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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145220	A. Building B. Wing	09/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pine Crest Health Care	3300 West 175th Street Hazel Crest, IL 60429

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45316 Based on observation interview, record review the facility failed to follow their policy in ensuring that ceiling tiles in the residents are free from watermarks or spots, and that vents in the residents' room are free from dust build up. This deficiency affects all four rooms (Rooms 205, 211, 2316, and 2210) reviewed for clean, comfortable, and homelike environment. Findings include: On 9/17/2024 between 10:30 AM and 11:30 AM, rooms 205, 211, 2210, and room [ROOM NUMBER] were observed to have brown sports on the ceiling, and vents have dust build up. On 9/18/2024 at 12:41 PM, V11 (Maintenance Director) said that the brown sports on room [ROOM NUMBER] ceiling is from water leakage from the air conditioner. At 12:49 PM, V11 said that the brown spots on the ceiling above a 211-1 bed is from a water leakage from the toilet from the room above 211-1's room, and that the brown sports on 205 ceiling is from water leakage. On 9/19/2024 at 01:00 PM, V11 said that the brown sports on room [ROOM NUMBER] ceiling is also from water leakage. V11 said that the vents should be free of dust, and the ceilings should not have brown sports and should be replace. On 9/18/2024 at 12:55 PM, V2 said that the ceilings should be free of brown sports and the vents free of dust build up. Facility Policy: Preventative Maintenance Program Purpose: To conduct regular environmental tours/safety audits to identify areas of concern within the facility. Protocol: To conduct environmental tours/safety audits of the facility, using the following criteria: (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781 Based on observation, interview, and record review the facility failed to identify early signs of skin impairment and provide treatment in timely manner. The facility failed to develop care plan and implement interventions to prevention skin impairment to resident who is at high risk. The facility also failed to follow manufacturer recommendation when using low air loss mattress. This deficiency affects two (R88 and R103) of three residents in the sample of 29 reviewed for providing Quality of care. Findings include: R103 On 9/17/24 at 10:25AM, V22 Family member said R103 developed a sore on her foot that is now gangrene. R103 is not diabetic. R103 may require amputation. R103 was sent to the hospital after V22 complained to the facility. V22 said that she informed unknown CNA (Certified Nurse Assistant) about the sore couple months ago. V22 said that she has not spoken to R103's PCP (Primary Care Physician) but has spoken to wound care nurse, head nurse and administrator. On 9/17/24 at 12:30PM, Observed V9 WCN and V14 CNA provided wound treatment to R103's left lateral foot arterial ulcer. V9 WCN said that R103 has 95% necrotic tissue and 5% open reddish tissue/open skin. R103 is totally dependent with ADLs (Activity of daily living) and transfers. On 9/19/24 at 10:26AM, Review R103's medical records with V9 WCN. V9 said that R103 is admitted with skin intact and at high risk for skin impairment. V9 said that on 8/29/24, she was called by CNA, which she cannot recall the name, and notified her that R103 has skin impairment and discoloration on left lateral foot/toes. R103's physician and family member were notified. Arterial ultrasound as done at the facility with abnormal results and R103 was sent to hospital for evaluation and was admitted . R103 was not seen by podiatrist in the facility. Review R103 progress notes and shower/bath record for August 2024. No documentation of skin impairment prior to 8/29/24. R103 returned to the facility on [DATE] with betadine dressing wound treatment and podiatry recommendation. No surgical intervention. Informed V9 that R103's arterial full thickness left 5th toe extent to lateral foot measures 12cm x 5cm with 100% deep purple discoloration and left 4th toe arterial full thickness measures 2cm x 1cm with 100% deep purple discoloration are very visible to be missed during daily or every shift routine care. V9 WCN said that CNA should report any early signs of skin impairment to the nurse. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R103 is admitted on [DATE] with diagnosis listed din part but not limited to Cerebral Infarction, Encephalopathy, Dementia, Gastrostomy, Mild protein calorie malnutrition, Methicillin resistant of staphylococcus aureus infection. Physician order sheet indicates Skin assessment weekly on shower or bath every Tuesday and Friday. Betadine external solution (Povidone-iodine) Apply to left 4th and left 5th toe extent to lateral foot topically every other day and as needed for wound care. Cleanse with NSS (normal saline solution). Admission Braden scale/Skin assessment indicated that she is at high risk for skin impairment. Comprehensive care plan indicates she has an alteration in skin integrity and is at risk for additional and or worsening of skin integrity issues. Interventions: Skin will be checked during routine care on a daily basis and during the weekly/bi-weekly bath/shower schedule. Any skin integrity issues/concerns will be conveyed to the Charge Nurse for further evaluation and or treatment changes/new interventions and the physician will be called as needed. R103's wound assessment dated [DATE] indicated left lateral full thickness measures 12cm x5cm, 100% deep purple discoloration, facility acquired. Left 4th toe full thickness, measures 2cm x 1cm, facility acquired, 100% deep purple discoloration. Bilateral lower extremity arterial duplex ultrasound dated 8/29/24 indicated moderately severe bilateral peripheral vascular/arterial disease. Recommend CT (computed tomography)/MRA (magnetic resonance angiography) runoff would be confirmatory. Most recent wound report dated 9/12/24 indicates left 4th toe, full thickness arterial, measures 2.6cm x 1.0cm, 100% deep purple discoloration. Left 5th toe extending to lateral foot, full thickness, arterial, measures 13cm x 5.5cm. R103's hospital discharged record dated 9/4/24 indicated that she was admitted to hospital on 8/29/24 with left foot wound. Infectious disease treated her with antibiotics and podiatry recommendation wound care only and no surgical intervention. Left foot/toes cellulitis and possible osteomyelitis, CT foot with no signs of cellulitis. Seen by podiatry- continue local wound care. No plans for surgical intervention at this time. Patient is not a good candidate for intervention as she is contracted at baseline. R88 On 9/18/24 at 10:13AM, Observed R88 lying in bed with Low air loss mattress (LAL). V10 Infection Preventionist removed the top linen of R88 to check the LAL mattress. Noted flat sheet, folded bath blanket in quarters and cloth pad underneath R88. V10 said that R88 should only have 1 pad or 1 sheet over the LAL mattress. On 9/18/24 at 10:22AM, V24 CNA (Certified Nurse Assistant) said that she is the assigned CNA for R88. The hospice CNA came around 9:30am and provided care to R88. V24 said that the Hospice CNA was the one who placed the multilayer of linens over the LAL mattress of R88. V24 has not seen R88. She is aware that resident on LAL mattress should be only on 1 pad or 1 flat sheet over the mattress. On 9/18/24 at 1:58PM, Informed V9 WCN (Wound Care Nurse) of above observation. V9 said that R88 should either have 1 pad or 1 flat sheet underneath her. Review R88 medical records with V9. V9 WCN said that R88 is at high risk for skin impairment. Noted that R88 does not have care plan for prevention of pressure ulcer/injury. V9 said that R88 should have care plan developed for pressure ulcer/injury /skin impairment prevention. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R88 is admitted on [DATE] with diagnosis listed in part but not limited to Benign neoplasm of left breast, Intraductal carcinoma of left breast, Psychosis, Dementia. Active physician order sheet indicates pressure reduction mattress. Braden scale /Skin assessment indicated that she is at risk for skin impairment. Comprehensive care plan does not have care plan developed for prevention of pressure ulcer/injury. Facility's policy on Low air Loss Mattress indicates: Purpose: Provide support and pressure relief to pressure ulcers/injuries when in bed, reduce the incidence of pressure ulcers/injuries while optimizing resident comfort, as well as pain management. Procedure: Note: Low air loss mattress may be used for residents who are high risk for pressure ulcer/injury development, multiple stage 2, stage 3 and above to trunk of the body. May apply either one pad/one sheet underneath residents. Facility's policy on Pressure injury and skin condition assessment indicates: Policy: It is the policy of this facility that pressure injury and other ulcers, (diabetic, arterial, venous) will be assessed and measured at least every 7 days by licensed nurse and recorded on the facility approved wound assessment form. Purpose: To establish guidelines for assessing, monitoring, and documenting the presence of skin breakdown, pressure and other ulcers and assuring interventions are implemented. Standards: 4. Each resident will be observed for skin breakdown daily during care and on the assigned bath day by the CNA. Changes shall be promptly reported to the change nurse who will perform the initial assessment. 7. At the earliest sign of a pressure injury or other skin problem, the resident, legal representative and attending physician will be notified. The Director of Nursing will be notified on daily basis by the use of 24-hour report and skin assessment form will be initiated. The initial observation of the injury/ulcer or skin breakdown will be also described in the clinical record. 21. The resident's care plan will be revised as appropriate, to reflect alteration of skin integrity, approaches, and goals for care. Facility's policy on Pressure ulcer prevention indicates: Purpose: To prevent and treat pressure ulcer Note: Daily skin checks will be done by CNAs during routine care.

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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. 40001 Based on observation, interview and record review, the facility failed to ensure food was held at a safe and proper temperature before serving. This failure effect 143 residents out of 146 residents in the facility observed for food temperatures. Findings include: On 9/17/2024 at 11:50am V27 (Dietary Cook) was observed for food temperatures, the ground turkey for upstairs was at 128.6 degrees, and then reheated and temperature was at 131.0 degrees. The turkey patties temperature was at 131.2 degrees, the whipped potatoes was at 128.0 degrees, and the pasta temperature was at 126.5 degrees. On 9/17/2024 at 12:00 noon V27 said the food temperature should be holding at 160-170 degrees, I will reheat the food and take all the temperatures over. On 9/17/2024 at 12:30pm V27 (Dietary Supervisor) said all food should be held at 135 degrees before serving, I will make sure all the food is at the correct temperature before serving. Facility Policy: Policy: To ensure food safety, hot food is cooked to a minimum safe temperature and is held no lower than 135 degrees Fahrenheit. Cold food is held a T 41 degrees Fahrenheit or lower. Procedure: Hot food temperatures are taken and recorded on the log at the time the food is taken from the oven. Correct final cooking temperatures are minimum for holding temperature. Ground chicken, turkey patties 135 degrees Fahrenheit. Starches (Rice, Potatoes, Pasta, Beans) at 135 degrees Fahrenheit.