| AND DUAN OF CODDECTION TO THE THEORY OF AND DUAN OF CODDECTION OF THE PROPERTY | | , , | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED | | |
|--|---|---|--|--------------------------|--|------|--------------------------|
| [| | A. BUILDING: | | С | | | |
| | | IL60022 | 73 | B. WING | | | 0/2014 |
| NAME OF PROV | VIDER OR SUPPLIER | | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| CRESTWOO | D TERRACE NUR | SING CTR | | UTH CENTR OOD, IL 604 | AL AVENUE 45 | | |
| (X4) ID PREFIX TAG | SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS | | EDED BY FULL | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| S9999 Fir | nal Observations | | | S9999 | | | |
| ST | TATEMENT OF LI | CENSURE V | IOLATIONS | | | | |
| 30 | 00.610a) 00.1210b) 00.3240a) | | | | | | |
| a) pro face be Co ad me of po Th the by an Se Nu b) an pra we ea pla | The facility shall I ocedures governicility. The written performulated by a long mittee consisting and other licies shall complies written policies a facility and shall this committee, or dated minutes of the facility shall personance to attacticable physical color of the resident's compan. Adequate and re and personal of | have written programment and provide the meeting and Care | policies and so provided by the rocedures shall be Policy the sian or the representatives the facility. The and this Part. Wed in operating at least annually by written, signed by written, signed by written and this part. We will be sident care by chological ordance with the sident care provised nursing | | | | |

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | | | B) DATE SURVEY COMPLETED | |
|---|--|---|---------------------|--|-----------------------------|--------------------------|
| | | IL6002273 | B. WING | | | 20/2014 |
| | PROVIDER OR SUPPLIER | SING CTR 13301 SO | | STATE, ZIP CODE AL AVENUE 45 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY) | LD BE | (X5) COMPLETE DATE |
| S9999 | Section 300.3240 A a) An owner, licens agent of a facility shresident. (Section 2) These requirement by: Based on observati interview the facility supervision for 1 of for bathing assistant and assistance with water that the temp 18 minutes without resulted in R4 receiburns on her lower admitted to hospital neglected to developolicy to protect at burns for 1 of 11 rebathing assistance, receiving first and section 200. | abuse and Neglect ee, administrator, employee or hall not abuse or neglect a 1-107 of the Act) is were not met as evidenced ons, record reviews and in failed to monitor and provide 5 resident (R4) all reviewed lice. R4 required supervision in bathing was left in a tub of erature was uncontrolled for supervision, this failure living first and second degree extremities and being I for treatment. The facility in p and implement a bathing risk residents of potential sidents (R4) reviewed for This failure resulted in R4 lecond degree burns to her lat required admission to the | S9999 | | | |
| | Findings include: | | | | | |
| | on 12-18-12 with th Alzheimer 's, deme | female admitted to the facility e diagnoses which includes entia, hypertension, altered behaviors of delusional but | | | | |
| | non-verbal and had multiple wound site and unable to move | n 2-7-14 in the hospital in bed, multiple dressing covering s. R4 is non-verbal, moaning her lower extremities. R4 eeding infusing with many | | | | |

