

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  01/25/2026
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 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review, interview and observations the facility failed to provide a safe, functional, sanitary and comfortable environment for the residents of the facility. This failure involved the common area shower rooms on both the first and second floors and affects all residents in the facility. The shower facilities available to the residents are in need of repairs and deep cleaning to give the residents a space to feel comfortable using on a daily basis. R1 will be known as R5 and is not available to be interviewed while writer was at the facility. R5 is a 67 year of female whose diagnosis includes: DISORDER OF THYROID, UNSPECIFIED(E07.9),ESSENTIAL (PRIMARY) HYPERTENSION(I10), PARANOID SCHIZOPHRENIA(F20.0), UNSPECIFIED PSYCHOSIS NOT DUE TO A SUBSTANCE OR KNOWN PHYSIOLOGICAL CONDITION(F29), THYROTOXICOSIS, UNSPECIFIED WITHOUT THYROTOXIC CRISIS OR STORM(E05.90), DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, MILD, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY(F02.A0), MENTAL DISORDER, NOT OTHERWISE SPECIFIED(F99), VITAMIN D DEFICIENCY, UNSPECIFIED(E55.9), OTHER CONSTIPATION(K59.09), SPASMODIC TORTICOLLIS(G24.3)R5 was unavailable at the time of survey to be interviewed. The complainant for this survey was V11 (her Maximus Case Manager) to whom R5 made the complaint. V11 in turn did not make the facility aware of the complaint, per his Agency's policy he just called the hotline to make the complaint. V11 stated that this was to protect the identity of the resident. V11 was reached by telephone on 01/23/26 at 10:31AM. V11 was able to state that he met with his client at the facility during a visit last year, in the Fall in the conference room on the first floor. V11 then stated that the shower room in question was located right next to the conference room. This description of the location matched the conference room that this writer was working from on the first floor of the facility. V11 described the condition of the bathroom as horrible with broken tiles on the floor, no curtains for privacy and mold throughout the bathroom. 01/23/26 -11:00AM Conference room: V4 (Maintenance Director) and V5 (Housekeeping Manager) and I began to tour the common area shower rooms; we started with the 400 hall shower room which was locked (allegedly due to residents smoking in there on the overnight shift). V4 had been called to assist with unlocking the bathroom door, as the nurse and V5 did not have a key to unlock the door. Once inside the shower room, it was apparent that this shower room had not been cleaned for a while as evidenced by the dark brown stains in the toilet bowl. The toilet was functional and did flush, when activated, it spewed dark brown water. The tiles on the floors and walls have tiles that are chipped, there are a couple of shower areas in the shower room that are not separated by a curtain, and assistive devices are stored in the room. There is also varying degrees of a dark substance on the grout of parts of the walls and floors throughout the shower room. 01/23/26 11:15AM 200 hallway shower room was next to be reviewed by V4, V5 and this writer. This door was unlocked and was unoccupied at the time. There were bath blankets on the floor and there was urine in the toilet that was not flushed. There were chipped 1x1 tiles on the floor and other chipped and/or broken tile on the walls.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0921</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>There is also varying degrees of dark substances on the floors and walls. The room was also used as storage for assistive devices and there was no privacy curtain to cover the toilet when it was in use. The toilet can be viewed from the hall when the door is open and there is no lock on the door to prevent that. The lack of locks could be considered a safety measure, but according to the DON (V3) most of the residents on the first floor are more independent and shower without assistance. So, it is entirely possible that the door can be opened, from the outside, while a resident is showering or toileting. Also, R5 is a resident of the first floor and according to her care plan, she requires assistance with ADLs. During this interview, when V5 was asked how often the shower room was cleaned, V5 stated that she, along with the housekeepers, make rounds and determine when they need to be cleaned that then clean them. However, V13 (housekeeper) stated that the bathroom is cleaned once a shift and if someone request it. 01/23/26 11:30AM Shower room on the 500 hallway was not available for shower use as it was entirely used for storage. 01/24/26 1:00PM-1:30PM all shower rooms on the second floor have crumbling tile, lack of privacy curtains, and varying levels of dark substances on the floors and walls. The shower rooms now have a log on the back of the door to detail when that particular shower room has been cleaned. Each shower room at the time of this viewing had been cleaned at least two times. There still were no curtains, and the dark substance was still on the floors and walls. 01/23/26 laundry room on the first floor: R2 (president of resident counsel) was interviewed as she did her laundry and stated that she was not aware of any problems in the facility, then instantly stated that the only thing she can recall hearing problems about from residents was the shower rooms and how filthy they were. 01/23/26 conference room: During the interview with V5 regarding the cleaning protocol for the bathroom (V6) the IP came into the conference room and was asked about if there is a policy for how often showers should be cleaned or if there is a policy for the remediation of the dark substance. V6 stated that she is mainly there for the antibiotics and not so much for housekeeping. V5 stated that she was starting to work on adding curtains to each bathroom today. This has not been completed prior to me exiting the survey. 01/24/26 11:00AM Conference room: V4 told me that the supplies (grout) for the shower rooms had been purchased and that the cracked tiles on the floor had been filled in. The receipt for the supplies had been left on the table and added to the attachments. The shower rooms had been cleaned prior to my arrival today and the logs to not the times of the cleaning were on the back of the shower room doors. During the course of the investigation, it was noted that there were at least 3 complaints made in resident councils, and stated in the minutes, regarding the shower room. These shower rooms are the only place to take a shower as the bathroom attached to bedrooms only provides a toilet and sink for residents in that room, as well as some of the residents in adjoining rooms as the bedroom bathrooms are a Jack-and-[NAME] style bath for two rooms. There was no facility policy on housekeeping protocol for shower cleaning that V4 or V5 could produce for this writer. There was also no log of the frequency of cleaning for the shower rooms, nor scheduled cleaning of the shower rooms available to review. Based on observations, interviews and record reviews that facility did not provide a clean, safe, comfortable and/or sanitary area for the residents to shower and a deficiency was cited.</p>		