STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E177	A. Building B. Wing	08/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Crestwood Terrace	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)
F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. 45316 Based on interview and record review, the facility failed to follow their policy in notifying the residents' family when the resident was sent out to the hospital. This failure affected one (R63) of four residents in the sample of 23 reviewed for discharge. Findings include: On 3/16/2024, R63 was sent out to the hospital. Review of R63 nurses note did not show any documentation as to the residents' transfer to the hospital. On 8/22/2024 at 1:00 PM, V29 (RN) said that when a resident is sent out to the hospital after receiving the order from the doctor, the nurse is supposed to notify the administrator, and the residents' family. On 8/21/2024 at 12:54 PM, V25 (Assistance Director of Nursing) said that when the nurses send a resident out to the hospital, the nurse is expected to notify the administrator, director of nursing, and residents' family. On 8/22/2024 at 12:54 PM, V2 (Director of Nurses/DON) said that the nurses are expected to notify the administrator, DON, and the residents' families when residents are sent out to the hospital. Guidelines: Emergency transfers should occur only for medical reasons, or for the immediate safety and welfare of a resident, or other residents. Procedure: 1. The nurse will assess the injury or change in condition and determine whether it is an emergency medical situation or a non-emergency situation. a. Notify the family, and physician or extender of change in medical condition and hospital transfer.

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 39781 Based on observation, interview, and record review the facility failed to update care plan of residents with COVID infection. This deficiency affects all six (R1, R14, R16, R53, R54 and R89) residents in the sample of 23 reviewed for Care plan revision. Findings include: On 8/20/24 at 7:55AM to 9:23AM, Rounds made to the units with V20 Infection Preventionist and V8 PRSD (Psych Rehab Service Director). Observed R1, R14, R16, R53, R54 and R89 were on droplet precaution due to COVID infection. Review medical records of R1, R14, R16, R53, R54 and R89. No care plan intervention developed for all residents with COVID infections. R89 tested positive for COVID infection on 8/12/24 while R1, R14, R16, R53 and R54 acquired on 8/13/24. On 8/20/24 at 10:18AM, Informed V20 Infection Preventionist that all six (R1, R14, R16, R53 and R54) residents did not have care plan developed for COVID infection. On 8/20/24 at 10:27AM, V2 DON (Director of Nursing) said that MDS (Resident Assessment) Care plan coordinator updates the care plan. Care plan is updated when there are changes in resident conditions such as having COVID infection because resident must on isolation precaution and add appropriate nursing interventions to prevent spread of COVID infection. Informed V2 that all the above six residents did not have an updated care plan. On 8/20/24 at 12:20PM, V1 Administrator said that Care plan coordinator is not available for interview because she is on vacation. Facility's policy on Care plan development effective 4/2020 indicates: Guidelines: 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. Procedure: 9. The Care planning team is responsible for the review and updating of care plans: * When there has been a significant change of condition.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 49871 Based on observation, interview, and record review the facility failed to ensure residents are free of any significant medication error. This deficiency affects 1 (R55) of 6 residents in a sample of 23 reviewed for medication administration. Findings include: On 8/20/2024 at 8AM during medication pass, V12 (Registered Nurse) stated R55 will be given scheduled Insulin medication later when morning tray is available. R55 ate breakfast in the room. Surveyor followed up multiple times regarding insulin administration. On 8/20/2024 at 11:25AM, Surveyor was informed by V12 that R55 morning scheduled insulin was not administered as ordered and recorded as a missed dose. V12 stated that insulin medication was not given to R55 because medication was not available in her medication cart. On 8/20/2024 at 11:33AM, V2 (Director of Nursing) stated medication should be given as scheduled per physician order. Medication Review Report: Diagnoses: Type 2 Diabetes Mellitus Without Complications Order Summary: Admelog Injection Solution 100Unit/ML (Insulin Lispro) Inject 10 unit subcutaneously with meals. Care Plan: Focus: R55 has a dx of Diabetes Mellitus and is risk for complications. Interventions: Diabetes medication as ordered by doctor. Policy Name: Medication Administration, 4/2020 Guideline: To ensure that administration of medications is performed in a safe manner to prevent medications errors. Standard: Medications are administered according to state and federal law. Medications are only administered with an order. Procedure: 5. Follow special directions (take with food, before meals, after meals, sitting upright, etc.)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 39781 Based on observation interview and record review the facility failed to implement infection control protocol for resident with COVID infection and implementation of COVID surveillance in the facility. This deficiency affects all ten (R1, R6, R14, R16, R41, R50, R53, R54, R89 and R103) residents in the sample of 23 reviewed for Infection Control Prevention Program. Findings include: On 8/20/24 at 7:55AM, Rounds made to D unit with V20 Infection Preventionist (IP). Observed R14, R53, R54 and R1 were on droplet precaution due to COVID infection. V20 went inside of these rooms to check for isolation bin without wearing gloves, gown, and facial shield. On 8/20/24 at 8:20AM, V20 Infection Preventionist said that staff should wear N95 mask, face shield, mask and gloves when entering the room of resident with COVID (+). V20 said that they should have red plastic bag inside the isolation room. On 8/20/24 at 8:53AM, Rounds made