

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E177	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/10/2024
NAME OF PROVIDER OR SUPPLIER  Crestwood Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  13301 South Central 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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</b></p> <p>Based on interview and record review, the facility failed to prevent an employee from engaging in verbal abuse with a resident and failed to follow their abuse policy of immediately reporting abuse to the abuse coordinator. This failure affects two (R4 and R5) of four residents reviewed for verbal abuse and has the potential to affect all 109 residents currently in the facility.</p> <p>Findings include:</p> <p>Facility provided Census upon entrance that documents 109 residents currently in the building.</p> <p>R4 is [AGE] years old, has been residing in the facility since 8/22/13. R4 has diagnoses that include but are not limited to schizoaffective disorder. According to the electronic health record, R4 is alert oriented and does not have any documented cognitive deficits.</p> <p>R5 is [AGE] years old and was recently readmitted to the facility 8/15/24 with diagnoses that include schizoaffective disorder bipolar type. An interview was attempted with R5 during this investigation, however R5 refused to interact with the surveyor.</p> <p>R4 was interviewed 10/8/24 at 1:57pm and said one night a few weeks ago, R4 was sitting in the social services office to use the telephone. V6 and V7 are PRSCs (Psychosocial Rehabilitation Services Coordinator) and were in the office at this time. R4 said, V6 PRSC told R4 to get out of the office, and R4 responded by calling V6 a bitch. R4 said V6 responded by saying your mother is a bitch and when R4 got up to leave slammed the door closed.</p> <p>V7 PRSC was interviewed on 10/8/24 at 3:19pm and said they witnessed the altercation as R4 described during the evening of 9/4/24. V7 said they went to check on R4 after the incident, however R4 was so upset in their bedroom, that R4 refused to talk to V7. V7 did not notify V1 the abuse coordinator or supervisor of the incident. On 9/4/24 V7 said they wrote a statement the following day when asked to do so by V1 Administrator.</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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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/9/24 at 1:03pm, V8 PRSC said they were getting ready to leave for the day when V8 heard the verbal exchange between R4 and V6 the evening of 9/4/24. V8 said they heard V6 yelling and being disrespectful to R4, that this has happened before and R8 believed it was verbal abuse. V8 also said if they witnessed abuse or a resident alleged abuse occurred, they should immediately inform their supervisor- V5 PRSD (Psychosocial Rehabilitation Services Director) or V1 Administrator. V8 said usually when V6 yells at R4 or other residents V8 tells V6 that (staff) don't need to yell at the residents. V8 said when they left the facility V6 was still in the facility.</p> <p>V1 Administrator was interviewed on 10/8/24 at 3:32pm and said R4 came to the administrator's office on 9/5/24 to inform V1 about the altercation that occurred between R4 and V6. V1 said they were not notified by any staff member that the allegation occurred 9/4/24. According to V1, when R4 brought the allegation, R4 was not clear on when the incident occurred. V1 said they consulted with V5 PRSD (Psychosocial Rehabilitation Services Director) to determine how to initiate investigating R4's allegation and while discussing the issue, another resident (R5) approached V1 to complain about a verbal altercation that occurred on the smoking patio immediately prior. R5 said to V1 '(V6) don't know how to talk to people'. V1 said V6 was suspended pending additional investigation and was ultimately terminated after substantiating the allegation of verbal abuse.</p> <p>V6 PRSC was interviewed on 10/9/24 at 1:44pm and denied any allegation of verbal abuse. V6 said they were in the social services office the evening of 9/4/24, when R4 came to the door and said 'she called my mom the B word'. V6 said it was unknown who R4 was referring to, and did not investigate any further. V6 said although R4 was not on V6's case load, V6 interacts with all of the residents in the facility. V6 said they worked the rest of the shift and returned the following day as scheduled on 9/5/24. V6 said on 9/5/24 during smoking break with the residents on the patio, V6 had words with R5 related to opening a new pack of cigarettes. V6 was soon after called to the Administrators office and was suspended pending an allegation of verbal abuse. V6 said the following week on 9/10/24 V1 called to terminate V6 after substantiating the allegations.</p> <p>Witness statement written by V7 PRSC on 9/5/24 notes that V7 witnessed the employee (V6) being disrespectful to the resident (R4) on 9/4/24 at about 9:00pm. V8 PRSC wrote: 'the resident (R4) came to the office to ask for something or questions. The staff (V6) yelled at (R4) to go to the dining room or come back when we are less busy. The staff (V6) sometimes yells at residents in order for them to listen.'</p> <p>According to time sheet report, V6 PRSC left the facility on [DATE] at 9:27pm and worked on 9/5/24 from 12:33pm to 4:32pm. Employee Report dated 9/10/24 stated Employee (V6) displayed discourteous behavior toward a resident (unprofessional behavior). (V6) was suspended pending investigation. Based on the facility's investigation, the allegation was substantiated. Consequently, the employee is hereby terminated per rule No. 19 of the employee crew book (handbook). This report was signed by V1 Administrator.</p> <p>The facility's employee handbook was review and states in part; The following shall qualify as Discharge upon 1st Offense: 8. Physical, mental, sexual, or verbal abuse, neglect, or attempting to injure resident/residents or other persons, including any other Crew, supervisor, or manager. 19. Unprofessional Behavior.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's abuse policy effective 4/20/20 (no revision) states in part; This facility affirms the right of our residents to be free from verbal, physical, sexual, mental abuse, neglect, exploitation, misappropriation of property, involuntary seclusion, or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of resident. