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	05/01/2026

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 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review the facility failed to follow their Activities of Daily Living Policy to provide podiatry care to R7, this failure affected one (R7) of three residents reviewed for ADL Care (grooming).On 4/30/2026 at 2:13 P.M., R7 gave permission for V13 (CNA) to assess R7s toenails with the state surveyor. V13 described R7 left and right big toenails as long and thick, and looked like R7s toenails had not been cut for like a year. V13 stated she previously told R7s floor nurse to refer R7 to the podiatrist.On 4/30/2026 at 2:26 P.M., V11 (Licensed Practical Nurse/ LPN) and V14 (R7s family member) also observed R7s left and right toenails and stated R7s toenails were thick and long. Nurse surveyor observed V11 putting R7s right sock on and R7 flinched his foot. V14 stated R7s right toe is sensitive. V11 and V13 stated R7s should have been referred to the podiatrist.On 4/30/2026 at 2:33 P.M., V15 (Medical records) stated R7 has not been seen by the podiatrist in March 2026 or April 2026 because she was not notified. V2 (Director of Nursing/DON) stated it is expected for the nurses and CNAs to perform grooming, nail care to residents and if needed, refer the resident to the podiatrist. V2 stated if she were to be notified that a resident needs to be seen by a podiatrist she will inform V15. V2 stated It is expected for the CNAs and nurses to assess resident's toenails during ADL care. V2 and V15 stated they were not notified that R7 needed to be added to the podiatry list.During record reviewed of R7s shower sheets provided by the V2 (DON), R7s shower dates 4/3, 4/7, 4/10, 4/14, 4/17, 4/21, 4/24 4/28, a circle around N indicating R7s nails were not trimmed. R7s Minimum Data Set (MDS) dated [DATE] section GG documents R7 is dependent (helper does all of the effort) on staff for putting on/taking off footwear. R7s ADL (Activity of Daily Living) care plan revised 4/16/2025, documents R7 has a Self Care Deficit and requires assistance with ADL's to maintain the highest possible level of functioning AEB (As evidenced by) the following limitations and potential contributing factors: Weakness, declined endurance, Confusion, Gait/balance problems, Incontinence, Vision/hearing problems, tremors related to: Parkinson. Activities of Daily Living (ADLs) PolicyPurpose: To preserve ADL function, promote independence, and increase self-esteem and dignity. Interventions Grooming: Maintaining personal hygiene, self-manicure (safety awareness with nail care)

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