Printed: 02/11/2025
Form Approved OMB
No. 0938-0391

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	10/21/2024

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 34072 Based on interview and record review, the facility failed to immediately transport one resident with an acute change in medical condition. This affected one of three residents (R1) reviewed for change in condition. Findings include: On 10/19/24 at 11:20 AM, V5 (Nurse) stated that the nurse is responsible for obtaining the resident's vital signs. V5 stated that if there is a change in the resident's condition, the nurse calls the physician and sees what he wants to do. V5 stated that if the physician is unavailable then the nurse is expected to contact V2 DON (Director of Nursing) for further instruction; if unavailable calls V4 ADON (Assistant Director of Nursing). V5 stated that if V4 is unavailable, the nurse calls the supervisor. V5 stated that if unable to reach anyone, then calls EMS (Emergency Medical Services) 911 to transport the resident to the hospital. V5 stated that if the resident is not stable, including but not limited to, abnormal vital signs, new onset seizure, V5 would call EMS 911 immediately prior to attempting to contact physician. On 10/21/24 at 11:54 AM, V7 (Nurse) stated that 8/15/24 was the first time V7 provided care for R1. V7 stated that R1 appeared to look okay when V7 rounded on him in the morning. V7 stated that when V7 rounded on R1 in the afternoon, R1 appeared to be warm and shivering; not how he appeared earlier that day. V7 stated that V7 asked other staff how R1 was normally and was informed this was not his baseline. V7 stated that V7 sent a communication to V9 NP (Nurse Practitioner) regarding R1's change in condition. V7 stated that R1's blood pressure was low and heart rate slightly elevated at 103 beats/minute. V7 stated that V7 requested an order to administer intravenous fluids for R1's low blood pressure. V7 stated that V9 did not want to administer fluids due to possible fluid overload. V7 stated that R1's oxygen saturation level was 90% on room air so she applied oxygen at 3 liters per nasal cannula. V7 stated that V9 ordered antibiotic medication to be given intramuscularly. V7 stated that R1's oxygen level would not improve on the oxygen and R1 did not appear stable. V7 stated that she does not recall if R1 was sent to the hospital via EMS 911 or by outside ambulance company. (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: 145718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Crestwood Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/21/24 at 1:13 PM, V9 NP (Nurse Practitioner) stated that V9 was not aware that R1's potassium level on 8/9/24 was 2.8 (normal range 3.6 - 5). V9 stated that V9 was present at this facility on 8/15/24 in the afternoon for routine rounding on residents. V9 stated that when V9 arrived on R1's nursing unit, V9 was informed to check on R1 because he did not look good. V9 stated that V9 assessed R1 and ordered urgent laboratory testing to be done. V9 stated that R1 is normally alert and communicative. V9 stated that R1's oxygen saturation level was 90% so V9 applied oxygen at 3 liters per nasal cannula. V9 stated that V9 did not send R1 to the hospital via EMS 911 because R1 was stable after V9 applied oxygen. V9 stated that R1's oxygen level improved to 95% or higher and remained stable until transported to hospital. R1's medical record, dated 8/9/24, notes R1's laboratory results of CBC (Complete Blood Count) and CMP (Comprehensive Metabolic Panel) urgent related to chills placed in the file on second floor, awaiting V9 NP's reply. On 8/10/24 at 3:18 PM, V9 NP noted laboratory results reviewed CBC and CMP- some abnormal results, R1 remains at baseline. To repeat CBC and CMP on Tuesday 8/13/2024. R1's laboratory results, dated 8/9/24, noted Potassium Level 2.8 (normal range 3.6 - 5). V9's progress note, dated 8/15/24, notes R1 seen for acute visit and review of chronic conditions. R1 seen in room in bed, alert but slow to respond, moaning, skin cool and clammy. R1 with periods of hypoxia (low oxygen level) and tachycardia (increased heart rate), heart rate irregular, oxygen started at 3 liters per nasal cannula, head of bed elevated to 90 degrees, acetaminophen suppository given, antibiotic given intramuscularly. R1 with increased lethargic symptoms with hypoxia even with oxygen, transferred to the hospital for evaluation. R1's medical record, dated 8/15/24 at 2:10 PM, V7 (Nurse) noted upon doing rounds R1 noted lethargic and experiencing shortness of breath. Vital signs: blood pressure 92/63, pulse 103, temperature 100.3 degrees Fahrenheit, respirations 21, and oxygen saturation level 90% on room air. 3 liters of oxygen administered via nasal cannula. V9 NP at bedside and aware. V7 noted low blood pressure and requesteed an order for 0.9% normal saline IV (intravenous fluids). V9 NP stated, I can't give an order for IV fluids due to R1 in possible fluid overload. V9 NP gave new orders for wound culture of R1's coccyx pressure ulcer, Ceftriaxone Sodium 2 grams intramuscular injection and oxygen at 2-3 liters per nasal cannula. On 8/15/24 at 3:40 PM, V9 NP called and made aware R1's oxygen saturation levels are desaturating. R1 was placed on non-rebreather mask at 15 liters of oxygen with oxygen saturation level of 78% and pulse of 116 beats/minute. V9 NP gave new orders to send R1 to the hospital for further evaluation. There is no documentation found in R1's medical record noting R1's oxygen saturation level from 3:40PM until 4:30PM. On 8/15/24 at 4:30 PM, R1 was transported to the hospital via ambulance. R1 was admitted to the hospital with diagnosis of severe sepsis. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145718	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Crestwood Rehabilitation Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/13/24, V10 ID NP (Infectious Disease Nurse Practitioner) noted R1 being seen today for a follow-up of chills and malaise reported during dialysis previously, catheter site culture and sensitivity previously ordered by prior provider. As viewed from 8/9, no leukocytosis, WBCs (White Blood Cell Count) 7.8 (normal range 4.8 - 10.8). No antibiotics ongoing currently. Discuss with R1 previous episode in dialysis, will order for blood cultures to be drawn in dialysis and follow-up with CBC (Complete Blood Count) ordered previously. R1's CBC laboratory results, reported on 8/13/24 at 4:14 PM, notes R1's WBCs increased to 13.17. There is no documentation found in R1's medical record noting V10 was notified by the nurse or V10 reviewed R1's CBC results for 8/13/24. On 8/13/24 at 10:33 PM, V12 (Nurse) noted R1's abnormal laboratory result of Potassium 2.9 was relayed to V11 NP, new order received to give potassium 40mEq oral (milliequivalent) x 3days. R1's MAR (Medication Administration Record), dated August 2024, notes R1 did not receive treatment for low potassium levels (2.8 on 8/9 or 2.9 on 8/13) until 8/14/24 at 9:00 AM. On 10/22/24 at 1:20PM, V2 (Assistant Administrator) presented the outside ambulance company's run sheet for R1, dated 8/15/24. Dispatch was notified at 3:45PM for R1's low oxygen saturation level. The crew arrived at R1's bedside at 4:17PM and did not depart scene until 4:55PM. R1 presented to the emergency room at 5:05PM. R1's level of care at the time of transport was ALS (advanced life support - a vehicle that transports persons in critical conditions and provides advanced medical care). R1's acuity was emergent requiring the ambulance to transport with lights and sirens activated. On 10/22/24 at 1:20PM, V2 also presented R1's CMP results collected during R1's dialysis treatment on 8/7/24. R1's potassium level on 8/7 was 4.1.