Illinois Department of Public Health

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| AND DUAN OF CODDECTION DENTIFICATION AND DED | | (X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--|--|---|---------------------|---|-------------------------------|--------------------------|
| | | | | С | | |
| | | IL6002273 | B. WING | | 02/2 | 0/2014 |
| NAME OF | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| CRESTV | OOD TERRACE NUR | RSING CTR | UTH CENTR | | | |
| 0112011 | | CRESTWO | OOD, IL 604 | 45 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| S9999 | Continued From pa | ge 2 | S9999 | | | |
| | These are fluid fille excoriated areas or filled blisters vary in hips, both posterior Some of the fluid fill others were intact withick clear skin hold capsulated blisters. medication pump with medication to contribute the contribute of the cont | | | | | |
| | R4's hospital history and physical dated 2-4-14 notes R4 is a 92 year old white female, very confused, disoriented, demented, and unable to give any adequate or satisfactory medical information. Admitting diagnoses were and possible thermal injuries of lower extremities, buttocks and lower back. There are 22 to 24% estimated burns of lower extremities, lower back and buttock. | | | | | |
| | (Physician) indicate admitted to the eme examination from the physician the diagn cellulitis to the low extremities. The the percent of lower exburns are 16 percesecond degree burnthe tub. R4 was in was not hot to immederly if left in the sunsupervised could | AM an interview with Z1 es R4 is a 92 year old female ergency room and after ne Emergency Room osis was thermo burns and ver back, thighs, and lower ermo burns are on 20 to 24 tremities. The degrees of nt first degree and 8 percent ns. This incident happen in the tub for care and the water ediately burn, but for the water any period of time I cause harm. R4 was left in led period of time which is | | | | |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
|---|---|---------------------------|---|-------------------|--------------------------|
| | | A. BUILDING: | | C | |
| | IL6002273 | B. WING | | | , 0/2014 |
| NAME OF PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| CRESTWOOD TERRACE NUI | RSING CTR | OUTH CENTR OOD, IL 604 | | | |
| PREFIX (EACH DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY) | JLD BE | (X5) COMPLETE DATE |
| emergency room. has less/decrease norm for the elder! very thin and the le caused the burns a The facility's came on 2-4-14 at 2:38P leaving R4's room video displayed E3 hallway with linen. E3 returning to R4' the tub of water wh E6 (Social Service no one was superv minutes. Review of the facili dated 01-2013 not hydrotherapy type instructions, not for Review of the facili Program" dated De Resident Assessm social history evalu (MDS) assessmen with increased vulr mistreatment or mi property, or who ha might lead to confli process, staff will in and approaches, w chances of abuse, misappropriation o | diagnosis of burns made in the R4 is an elderly person who adipose tissue (which is the y), is up in age at 92, skin is ength of time in the water at different degrees. The video shows the following: M E3 (certified nurse aide) after placing R4 in the tub. The working in other rooms in the At 2:56pm the video displayed is room where R4 was still in here E3 left her since 2:38pm. Director) confirmed on 2-7-14 vising R4 while in the tub for 18 in the procedures for using tubs and manufacturer's regular tubs in the bathroom. The extra part of the resident part of the Minimum Data Set the procedures for using tubs and manufacturer's regular tubs in the bathroom. The extra part of the resident part of the Minimum Data Set the procedures and behaviors that the extra planning dentify any problems, goals, which would reduce the neglect, mistreatment or resident property for these led continue to monitor the goals. | | | | |

