

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 10/31/2024
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40718</p> <p>Based on interviews and record reviews the facility failed to follow their policy and procedures for developing a comprehensive care plan by not updating care plan interventions as needed and not implementing personalized and effective care plan interventions for a resident exhibiting a pattern of increasing anxiety, agitation, and verbal and physical aggression. This failure applies to one of four residents (R4) reviewed for care planning.</p> <p>Findings include:</p> <p>R4 is a [AGE] year-old male with a diagnoses history of Schizoaffective Disorder, Schizophrenia, Suicidal Ideations, Cannabis Abuse, and Alcohol Abuse who was admitted to the facility 03/28/2024 and discharged from the facility against medical advice 10/21/2024.</p> <p>R4's progress note dated 4/9/2024 documents he was observed with loud speech in dining area and came to the nurse's station to asking to be given something to calm him down because he was very anxious and was given a Sedative as prescribed.</p> <p>R4's progress note dated 4/21/2024 documents he was involved in an altercation with a co-peer and reported that co-peer walked up on him from behind and raised his fists at him; R4 exhibited delusional ideations stating that he handles things around here and believed he is a superhero.</p> <p>R4's progress note dated 4/28/2024 documents he became verbally and physically aggressive with staff resulting from attempting to redirect him after he was observed throwing items around his room, and with loud banging noises were coming from his room; R4 refused his prescribed as needed antipsychotic medication and staff were not able to redirect him; R4 was observed with increased agitation with staff and continued aggressive behaviors of throwing items in his room; R4 was then sent to the hospital for a psych evaluation.</p> <p>R4's progress note dated 6/15/2024 documents R4 was observed using marijuana and also exhibited symptoms of anxiety, pacing back and forth and aggressiveness stating he wants to harm himself; R4 was eventually sent to the hospital after resisting going.</p> <p>R4's progress note dated 7/2/2024 documents he came to nurse station in the afternoon with complaints of feeling agitated and when writer asked what caused his symptoms he replied, I really don't know. I feel worked up; R4 was administered his prescribed as needed antipsychotic medication.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's progress note dated 8/4/2024 documents he was observed engaging in inappropriate behavior of trying to take food from another resident and when redirected by staff redirected became aggressive and threw the laundry down a hallway in the facility, the physician was notified and an order to placed to send him to the hospital for psych evaluation; R4 presented with delusions, hallucinations, characterized by increased agitations, he attempted unauthorized departure from the facility was not yielding to redirection and has no insight into his disorder; R4 refused to go to the hospital and 911 was called for intervention.</p> <p>R4's progress note dated 9/29/2024 documents he presented with mental status changes characterized by hallucinations, delusions and increased agitations; R4 was becoming verbally aggressive and attempted physical aggression with peer.</p> <p>R4's progress note dated 10/20/2024 documents he was observed dragging and hitting another resident in the head, he attacked another resident, refused to go to the hospital when the paramedics arrived and 911 was called he attempted to leave the building through the a back door and was apprehended by the police and staff before he was discharged to the hospital for psychiatric evaluation.</p> <p>R4's Aggression and Violence History and Screening assessment dated [DATE] documents he was physically aggressive toward peers and his Aggression and Violence History and Screening Assessments dated 04/28/2024, 08/04/2024, and 09/29/2024 documents he has a history of aggressive behavior with the assessment dated [DATE] noting his care plan will be updated.</p> <p>R4's current behavior care plan initiated in 03/28/2024 documents he has a history of aggressive, inappropriate , attention-seeking behavior, presented with delusions and became physically aggressive towards a peer on 4/21/2024, and presented with delusions and aggressive behavior toward staff on 4/28/2024 with a target goal of: behaving in a manner consistent with resident conduct policies through the next target review date of 09/24/2024; Interventions implemented 03/28/2024 include conduct a review of his past behavior and evaluating the likelihood for aggressive/inappropriate behavior during the initial assessment process, refer him to a mental health professional, administer his psycho-active medications as ordered and monitor for effectiveness and side effects, and provide supportive intervention as needed by resident.</p> <p>R4's most current activities care plan initiated 06/24/2024 documents he is involved in activities little to none of the time and is disinterested, he has been coming to activities after getting new glasses, he doesn't like crowds, and is starting to participate; Interventions implemented 06/24/2024 include encourage resident to express response to activity after attending.