STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145718	A. Building B. Wing	03/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Rehabilitation Ctr	14255 South Cicero Avenue Crestwood, IL 60445

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 - Minimal harm or potential for 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** 22499 Based on interview and record review the facility failed to protect two residents from verbal abuse from the staff. This applies to 2 of 3 resident (R9, R10) reviewed for abuse in the sample of 13. The findings include: On 3/15/24 at 11:30 AM, R9 stated, She came in here yelling right off the bat. She called me a F*****g B****. She was mad because I wanted to be changed. I told her I needed a 3X diaper and she said she was not looking for anything for me. My roommate (R10) told her to shut up and she grabbed the curtain and pulled it back and said, No, you shut up! I haven't had problems with anyone else here and I don't know who she was- maybe from agency. I was pretty upset for a couple days after that. I haven't see her again since then. At 11:30 AM, R10 was also in the room and confirmed R9's recollection of the incident. R9's Minimum Data Set Assessment (MDS) dated [DATE] shows that R9 has no cognitive impairment. R10's MDS dated [DATE] shows that R10 has no cognitive impairment. The facility reported incident dated 1/9/24 states, A thorough investigation was conducted. (R9) stated that the CNA (V11) entered during the overnight shift to provide incontinence care. When (R9) initially refused the care being offered, (V11) used profanity toward her. (R10- R9's roommate) told (V11) to Shut up at which point (V11) responded, No, you. Both (R9 and R10) stated the (V11) was being very loud. (V11) was interviewed. She stated that she had used profanity toward (R9) and when (R10) told her to shut up, she responded by making the point that shut up is not a nice way of speaking. She acknowledged that she was probably too loud (R9's) care plan has been reviewed and updated. She stated she does feel safe at the facility, but would prefer not to receive care from (V11) moving forward. (V11) is no longer employed at (Facility). V11's Employee File shows an untitled document dated 1/12/23 that states, Verbal over the phone voluntarily resigned due to a new job opportunity during suspension. (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

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/15/24 at 3:30 PM, V10 (LPN-Nurse Manager) stated, I was asked to investigate. I interviewed (R9 and R10) and then the other residents on (V11's) assignment. They didn't have any problems. R10 knows what is going on- she is not confused. I gave my investigation to (V13- previous administrator) and he made the final decision. If (V11) had had an incident before, maybe on another floor or something, then it is our practice to just let them go but I don't know if she did. I just assumed she did something wrong and she didn't come back so everything was taken care of. The undated facility Abuse Prevention Policy states, The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This same policy defines Verbal Abuse as the use of oral, written, or gestures language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of an individuals' age, ability to comprehend, or disability .

