: Assess ability to maintain reality orientation. Provide reality orientation as needed."	NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
Summary statement of Deficiencies   ID PREFIX   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX TAG   REGULATORY OR LSC IDENTIFYING INFORMATION    PREFIX TAG   PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY    DAY COMP DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY    DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY  DAY CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY   S9999  Continued From page 3  delusions, and daily occurrence of threatening and screaming at deficiency of the APPROPRIATE DEFICIENCY   R3's aggression care plan dated 06/26/2024 reads in part, "(R3) has a history of aggressive, inappropriate, attention seeking behavior due to Severe mental illness. Interventions: Assess ability to maintain reality orientation as needed."	CRESTWOOD TERRACE						
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Per record review, R2 was discharged from the facility on 01/10/2025 and is not available for observations or interview during this investigation.  Per record review, R3 was hospitalized for behavioral evaluation on 12/22/2024 and later discharged the facility and is not available for observations or interview during this investigation.  On 03/20/2025 at 1:41 PM V8 (Certified Nurse Assistant) said, "I worked 7:00 AM - 3:00 PM on 12/22/2024. R3 was walking and talking to herself, like usual. I was monitoring A wing which is right across from B wing. R3 got to the end of B wing and that's where R2 was. Out of nowhere, R3 grabbed R2 from behind, put her in a choke hold and started punching her head and then		reads in part, "(R3) inappropriate, atten Severe mental illne inappropriate and v (R3) becoming vert when redirected. In any inappropriate becommunicate assecontrol over impulsitraining)."  R3's delusional states 3/16/2028 reads in evidence of making to diagnosis of sever Interventions: Assecorientation. Provide Per record review, facility on 01/10/2020 observations or interventions or interventions.	has a history of aggressive, ation seeking behavior due to iss. (R3) becoming physical perbal aggressive with peer. Deally aggressive with staff terventions: Intervene when behavior is observed. The estate of the				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						)
		IL6002273	B. WING		03/2	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTW	OOD TERRACE	13301 SO	UTH CENTR	AL AVENUE		
OKLOTY	TOOD TERRIAGE	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 4	S9999			
	attacked her. I was from them. There we trying to pull R3 off yell, "Help! Help! Hel	standing maybe 5 feet away vas no other staff there. I was R2, but I couldn't. I started to elp!". After about 5 minutes, Assistant) and R4 came up popull R3 off R2. R2 was beat it see any blood and R2 didn't is, but it was pretty extreme. It was pretty extreme. It was attacked R1 a few sember 2024. R1 had a see of the attack. There was had to do for R3 as far as (Psychiatric Rehabilitation sposed monitor R3, that's what it was acting like always that it signs that she might attack				
	Rehabilitation Servi worked as a PRSA Service Aids) on 12 considered security incident between Riescalation of it. Coafter lunch. I responyelling, "Get off melher. Other staff and R3 was escorted to think, R2 suffered of I've never seen R3 like that, but I heard was nothing special I was told was not to because she might was like walking on On 03/21/2025 at 1	2:34 PM V11 (Psychiatric ce Coordinator) said, "I (Psychiatric Rehabilitation /22/2024. PRSAs are in the facility. I saw the 2 and R3 but didn't see the de orange was called shortly inded to the code and saw R2 " while R3 was pounding on I separated R2 and R3, and the social service office. I concussion after the incident. It have a behavioral outburst at that she's aggressive. There I related to R3's monitoring, all to come too close to R3 have aggressive behaviors. It "eggshells" around R3."				