</p> <p>R4's most current behavior care plan initiated 08/04/2024 documents he has a history of aggressive behavior and has exhibited verbally/physically abusive behavior related to and manifested by being challenged by mental illness, Ineffective coping mechanisms, Physically abusive behavior when agitated, Poor verbal skills and inability to express self in more appropriate language., Racial, ethnic, religious, gender slurs, Use of profanity, demeaning statements, verbal threats and yelling at others, verbally abusive behavior when agitated with a target goal of: refraining from verbally and/or physically abusive behavior following staff intervention by next target review date of 09/24/2024; Interventions implemented 08/04/2024 include avoid getting in power struggle with him, Refer to psychosocial group to improve on deficient skills, Utilize the use of behavior contract if needed, and utilize the use of as needed medication for agitation.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's most current abuse risk care plan initiated 08/04/2024 documents he is at risk for abuse related to historical and current behavior of physical abuse or threatening physical aggression towards others, and having a diagnosis of mental illness; Interventions implemented 08/04/2024 include establish a counseling schedule with him and encourage him to verbalize or share thoughts, anxieties, fears, concerns and general feeling, and provide one to one counseling on boundary issues relating to conflict.</p> <p>On 10/30/2024 at 3:48 PM V1 (Administrator) stated care plans are reviewed every quarter and as needed and if the IDT (Interdisciplinary Team) feels it is necessary, the care plan will be updated. V1 stated if interventions are in place for a resident and it's felt they are not effective the care plan will be updated as well. V1 stated R4 was observed using marijuana in June 2024. V3 (Psychosocial Rehabilitation Services Director) agreed residents do have an increased risk for violence with the use of substances. V3 stated care plans are updated within 24 hours of a behavior happening such as exhibiting verbal or physical aggression, substance use, and increased agitation and/or anxiety which leads to aggression which will also prompt an aggression assessment to be completed. V3 stated if R4 does not get his way he will become frustrated and aggressive. V3 stated R4 also likes to control others even behaving as if he is staff and will attempt to tell others what to do. V3 stated R4 likes money and once it's spent, he would become agitated. V1 stated R4's family would leave him with money and the facility would encourage him not to spend all his money, however he would spend it up. V3 stated these behavioral triggers should be a part of R4's care plan and believed they were currently included in his care plan. V3 stated care planned interventions for R4 included money management group. V1 stated R4 likes computers, phones, video games, technology, and is very intelligent and you would never know he would become verbally or physically aggressive because he doesn't present that way. V1 stated she didn't feel at any given moment R4 would become aggressive because he did not typically present that way and would respond appropriately to interventions such as his ordered as needed medications and redirection. V3 and V1 agreed that R4's medical records including documentation of mood and behaviors from April - October 2024 that indicated there was a pattern of increasing behaviors including agitation and aggression.</p> <p>R4's most current care plan does not include updated interventions for his exhibited behaviors of anxiety, agitation, verbal and physical aggression documented in his medical records on 04/09/2024, 04/21/2024, 04/28/2024, 06/15/2024, 07/02/2024, and 09/29/2024; does not include information or personalized interventions regarding reported behavioral triggers of not getting his way and wanting to be in charge or control, or difficulty managing money; and does not include personalized activity interventions involving his preference for technology related activities.</p> <p>The facility's Care Plan Development Policy received 10/31/2024 states:</p> <p>Guideline: A person-centered care plan that includes measurable objectives and timeframes to meet the resident's medical, nursing, mental and psychosocial needs, that are identified in the evaluation process, is developed and implemented for each resident.</p> <p>Care plan interventions are designed after critical consideration of the relationship between the resident/patients problem area and their causes.</p> <p>Identifying problem areas and their causes, and developing interventions that are targeted and meaningful to the resident are interdisciplinary processes that require data gathering, sequencing of events and clinical decision making.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Evaluations of the resident are ongoing and care plans are reviewed and revised by the interdisciplinary team after each evaluation including both the comprehensive and quarterly reviews and as information about the resident condition changes.</p> <p>The Care Planning/Interdisciplinary Team is responsible for the reviews and updating of care plans; when the desired outcome is not met, when the resident has been readmitted to the facility from the hospital stay, and at least quarterly.</p>