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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Thryve of Crestwood	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 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. Based on interviews and record review, the facility failed to follow policy procedures, failed to ensure that staff documented medication administration, and/or failed to document medication as received or not received in the Nurses' notes for two of three residents (R1, R3) reviewed for medication administration.Findings include: R3's (3/27/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 6/3/26 at 1:47pm, R3 stated My (R3) potassium was missed (not received) because of the pharmacy a few days ago and affirmed that Potassium was received this morning. R3's (June 2026) MAR/Medication Administration Record (printed on 6/3/26 at 4:16pm) includes the following medications: Potassium Chloride, Cyanocobalamin, Ferrous Sulfate, Vitamin C, Carvedilol, Docusate Sodium, Famotidine, and Lactulose (scheduled for 9am administration) however the entries for each medication were blank on 6/3/26 - at 9am. On 6/4/26 at 1:19pm, surveyor inquired what blank entries on the MAR indicate V2 (DON/Director of Nursing) stated If its blank, they (staff) didn't sign it out or indicate if they (resident) didn't get it. On 6/4/26 at 1:32pm, V2 stated I V2 (DON) talked to the Nurse (V19/Registered Nurse) assigned to (R3) yesterday day shift. She (V19) told me she gave her (R3) all the scheduled meds (medications) yesterday. I (V2) also talked to the resident, she (R3) told me (V2) she got all her meds yesterday. R1's (5/12/26) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 6/2/26 at 2:25pm, R1 denied concerns with medication administration at the facility, however concerns were subsequently identified. R1's (June 2026) MAR includes Prednisolone Acetate Ophthalmic suspension (scheduled for 6am administration) and Ketorolac Tromethamine Ophthalmic solution (scheduled for 9am administration). R1's MAR affirms on 6/2/26 the (6am) Prednisolone Acetate Ophthalmic suspension is marked 9 (see Nurses Notes) and (9am) Ketorolac Tromethamine Ophthalmic suspension is marked 9 however nothing is documented in the (6/2/26) Nurses progress notes regarding administration or lack thereof for either medication. On 6/4/26 at 3:58pm, surveyor inquired what number 9 indicates on the MAR V1 (Administrator) stated Other, see Nurses note. Surveyor inquired if the Nurse entered a progress note for R1's (6/2/26) scheduled eye drops V1 responded I (V1) See a Nurses note there for the eye drops but it's just the order. Surveyor inquired if R1 received the eye drops on 6/2/26 as ordered. V1 replied I would have to contact the Nurse to see what occurred and why we (staff) documented 9. The facility medication administration policy (reviewed 2/2026) states document as each medication is prepared on the MAR. If medication is not given as ordered, document the reason on the MAR.

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