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PRINTED: 04/09/2025 FORM APPROVED

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY
7.1.12 . 27.11	0. 0020110		A. BUILDING:	<u> </u>		
		IL6002273	B. WING		03/2	2 <mark>3/2025</mark>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	VOOD TERRACE		UTH CENTR OOD, IL 604			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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)	JLD BE	(X5) COMPLETE DATE
\$9999	here at the time of because it happened work on Sundays. R2 came to talk to talking to herself ar R3 and then R3 att facility for only 3 months whereas R3 had be facility, admitted in incident. R3 was he evaluation multiple Surveyor asked about attack on R3's room might have happened behavior was alway have escalating belief when R3's aggress ask R3 if everything "Yes, everything is interventions to preescalation were groprogram with psychrefused any of the indication that she indication that she behaviors."  On 03/21/2025 at 1 Practitioner) said, "baseline. R3 was to medications. R3 was to downplayed ther responding to an in asked, R3 would domanage her behav R3 didn't refuse he happened on occas would act out. We do behavioral monitoridocument in progressive."	the incident (12/22/2024) ed on a Sunday, and I don't When I came on 12/23/2024, me and told me that R3 was and thought R2 was talking to acked R2. R2 was in the conths (admitted 09/09/2024) een a long-term resident in the 2018 at the time of the cospitalized for behavioral times while in the facility." out R3's previous physical nmate, V12 (PRSD) said, "It ed, I don't remember. R3's ys deceitful, she didn't really haviors, so it was hard to tell ion might escalate. You would g is ok, and R3 would respond, fine". Some of the event R3's behavioral oup therapy, 1:1 tele-health hiatrist, and day program. If R3 nterventions, it was a good might escalate her aggressive  2:06 PM V14 (Family Nurse R3 had delusions at the	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6002273	B. WING			C <b>23/2025</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
CRESTV	VOOD TERRACE		UTH CENTR			
	T		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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	behavioral outburst downplaying her sti monitoring would be definitely place som observation if they served before a resident we someone, they usuand talking to self. Someoded) medication manage the symptom on 03/21/2025 at 1 (2024), R3 punched nothing. R3 came usuaround 3:00 AM and roommates at the tididn't do anything and On 03/21/2025 at 1 Assistant) said, "Or dining room, on rescode orange, so I rebroke up R2 and R: V8 (CNA) was getti walked up and dow for her. If anything, little more than usual what triggered R3 tiresidents were sepawent back to monitom on 03/21/2025 at 1 Nurse) said, "I work really quiet, except outburst in her room excessively or pacing on the some observed by the some outsing in her room excessively or pacing on the some observed by the some observed	s because she was muli. R3's more frequent e recommended. Staff should neone like R3 on 1:1 saw any concerning behaviors. With mental illness hits ally show signs such as pacing Staff should request PRN (as ns from us as well to help oms."  2:20 PM R1 said, "In June dome in my eye. I didn't do up to me while I was sleeping, do just hit me. We were me. R3 was aggressive. They bout it."  2:28 PM V9 (Certified Nurse in 12/22/2024, I was in the ident's 1:1 monitoring. I heard desponded to the code and it. I was under the impression ing attacked. R3 always in the hallway, it was the norm R3 was talking to herself a lathat day. I don't really know that day. After the two arated, I walked away and	S9999			
	the social service of	the nursing station and R3 in ffice. I was told what had just ly speaking, we document				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		( )	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
						2
		IL6002273	B. WING			3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	OOD TERRACE		UTH CENTR			
	I		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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	document when res behavior, but it also nurses document be residents' behaviors with taking her med psychotropic medic incident (12/22/2029)	•				
	said, "On 12/22/202 that there was an in if there was a CNA time of the incident, there. I assured than nobody is hurt, and areas. I asked for V (CNA) told me that up to her, said some behind, and pushed was trying to interve to code orange and day (12/23/2024), I I did speak to few me that they came after no residents who we have a chance to tall hospitalized for beh R2 was hospitalized returned to the facility because R3 attacked her. R2 facility because R3 of the internal investigation.	see Prevention Coordinator) 24, staff called me and told me cident, that R3 hit R2. I asked in a monitoring spot at the I was told that V8 (CNA) was to both residents are safe, all staff is monitoring their (8 (CNA) to talk to me then. V8 R2 was walking and R3 came ething out loud, hit R2 from I R2 to the floor. V8 (CNA) ene, and other staff responded came to help. The following interviewed V8 (CNA) and R2. Hore staff, but they all stated in the escalation. There were itnessed the incident. I did not alk to R3 because she was avioral evaluation at that time. If for medical evaluation and ity after a few hours. R2 called a was getting assessed by the exp staff had a chance to do so. It is she felt safe in the was not there. The conclusion tigation was that R2 was hit R3 exhibiting symptoms of				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILDING.	<del></del>		,
		IL6002273	B. WING		1	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRESTV	OOD TERRACE		UTH CENTR OOD, 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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	her mental illness."					
	December 2024 do	ministration Record for es not show any requests for medications for behavioral				
	assessments to she	gress notes or behavioral ow R3's escalating behaviors ation on 12/22/2024.				
	part, "Writer was in (R1) was punched Upon assessment the toilet when roor punched her on he cheekbone swelling was changed, and	dated 06/26/2024 reads in formed by social service that on her face by her roommate. (R1) stated that she was on mate walked up to her and r face, leaving her with left g. Ice was applied. (R1) room MD ordered that resident go to evaluation of her face."				
	part, "This writer washer roommate on the face swollen. (R3) swerbally aggressive proceeded to call hour she didn't and sat this time (R3) was roommate, roommate	dated 06/26/2024 reads in as informed that (R3) punched he face, and left roommate's stated that roommate was towards her, and she er names, she ask her to stop she punched her on the face. As separated from her ate is assigned to a new room treated with ice. We will and document."				
	part, "Writer was in between (R2) and ( immediately deesca assessment done. scratch noted to the					