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| S9999 Continued From page 4 Résquilatoring page 4 R4's Minimum Data Set (MDS) dated 12-2-13 notes the following assessments: R4's ability is limited to making concrete request responds adequately to simple, direct communications only. R4 is significant risk for physical illness or injury. R4 is significant risk for physical illness or injury. R4 is at a level 8, unable to ambulate, extensive assistance with eating, transferring, personal hygiene and dressing and toileting is total assistance is required. R4's care plan dated 12-21-13 assessments notes the following: R4 has cognitive deficits and poor decision making skills while leads to her having memory issues, R4 is a trisk of abuse, due to her mental illness that make her vulnerable , R4 is noted to have limitation in range of motions related to generalized weakness, R4 requires assistance from staff in areas of personal grooming related to impaired cognitions, R4 is minimally involved in the life of the facility and demonstrates limited social interactions related to mental illness, disorientation, memory deficits and compromised decision-making. E1 (Director of Nursing) and E5 (Administrator) on 2-19-14 had no comments but to say they can in-service there staff about the assessment done to manage and care for the residents to prevent harm. | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|---|--------|--|-------------------------------|----------|
| CRESTWOOD TERRACE NURSING CTR (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG (EACH OPERCENCY NUST BE PRECEDED BY FULL FAG (EACH OPERCENCE TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 R4's Minimum Data Set (MDS) dated 12-2-13 notes the following assessments: R4's ability is limited to making concrete request responds adequately to making concrete request responds adequately to imple, direct communications only. R4 is significant risk for physical illness or injury. R4 is at a level 8, unable to ambulate, extensive assistance is required. R4's care plan dated 12-21-13 assessments notes the following: R4 has cognitive deficits and poor decision making skills while leads to her having memory issues, R4 is a trisk of abuse, due to her mental illness that make her vulnerable, R4 is noted to have limitation in range of motions related to generalized weakness, R4 requires assistance from staff in areas of personal grooming related to impaired cognitions, R4 is minimally involved in the life of the facility and demonstrates limited social interactions related to mental illness, disorientation, memory deficits and compromised decision-making. E1 (Director of Nursing) and E5 (Administrator) on 2-19-14 had no comments but to say they can in-service there staff about the assessment done to manage and care for the residents to prevent harm. | | | IL6002273 | | | | |
| CRESTWOOD IEHRACE NURSING CIT CRESTWOOD, IL 60445 | NAME OF | PROVIDER OR SUPPLIER | | | | | |
| PRÉFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 4 R4's Minimum Data Set (MDS) dated 12-2-13 notes the following assessments: R4's ability is limited to making concrete request responds adequately to simple, direct communications only. R4 is significant risk for physical illness or injury. R4 is at a level 8, unable to ambulate, extensive assistance with eating, transferring, personal hygiene and dressing and toileting is total assistance is required. R4's care plan dated 12-21-13 assessments notes the following: R4 has cognitive deficits and poor decision making skills while leads to her having memory issues, R4 is at risk of abuse, due to her mental illness that make her vulnerable, R4 is noted to have limitation in range of motions related to generalized weakness, R4 requires assistance from staff in areas of personal grooming related to impaired cognitions, R4 is minimally involved in the life of the facility and demonstrates limited social interactions related to mental illness, disorientation, memory deficits and compromised decision-making. E1 (Director of Nursing) and E5 (Administrator) on 2-19-14 had no comments but to say they can in-service there staff about the assessment done to manage and care for the residents to prevent harm. | CRESTV | OOD TERRACE NUR | ISING CIR | | | | |
| R4's Minimum Data Set (MDS) dated 12-2-13 notes the following assessments: R4's ability is limited to making concrete request responds adequately to simple, direct communications only. R4 is significant risk for physical illness or injury. R4 is at a level 8, unable to ambulate, extensive assistance with eating, transferring, personal hygiene and dressing and toileting is total assistance is required. R4's care plan dated 12-21-13 assessments notes the following: R4 has cognitive deficits and poor decision making skills while leads to her having memory issues, R4 is at risk of abuse, due to her mental illness that make her vulnerable, R4 is noted to have limitation in range of motions related to generalized weakness, R4 requires assistance from staff in areas of personal grooming related to impaired cognitions, R4 is minimally involved in the life of the facility and demonstrates limited social interactions related to mental illness, disorientation, memory deficits and compromised decision-making. E1 (Director of Nursing) and E5 (Administrator) on 2-19-14 had no comments but to say they can in-service there staff about the assessment done to manage and care for the residents to prevent harm. | PREFIX | (EACH DEFICIENCY | / MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR | ULD BE | COMPLETE |
| | S9999 | R4's Minimum Data notes the following limited to making concept adequately to simple R4 is significant ris R4 is at a level 8, understance with eath hygiene and dressing assistance is required. R4's care plan date notes the following: poor decision making memory issued us to her mental illustration weakness, R4 requareas of personal ground concept and deminiter actions related disorientation, memory decision-making. E1 (Director of Nurson 2-19-14 had not in-service there start to manage and care | a Set (MDS) dated 12-2-13 assessments: R4's ability is concrete request responds le, direct communications only, sk for physical illness or injury, nable to ambulate, extensive ing, transferring, personal ng and toileting is total red. d 12-21-13 assessments R4 has cognitive deficits and ng skills while leads to her ues, R4 is at risk of abuse, lness that make her oted to have limitation in elated to generalized ires assistance from staff in rooming related to impaired inimally involved in the life of constrates limited social to mental illness, nory deficits and compromised sing) and E5 (Administrator) comments but to say they can ff about the assessment done | S9999 | | | |

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