

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  09/18/2025
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.

(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.  (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:  145220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2025
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.			
(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 - Actual harm</p> <p>Residents Affected - Few</p>	<p>Based on interview and record review, the facility failed to follow its abuse policy by not ensuring that residents were free from physical and verbal abuse. This affected two of three residents (R1 and R2) reviewed for abuse. This failure resulted in R1 experiencing, a facility staff member directed inappropriate and profane language toward R1. R1 reported feeling disrespected, childlike, and angry as a result of the interaction. This also resulted in (R2) experiencing a facility staff member struck R2 on the head. Using the reasonable person concept, this action would cause a R2 to feel fear and intimidation. Findings Include: R1's brief interview for mental status dated 8/26/25 documents a score of fifteen which indicates cognitively intact. Social service note dated 8/12/25 documents: Abuse investigation initiated on 8/6/25 concluded that staff (V4) mistreated R1 by telling him FU (fu*k you) too. On 9/16/25 at 2:32pm, V1 (administrator) said, R1 was verbally aggressive with V4 (PRSC). V4 was terminated for responding to R1's verbally aggression by replying f**k you too. V1 said, V4's response could be considered as verbal abuse. On 9/16/25 at 3:56pm, R1 who was assessed to be alert and oriented to person, place, time and situation, said he had been informed to come in from a smoke break by V10 (cna). R1 said, he was walking down the stair from the smoking shelter toward the building entrance. R1 said, V4 brushed pass the V10 (cna), began yelling, being verbally aggressive and acting like a bully. R1 said, V4 told him it's time to come in now. R1 said, he replied to V4 by saying, telling V4 not to talk to him like a child. R1 said, V4 and him were arguing. R1 said, V4 had an attitude. R1 said, during the argument V4 cursed at him saying fu*ck him. On 9/17/25 at 2:06pm, V7 (asst. administrator) said, R4 was terminated for group three offense. Group III Offenses: 1st Offense- Termination of Employment: Use of vile, foul, or abusive language toward a supervisor, resident, resident family member or other staff member. Arguing with a resident, family member, doctor or visitor. On 9/18/25 at 1:03pm, V10 (cna) said, R1 was notified twice to come in from the smoking patio because it was dinner time. V10 said, R1 was an independent smoker and was allowed to be out of the patio without staff supervision. R1 was taking his time coming back into the building but he was not causing a problem. V10 said, V4 told R1 he had to come in. V10 said, V4 was hostile and rude towards R1. V10 said, R1 replied, V4 was already informed by V10 to come in. V10 said, V4 became agitated. V10 said, V4 did not attempt to redirect R1. V10 said, the manner in which V4 spoke to R1 was not professional. R1 and V4 began to argue. R1 cursed at V4. V4 called, R1 out of his name. V10 said, both V4 and R1 started cursing at each other. V10 said, V4 told R1 fu*k you too. On 9/18/25 at 3:01pm, V1 said, he labelled that interaction as mistreatment instead of abuse because one can argue that it was a back and forth conversation between cognitive (alert) individuals. V1 said, in the general population, people argue and swear. People said, fu*ck you in the community. V1 said, the word fu*ck you does not have the same stigma as it use too. V1 was asked if his facility was general population or a skilled nursing facility. V1 reply, it's a skilled nursing facility. V1 said, an employee should not be telling a resident fu*ck you which is why she was terminated. Abuse Policy Employee Acknowledgement dated 3/25/25 documents: Residents of this facility are to be treated with dignity and respect. Any individual who willfully abuses, or neglect a resident or misappropriated a resident' property or money will be terminated. V4's name was signed and printed with a witness signature. Facility Preliminary Incident Investigation Report Form dated 8/6/25 documents the facility has an allegation that may involve one or more of the following reportable situations. Verbal and Mental abuse was checked. The allegation: R1 approached V1 and informed V1 that a staff member (V4) swore at him. Witness statement dated 8/7/25 documents: V4 originally stated that she did not curse at R1. V4 stated, she wasn't truthful with V1 because she didn't think he would be understanding. V4 did admit she was wrong for engaging with R1 and allowing him to get her upset Facility Final Incident Investigation Report Form dated 8/12/25 documents: Allegation of mistreatment substantiated Corrective Action Form dated 8/13/25 documents: Mistreatment of a resident. Abuse investigation initiated 8.6.25 concluded employee (V4) engaged in resident (R1) mistreatment. Prior discussion or warning on the subject: No formal warning. Instructed on work rules on 3.25.25. Resident shall not be abused or mistreated. Corrective action required: Termination. Abuse policy dated 2011 documents: the facility affirms the right of our residents to be free from abuse. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction or injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Verbal Abuse is the use of oral written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of their age, ability to</p>		