

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 02/02/2026
NAME OF PROVIDER OR SUPPLIER Thryve of Crestwood		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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to implement a physician's order for an as soon as possible (STAT) X-ray after one resident (R1) sustained an unwitnessed fall and complained of pain in the right hip area. This failure affected one resident (R1) who was transferred to a local emergency room eighteen hours after the unwitnessed fall took place, and R1 was diagnosed with a right hip fracture. It can be determined that the reasonable person in the residents' position would have experienced psychosocial harm related to pain (eg: facial grimacing and guarding of the right leg) as a result. Findings include:R1 is a [AGE] year-old male, originally admitted on [DATE] with medical diagnoses that include and are not limited to: metabolic encephalopathy, diabetes, seizures, and major depressive disorder.According to the Minimum Data Set (MDS), R1 had a brief interview for mental status (BIMS) dated 11-21-2025, with a score of 3/15, which indicates impaired cognition and needs maximum assistance on transfers to the chair, bed, and shower. On 2/1/2026 at 12:00 p.m., V7 (Certified Nurse Assistant) said on 11/19/2025, while working the 7:00 a.m. to 3:00 p.m. shift, I was called by V16 (Certified Nurse Assistant) to R1's room. R1 was alert but confused, dependent on staff for all activities of daily living, non-ambulatory, and required a mechanical lift for transfers from the bed to a geriatric chair. Upon entering the room, R1 was observed on top of the floor mat. I do not recall whether R1 was lying on the right or left side. I assisted in transferring R1 back to bed using a mechanical lift. V12 (Licensed Practical Nurse) was in and out of the room during this time due to the emergency with R1. V7 said I did not observe any changes in R1's behavior, vocalizing as usual, saying ouch, ouch. V12 and I transferred R1 to the bed using the mechanical lift. After completing the transfer, I exited the room. I do not know what happened with R1 after that. On 1-31-2026 at 4:10 PM V12 (Licensed Practical Nurse) said I was the nurse in charge when R1 was noted on the floor, the fall took place on 11-19-2025 at 2:52 PM, I did not see when R1 fell, I was called to the room by V16 (Certified Nurse Assistant) who reported hearing a sound coming from R1's and when she went to the room R1 was on the floor mat. I went to see R1, and I saw R1 next to a low bed in top of the floor mat. I completed a head-to-toe assessment, and R1 complained of pain in the right hip area. I medicated the patient, and the provider ordered a soon as possible (STAT) X-ray of the right hip; results should be back within 4-6 hours. I also contacted the family and hospice company. On 2-2-2026 at 3:20 PM, V13 (Licensed Practical Nurse) said I was the nurse who transferred R1 to the hospital because he was complaining of pain in the right leg. R1 was supposed to have a stat X-ray, but it was not done, which is the reason I called the doctor and obtained an order to transfer to the hospital.R1's medical record documents on 11/20/2025 at 6:44AM, Resident complaints of pain to right hip (pain medication given). At 9:33AM Upon rounds resident was noted with facial grimacing and guarding of the right leg.On 2-1-2026 at 3:55 PM V8 (Medical Doctor) said, do remember R1. My expectation is for the stat x-rays to be done as soon as possible and to have results on the same day the order was given.Per local</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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F 0684 Level of Harm - Actual harm Residents Affected - Few	hospital emergency room documentation dated 11-20-2025 at 2:25 PM reads: (R1) presented due to fall and right hip pain, patient reportedly had a mechanical fall the day prior to presentation. X-ray of the right hip and right femur showing a superior laterally displaced commuted intertrochanteric right femoral fracture. On 2-2-2026 at 1:00 PM. V2 (Director of Nursing) said, my expectation is for the STAT x-ray to be completed within 4-6 hours. The nurse needs to notify the medical provider if any order is not followed and see what to do next. I do not remember if I was informed that the stat x-ray was not completed; the nursing team needs to let you know. On 2-2-2026 at 1:15 PM, V1 (Administrator) said, the stat x-ray needs to be completed within 4-6 hours. We do not have any policy that indicates that. The nurse is responsible for carrying out the provider's orders in a timely manner.		