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property and mistreatment of resident. This will be done by: orienting and training employees on how to deal with stress and difficult situation, and how to recognize and report occurrences of abuse neglect, exploitation, and misappropriation of property. Establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment. Identifying occurrences and patterns of potential mistreatment. Immediately protecting resident involved in identified reports of possible abuse, neglect, exploitation, mistreatment, and misappropriation of property. Implementing systems to promptly and aggressively investigate all report and allegations of abuse, neglect, exploitation, misappropriation of property and mistreatment, and making the necessary changes to prevent future occurrences.</p> <p>Verbal Abuse is the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or families, or within their hearing distance, regardless of a individual's age, ability to comprehend, or disability. Examples of verbal abuse include, but are not limited to, threats of harm, saying things to frighten a resident, such as telling a resident that he/she will never be able to see his/her family again.</p> <p>Procedures: Internal Reporting Requirements and Identification of Allegations: (V) Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer. In the absence of the administrator, reporting can be made to an individual who has been designated to act in the administrator's absence.</p> <p>Supervisors shall immediately inform the administrator or person designated to act in the administrator's absence of all reports of incidents, allegations or suspicion of potential abuse, neglect, exploitation, mistreatment or misappropriation of resident property. Upon learning of the report, the administrator or a designee shall initiate an incident investigation.</p> <p>Employees of this facility who have been accused of abuse, neglect, exploitation, mistreatment or misappropriation of resident property will be removed from resident contact immediately. The employee shall not be permitted to return to work until the results of the investigation have been reviewed by the administrator and it is determined that any allegation of abuse, neglect, exploitation, mistreatment or misappropriation of resident property is unsubstantiated.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44570</b></p> <p>Based on interview and record review, the facility failed to address the pharmacist recommendation for a gradual dose reduction of anti-depressant medication and failed to ensure the pharmacist recommendations were readily available to review in the resident's electronic health record. This failure applied to one (R1) of three residents reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R1 is [AGE] years old and admitted to the facility 5/15/23 with diagnoses that include but are not limited to Schizoaffective disorder, Major Depressive Disorder, Bipolar Disorder and Epilepsy. R1 transferred from the facility on 5/20/24 as a Resident initiated discharge.</p> <p>On 10/7/24 at 1:04PM R1 was interviewed and said they believed the facility was overdosing R1 with medications while living in the facility.</p> <p>The monthly Medication Regimen Review (MRR) conducted by V4 Pharmacy Consultant 2/20/24 was not located in the electronic health record, however, was available on request. The report for R1 on this day recommended a dose reduction of trazodone 100mg (milligrams) to 75mg every night. On 10/9/24 at 1:31pm V4 said, all the facility's residents are reviewed for drug interactions, appropriate laboratory orders associated with medication management and compliance with regulatory standards. V4 said residents are also reviewed for gradual dose reductions every six months, particularly if there have been no medication changes. V4 said there are occasions when the facility does not address the recommendations and V4 regularly works with the facility to increase the percentage of responsiveness by providing a report with the monthly reviews.</p> <p>On 10/9/24 at 3:01pm V3 Psychiatrist said that the MRR should be accessible in the Resident's Health Record to be easily reviewed. V3 said they typically visit the residents and conduct assessments monthly. When V3 comes to the facility, V3 relies on the nursing staff to provide the MRRs to be reviewed and signs them once reviewed. V3 determines whether they the Pharmacist's recommendations for a gradual dose reduction are agreeable, or if they deem the recommendation as a contraindication based on the Resident's condition at the time of assessment and review medication changes within six months. V3 said that regardless of the decision to reduce or maintain the medications if available to review, the MRR is addressed in V3's Physician Progress Note at the time of the assessment.</p> <p>Progress Notes reviewed for R1 indicate that R1 was not assessed by the Psychiatrist until 4/28/24- two months after the recommendation was made by V4 to decrease trazodone. The progress note does not mention that the recommendation was reviewed, and no changes were made R1's medication regimen. The facility was also unable to provide a copy of the R1's February MRR signed by V3.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Policy Psychotropic Medication Use (no revision) states in part; Guideline: 2. To avoid the use of unnecessary drugs. Standard: II. e) The consultant Pharmacist may be consulted to assist with utilization of the appropriate medications, and the appropriate geriatric dosages. F) The interdisciplinary team should review the resident's response to treatment and consult with the attending physician or extender as needed. G) Psychotropic medication reductions should be attempted unless the reduction is clinically contraindicated. III Reduction: a) Gradual dose reductions, and behavioral interventions, should be utilized in an attempt to discontinue the use of these drugs, unless clinically contraindicated. B) Clinically contraindicated means the resident NEED NOT undergo a gradual dosed reduction or behavioral interventions if certain conditions exist. Clinical contraindications for reduction should be documented by the physician or extender in the medical record.</p>		