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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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40798 Based on interview and record review, the facility failed to identify, assess, and treat a change in skin condition until it was an unstageable, necrotic pressure ulcer for 1 of 5 residents (R1) reviewed for wounds in the sample of 13. This failure resulted in R1's wound deteriorating, showing signs of possible infection, and requiring hospitalization . The findings include: R1's Admission Record (printed 3/15/24) shows he was admitted to the facility on [DATE]. R1's Minimum Data Set (MDS) dated [DATE] shows R1 is dependent on staff for toileting hygiene and required maximal assistance to roll from lying on his back to left and right side, and return to lying on his back when in bed. The same MDS shows R1 has no rejection of care behaviors, R1 is always incontinent of bowel and bladder, and R1 has one unstageable pressure ulcer which was not present upon admission to the facility. R1's Braden skin risk assessment dated [DATE] shows he is at risk for developing pressure ulcers. R1's Progress Notes dated 12/6/23 at 12:22 PM shows that the wound doctor wants R1 sent to the hospital for an evaluation related to a wound on his backside. R1's Progress Notes dated 12/6/23 at 11:07 PM show R1 was admitted to the hospital with a diagnosis of unstageable pressure injury. R1's Care Plan initiated on 9/5/23 shows R1 has potential for impairment to his skin integrity and he should be monitored for any skin injury. R1's Wound Assessment and Plan shows V4, Wound Physician, saw R1 on 11/22/23. V4 documented an initial assessment of an unstageable (depth obscured) pressure injury of R1's sacrum measuring 9 cm (centimeters) length by 9.5 cm width with a wound onset date of 11/22/23. There was moderate exudate, 20% (percent) slough and 80% eschar with no signs or symptoms of infection. V4's Wound Assessment and Plan of R1's sacral pressure ulcer shows R1 was not seen on 11/29/23 as he was out of the facility for an appointment. On 12/6/23, V4's Wound Assessment and Plan shows R1's sacral pressure ulcer has declined and measures 11 cm length by 9 cm width with 100% eschar and signs and symptoms of infection include odor. V4's comments show R1 needs surgical debridement and recommends he be sent to the hospital for further evaluation and treatment. On 3/15/24 at 11:54 AM, V3, Wound Care Nurse/Coordinator, said if everyone is doing everything they should be doing, a wound should be identified before it becomes necrotic. V3 said R1 had wounds to his left and right heels and sacrum which were all acquired in the facility. V3 said R1's sacral pressure ulcer was first identified on 11/22/23 when it was a 9 cm by 9.5 cm unstageable pressure ulcer. V3 said unstageable means the skin on top of the wound was necrotic, so you could not see what was going on underneath. V3 said wounds should be identified long before becoming necrotic. V3 said it is important to identify wounds as soon as possible so they can put treatment measures in place and prevent the site from declining further. V3 said R1 was sent to the hospital on 12/6/23 and was admitted with a diagnosis including, but not limited to, unstageable pressure injury. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	On 3/15/24 at 3:18 PM, V4, Wound Care Physician, said she remembers sending R1 to the hospital the last time she saw him in the facility because his sacral wound looked worse and possibly looked infected. V4 said the phrase Healing Status Declined means the wound did not get better, but in fact, got worse, in comparison to the previous exam. V4 said odor can lead one to think of a possible wound infection, and R1's (sacral) wound odor triggered her to believe the wound was possibly infected V4 said because there was worsening of the sacral wound with 100% eschar, she felt R1 needed further evaluation to see if debridement was necessary as she is limited on what treatment she can do at the bedside. V4 said a wound would not become necrotic overnight. V4 said she did not see R1 again and does not know his outcome. On 3/15/24 at 2:28 PM, V8, Registered Nurse (RN), said the CNAs (certified nursing assistants) will report any redness or skin changes to the floor nurse and the nurse will assess the resident's skin and do a risk management report and send it to the wound care nurses so they can assess the area and implement wound care treatments right away. V8 said it is important to identify skin changes right away so it does not worsen and progress to a pressure ulcer. V8 said it is important to catch skin changes early to start the healing. V8 said if a pressure ulcer worsens, it gets more difficult and complicated to manage. If skin changes are found early, treatment can be more successful. On 3/15/24 at 2:29 PM, V9, CNA, said she knows to report any skin changes to the nurse right away. V9 said it is important so the resident can get treatment as soon as possible. V9 said a change in skin condition would go through so many stages before becoming black that finding a black wound which was not previously identified would be very unlikely. V9 said any skin changes should begin with documentation right from when redness is first noted.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 22499 Based on interview and record review the facility failed to ensure that a resident's medications were administered as ordered. This applies to 1 of 8 residents (R2) reviewed for medications in the sample of 13. The findings include: R2's Medication Administration Record dated February 2024 shows an order for Adderall XR (Amphetamine for ADHD) 10mg on 2/13/24 and discontinued on 2/14/24. The same order is listed again on 2/20/24 and discontinued on 2/20/24. Another order for Adderall 5mg twice a day was ordered on 2/20/24 and discontinued on 2/25/24. (Resident discharged to the hospital on 2/13/24, 2/19/24 and 2/21/24). The order on 2/13/24 and 2/20/24 9:00 AM dose is marked as a 9 meaning other/see nurse's notes. The Nurse's Notes dated 2/13/24 at 8:55 AM state, Patient in bed, alert, oriented x3, V/S stable, continent of bladder and bowel functions,due meds given, Tramadol 50 mg 1 tab by mouth given for lower back pain at 8/10, refused Lyrica (Nerve Pain Medication), needs attended to, call light kept within reach. There is no Nurse's Note on 2/20/24 from (V6- RN) who documented the 9 on the Medication Administration Record. On 3/15/24 at 2:45 PM V6 (RN) stated, If a medication is not available then we follow up with the pharmacy. We have a (Locked Medication Dispensing) system but we are not able to access it and we have to let the supervisor know and they can access it. (R2) complained about not getting his Adderall but if I don't have it, I can't give it. Usually when we order medications they come. The facility Medication Administration Policy dated 10/25/2014 states, If a medication with a current, active order cannot be located in the medication cart/drawer, other area of the medication cart, medication room, and facility are searched, if possible. If the medication cannot be located after further investigation, the pharmacy is contacted or medication removed from the night box/emergency kit.