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IIIINOIS D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6002273	B. WING		03/2	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DESS CITY S	STATE, ZIP CODE		
NAIVIL OI I	-NOVIDEN ON SUFFEIEN			AL AVENUE		
CRESTW	OOD TERRACE		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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999			
	denied pain. Police (R2) transferred to	level) 98% on room air. (R2) called. (Physician) notified. (local hospital) via EMS al service) for medical				
	part, "(R3) was repealtercation with anoreceiver (R2) of the (R3) of the altercationitiator (R3) of the cognitive changes. altercation (R3) VS Pressure) 156/97, ((Temperature) 97.5 92. (R3's) eyes werchest rise, skin intabruising, lacerationis verbally responsicalled. Initially, write resident to (local horejected intake of the facility capacity was local hospital) via (the competition of the competition of t	dated 12/22/2024 reads in orted for initiating an ther resident. Removed the altercation from the initiator on. Writer assessed the altercation for any injuries or Resident that initiated the s (vital signs) were (Blood Respiratory Rate) 18, (Oxygen level) 98%, (Pulse) e round and equal, normal ct and warm & dry. No s, scratches or abrasions. (R3) we. Psychiatric physician was er was ordered to send the ospital). (Local hospital) ne initiator (R3) because s full. (R3) taken to (another ransport) ambulance."				
	part, "(R2) presenti assault. (R2) report the hallway at (the fanother resident. (Falammed her face to complaining of pain and her jaw. Physic anxious but non-too the right side of the to the right maxilla."					
	Police report reque	sted on 03/20/2025, unable to				

Illinois Department of Public Health

obtain it during course of the survey.

STATE FORM 6899 K38K11 If continuation sheet 10 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6002273	B. WING			C <b>23/2025</b>
	CRESTWOOD TERRACE 13301 S			STATE, ZIP CODE  AL AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	The facility "Abuse" part, "The facility af consumers to be fresexual, mental abus misappropriation of seclusion, or mistre prohibits abuse, nemisappropriation of consumers. In orde attempted to establ consumer secure ethis policy is to assuthat is within its conabuse, neglect, experimental property and mistre will be done by estapromotes consume security, and prevental abuse.	policy dated 03/2022 reads in firms the right of our ee from verbal, physical, se, neglect, exploitation, property, involuntary atment. This facility therefore	\$9999			

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