to B and E units with V8 PRSD (Psych Rehab Service Director). Observed R89 and R16 were on droplet precaution due to COVID infection. Review medical records of R1, R14, R16, R53, R54 and R89. No droplet precaution order in written in active physician order sheet for all six residents with COVID infections. R89 tested positive for COVID infection on 8/12/24 while R1, R14, R16, R53 and R54 tested positive on 8/13/24. On 8/20/24 at 10:18AM, Informed V20 Infection Preventionist that all six (R1, R14, R16, R53, R54 and R89) residents with COVID infections did not have order for droplet precaution order in their chart. V20 IP said that they don't need to have a written order, they have a standing order for isolation. Requested for policy. On 8/20/24 at 10:27AM, Informed V2 DON (Director of Nursing) that all six residents (R1, R14, R16, R53 and R54) with COVID infections did not have order for droplet precaution in chart. On 8/21/24 at 11:00AM, Review facility's policy on Infection Control: Isolation initiation with V20 Infection Preventionist. V20 said that the nurse should enter the order in resident chart for the type of isolation precaution needed. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/22/24 at 10:56AM, V20 Infection Preventionist and V25 ADON (Assistant DON) said that residents on COVID infection were monitored daily, and assessment were documented on nursing COVID screener form in resident's e-chart (electronic chart). Review all six residents (R1, R14, R16, R53 R54 and R89) medical records with V20 and V25. Observed daily monitoring and assessment were not done consistently. R1 was not done on 8/10 to 8/12/24. R14 was not done on 8/10 to 8/12/24. R16 was not done on 8/10 to 8/12 and 8/18/24. R53 was not done on 8/10 to 8/13, 8/15 to 8/19/24. R54 was not done on 8/10 to 8/12 and 8/18/24. R89 was not done on 8/9 to 8/11/24. V20 and V25 said that they do COVID testing for all non-COVID positive residents twice a week. Both said that COVID testing is documented in resident's e-chart under nursing COVID screener form. Review random non COVID residents- R6, R41, R50 and R103 with V20 and V25. Observed COVID testing twice a week is not done consistently. R6 last done on 8/16/24. R41 was only done once on 8/17/24 for the week of 8/11 to 8/17/24. R50 was only done once on 8/17/24 for the week of 8/11 to 8/17/24. R103 last done on 8/17/24. Both presented generic policy on infection outbreak not specific for COVID outbreak. Both said that this is what their nursing consultant gave to them and this what they have. Surveyor suggested to refer to COVID CDC, CMS and IDPH guidelines. On 8/22/24 at 12:15PM, Informed V2 DON of above concerns of implementation of COVID surveillance in the facility. On 8/23/24 at 10:46AM, V25 ADON and V20 Infection Preventionist provided Guidelines from CDC effective date 11/1/23: Residents confirmed with COVID 19. V25 said that they should be following the guidelines listed such as monitoring resident with COVID every 4 hours for clinical worsening. Both said that they started monitoring all residents daily beginning 8/7/24 because one of the residents was sent out to the hospital tested positive for COVID and some residents presenting respiratory symptoms. Both said that they don't have COVID surveillance monitoring/tracking log/contact tracing log. Both said that they don't have documentation of COVID testing plan for both residents and employees to investigate for their COVID outbreak. Facility's policy on Infection Control: Isolation initiation effective date: 4/2020 indicates: Guidelines: To provide guidance to licensed nurses regarding the initiation of isolation. Procedure: Initiating: 2. The nurse should enter the order in the resident record for the type of isolation precaution needed. Facility's policy on Outbreak effective date 8/2022 indicates: Guideline: To provide a process of an outbreak in the facility. Process: 1. Once a new case of any contagious disease is identified, the resident is isolated per policy regarding the organism (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. The facility will utilize information from the local and state health department as well as facility policy regarding the organism to determine the step to take. Facility's policy on Infection Control and Surveillance Program indicates: Program goals and oversight: The IPCP emphasizes the prevention and management of infections. Program oversight involves establishing goals and priorities for the program, planning, and implementing strategies to achieve the goals, monitoring the implementation of the program (including the IDT infection control practices), and responding to errors, problems pt other issues. This is done by the Infection Preventionist and approved by the IDT QAPI committee including the Medical Director. Components of an Infection Control Program: 2. Program oversight including planning, organizing, implementing, operating, monitoring, and maintaining all the elements of the program and ensuring that the facility's IDT is involved infection prevention and control. 3. Surveillance, including process and outcome surveillance, monitoring, date analysis, documentation, and communicable disease reporting (as required by State and Federal law and regulation) CDC guidelines for COVID 19 effecting date 11/1/23 indicates: Out break testing: Facility can choose to investigate an outbreak using contact tracing or a broad based. Abroad based approach includes the unit, floor, or other specific area of the facility where the positive COVID 19 case was identified (this could be where the resident resides or where the facility should follow a broad-based approach. 15. Testing plan: the facility has written testing plan which provided initial whole house testing and subsequent follow up testing determined by IDPH. CMS, and the local health department. Residents confirmed with COVID19: *Monitor the residents every 4 hours for clinical worsening. Include an assessment of symptoms, vital signs, oxygen saturation via pulse oximetry and respiratory exam to identify and to quickly manage serious infections. * Staff must wear full PPE (N95 respirator, gown, gloves, eye protector) when providing care.