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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145220 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2024 |
| NAME OF PROVIDER OR SUPPLIER Pine Crest Health Care | | STREET ADDRESS, CITY, STATE, ZIP CODE 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.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40920</p> <p>Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident. This failure applied to two (R1, R2) of three residents reviewed for abuse.</p> <p>Findings include:</p> <p>R1 is [AGE] years old and have resided at the facility since 2016, past medical history includes: Disorganized Schizophrenia, type 2 diabetes, anemia, constipation, Tobacco use, elevated prostate specific antigen, vitamin D deficiency, bipolar disorder, etc.</p> <p>12/09/2024 at 1:00PM, R1 was observed in his room, alert and oriented and recalled the day he had an altercation with another resident. R1 stated that R2 just walked up to him and hit him in the eye, he did not do anything to him and has never been involved in any altercation with R2 before.</p> <p>R2 is [AGE] years old with past medical history of Other Asthma, Alzheimer's disease with late onset, hyperlipidemia, essential primary hypertension, paranoid schizophrenia, vitamin D deficiency, bipolar disorder, unspecified dementia unspecified severity with other behavioral disturbance, schizoaffective disorder, etc. Per record review, R2 was sent to the hospital for evaluation after he hit R1 in the face for no reason and threatened to hit staff and co-peers as documented in progress note.</p> <p>Facility reported incident dated 11/25/2024 stated that at 8:41AM, R2 walked approximately 6 feet from his table to the table where R1 was sitting and struck R1 on his face without apparent provocation.</p> <p>Care plan for R2 initiated 10/29/2021 states that the resident displays conflictual, difficult behavior with other persons related to becoming physically aggressive towards other residents when agitated. Interventions include: The resident will comply with staff redirection & behave in a safe & respectful manner, (7) of seven (7) days per week by next review.</p> <p>Intervene when any inappropriate behavior is observed. Communicate assertively that the resident must exercise control over impulses & behavior (Social Skills training). Use creative refocusing to alter behavioral patterns if the person suffers from dementia (e.g., provide drawers, laundry basket for rummaging, provide a tube sock with a knot to focus the resident's attention).</p> <p>(continued on next page)</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145220 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 12/10/2024 |
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| <p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>If the resident becomes preoccupied by hallucinations and/or delusional thoughts, do not attempt to talk him/her out of the delusions. Simply remind him/her that he/she is safe & secure in the facility environment.</p> <p>12/09/2024 at 2:05PM, V8 (CNA / Certified Nursing Assistant) said that she was present in the dining room the day R1 was hit in the eye by R2. R2 was already agitated and V8 asked him if he would like to eat in his room and he said no V8 and other staff were assisting with breakfast when R1 started screaming that he was hit in the eye, V8 got in-between residents and R2 was still trying to hit R1, telling him to come on. V8 said that R2 also became aggressive with her when she was trying to separate them, threatening to kick her. V8 have seen R2 agitated before and stated that when the staff notice that they usually move him to a different location or have him eat in his room. V8 did not move R2 that day because he calmed down at first when staff told him to calm down.</p> <p>12/09/2024 at 1:19PM, V5 (LPN) said that she was passing medication down the hall when she was notified that her resident (R2) hit another resident (R1). V5 went to check what happened, staff told her that R1 was sitting down in his chair and R2 walked up to him and hit him in the eye.</p> <p>12/09/2024 at 1:25PM V6 (LPN) said that she was in front of the nursing station passing medication when she heard a certified nurse assistant (CNA) started calling for a nurse, when V6 got to the dining room. Staff had already separated R1 and R2, V6 assessed R1 and noted some swelling and a red spot in his left eye, R1 stated that he was hit in the eye by R2. V6 asked staff present and they also said that R2 just walked up to R1 and hit him.</p> <p>Abuse policy (undated) states in part that it affirms the right of residents to be free from abuse, neglect, misappropriation .and involuntary seclusion. The purpose of this policy is to assure that the facility is doing all is within its control to prevent occurrences of mistreatment, neglect, or abuse of the residents. This facility is committed to protecting our residents from abuse by anyone including but not limited to facility staff, other residents, consultants, etc.</p> <p>Under definitions, the policy defines abuse a any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means.</p> | | |