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	11/27/2024

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 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39340 Based on interview and record review, the facility failed to follow their abuse policy by not preventing a resident to resident physical assault. This affected two of three residents (R2, R3) reviewed for physical abuse. This failure resulted in R2 being punched in the face, falling backwards, and being transferred to the hospital with a diagnosis of right frontal maxillary process fracture (upper jaw) Findings include: R2 was admitted to the facility on [DATE] with a diagnosis of schizoaffective disorder, dementia, weakness and age-related physical debility. R2's brief interview for mental status dated 11/19/24 documents a score of 4 which indicates severe cognitive impairment. R2's Screening for indicators of aggressive and/or harmful behaviors under abuse factors dated 8/20/24 documents a high risk for abuse due to the following: History of abuse prior to admission; factor increasing residents vulnerability(dementia, confusion, poor insight/poor judgement, poor communication, poor ambulation, frailty/weakness, history of exploitation, heavy care needs, unable to make needs known, psychotropic medications; psychiatric history; resident admits to history of mistreating others. R2's progress note dated 11/4/24 documents: Resident was walking in the hallway pushing his wheelchair when R3 went up to him and struck him on the right side of the face causing him to fall to the floor on his buttocks before staff could intervene. Laceration noted to R2's right inner eye/side of the nose. On 11/26/24 at 11:43AM, R2 who was alert and oriented at time of R2 said he got hit in the nose, lip and right eye by R3. R2 said R3 hit him unprovoked and from behind. R2 said the hit caused him to fall backwards and he had to go to the hospital. R2 was angry that R3 hurt him and wanted to hurt R3 back. On 11/26/24 2:37PM, V1(administrator) said he assisted with investigation for R2 and R3 altercation. R3 came out of the small dining room and approached coffee cart to serve himself coffee at breakfast. Staff stopped him and instructed him to wait for staff to serve the coffee. R3 became upset and swearing at staff. R2 was near R3 at this time. R2 thought R3 was swearing at him and swore back. (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

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	11/27/2024

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Few	R3 got upset and hit R2 in response. R2 sustained a maxillary fracture that did not require any further intervention. V1 said the incident was substantiated. R2 did not hit R3. R3 sucker punched R2 and then kept walking. R2's facility reportable witness statements from R3 dated 11/4/24 documents: R3 asked staff for a cup of coffee, and they told me to wait until breakfast. I got irritated and swore at staff. R2 swore at me so R3 said he hit R2 in the face. R2's progress note dated 11/11/24 documents: Abuse investigation concluded regarding 11.4.24 altercation. Abuse by R3 substantiated. R2's hospital records dated 11/4/24 documents: R2 for evaluation of facial injury status post assault. Per emergency medical tech R2 was punched in the face by another resident causing him to fall backwards. CT scan documents: right sided nasal soft tissue swelling. Mildly depressed right frontal maxillary process fracture. Facility abuse prevention program undated documents: The facility affirms the right of our residents to be free from abuse, neglect, misappropriation of property and involuntary seclusion. This facility therefore prohibits the mistreatment, neglect and abuse of its residents and has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of mistreatment, neglect or abuse of our residents. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting.