**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002265 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE **CRESTWOOD REHABILITATION CTR** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigations: 2299174/IL153413 -- No deficiency cited 2298716/IL152847 -- F689, F695 cited. 2298613/IL152715 -- F689 cited 2298358/IL152419 -- No deficiency cited. 2299715/IL151877--No deficiency cited. S9999 Final Observations S9999 Statement of Licensure Violations (1 of 2) 300.1210b) 300.1210c) 300.1210d)6) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing

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

care needs of the resident.

respective resident care plan.

care and personal care shall be provided to each resident to meet the total nursing and personal

and be knowledgeable about his or her residents'

Each direct care-giving staff shall review

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

" Illinois E	Department of Public	Health			FORM	APPROVED
STATEME	NTOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY PLETED
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	nursing care shall in	subsection (a), general aclude, at a minimum, the pe practiced on a 24-hour, accesses:		Х		
25	to assure that the re as free of accident to nursing personnel s	ry precautions shall be taken esidents' environment remains nazards as possible. All hall evaluate residents to see eccives adequate supervision revent accidents.				
	These Requirement	s were not met evidenced by:				
	facility failed to prevented and failed to develop the risk of falling. The residents (R1, R2) reaches failures result unwitnessed fall after oxygen saturation le resulted in R1 sustainand R2 had 2 fall income.	and record reviews, the ent an avoidable fall incident of a plan to prevent or reduce less failures affected 2 of 3 eviewed for fall prevention. Ited in R1 having a er R1 was observed with a low evel of less than 90% this fall ining bilateral femur fractures, sidents within 2 days, R2 ered after the second fall.				
	Findings include:		K)			
	therapist) stated that stated that she sees diagnosis of heart fa residents are only for resident's physician of RT. V6 stated that s a week to see reside	:45 am, V6 RT (respiratory : V6 does not recall R1. V6 all new admissions with illure. V6 stated that these llowed for 30 days unless the requests further visits from he comes to this facility twice nts. This surveyor reviewed V6 stated that she will double				

NAME OF PROVIDER OR SUPPLIER  IL 6002285  RAME OF PROVIDER OR SUPPLIER  CRESTWOOD REHABILITATION CTR  CRESTWOOD, IL 80445  PREVIX REGULATORY OR ILSE DEFICIENCES  (EACH DEFICIENCY MEST BE PRECEDED BY FURT REGULATORY OR ILSE DEFINITION OF THE REGULATORY OF THE REGULATORY OR ILSE DEFINITION OR INTO THE REGULATORY OR INTO T	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION		ORM APPROVE		
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  (CASTWOOD REHABILITATION CTR 1425S SOUTH CICCERO AVENUE  (RESTWOOD, IL. 80445  (RACH DEPICIENCY MUST BE PRECEDED BY FULL  FREETY AND PREFIX  FREEDLATORY ONLES DEXIFTPYING INFORMATION)  S9999  Continued From page 2  check pulse oximetry results with a different machine if results are low. V5 stated that she contacts the nurse and the NP (nurse practitioner), if NP available, and alerts them to her findings and recommendations. V6 stated that oxygen saturation levels in the low 80s could cause a resident to exhibit confusion.  There is no documentation found in R1's medical record noting the nurse or nurse practitioner/physician were notified of V6's low oxygen levels.  On 11/18/22 at 12:15 pm, V7 (nurse) stated that if RT (respiratory therapist) has any new orders/recommendations, she will let the nurse know. V7 stated that V7 does not recall being informed by V6 RT of R1 having low oxygen levels. V7 stated that V7 vodes have assessed every shift. V7 stated that V7 vodes have known if R1's oxygen saturation level was in the 80s during her shift. When questioned how V7 would know if R1's oxygen sevel was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level while on oxygen, V7 did not respond.  On 11/22/22 at 10:40 am, V13 NP (nurse practioner) deptice being aware of R1's oxygen saturation level 81% - 88% on room air if V7 only checked oxy	AND MAN	OF CORRECTION.	IDENTIFICATION NUMBER:	1			COMPLETED	
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CRESTWOOD, IL 60445  PREERY  (EACH DEFICIENCY MUST BE PRECEDED BY FILL. TAG  TAG  COMPANY OR LSC IDENTIFYING INFORMATION)  PRETX TAG  CONTINUED From page 2  check pulse oximetry results with a different machine if results are low. V6 stated that she contacts the nurse and the INP (nurse practitioner), if INP available, and alerts them to her findings and recommendations. V6 stated that oxygen saturation levels in the low 80s could cause a resident to exhibit confusion.  There is no documentation found in R1's medical record noting the nurse or nurse practitioner/physician were notified of V6's low oxygen levels.  On 11/18/22 at 12:15 pm, V7 (nurse) stated that if RT (respiratory therapist) has any new orders/recommendations, she will let the nurse know. V7 stated that V7 does not recall being informed by V6 RT of R1 having low oxygen levels. V7 stated that R1's vital signs are assessed every shift. V7 stated that V7 checked R1's oxygen saturation level with IR R1 was receiving oxygen. V7 stated that V7 would have known if R1's oxygen saturation level was in the 80s during her shift. When questioned how V7 would know if R1's oxygen level was low on room air if V7 only checked oxygen level was low on room air if V7 only checked oxygen level was low on room air if v7 only checked oxygen level while on oxygen, V7 did not respond.  On 11/22/22 at 10:40 am, V13 NP (nurse practitioner) denied being aware of R1's oxygen saturation evel while on oxygen, V7 did not respond.  On 11/22/23 at 10:40 am, V13 NP (nurse practitioner) denied being aware of R1's oxygen saturation evel while on oxygen, V7 did not respond.  On 11/22/23 at 10:40 am, V13 NP (nurse practitioner) denied being aware of R1's oxygen saturation in the with the state of this what was going on with R1: elevated BNP (b-type natriuretic peptide-blood test that provides how the heart is working, high level is a sign the heart is not working as it should be) and the need for oxygen use. V13 stated that V13 did not see R1 using any oxygen during his visits. V13 s	CRESTW	OOD REHABILITATI	44255 07					
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	the 80's on room a been made aware, facility to assess R	ir. V13 stated that if V13 had V13 would have come to 1.		=		= =	
. ===	following: On 9/21/22, upon e	documentation notes the entering room, R1 was sitting in				101	
i i i	high fowler's position breathing) in bed. was 85% on room pulse oximeters. Fat this time, breath	on (upright position to help with R1's oxygen saturation level air, checked with two different to denies shortness of breath sounds are diminished a have a non-productive		ie N			
a	cough. R1 was pla nasal cannula; oxy increased to 95% v On 9/26/22, upon e high Fowler's posi confused and will of	iced on 3 liters of oxygen via gen saturation level gradually with oxygen. entering room, R1 was sitting in lition in bed. R1 is slightly accasionally mumble her				# ·	
	saturation level on different pulse oxim placed back on 3 li	and off the oxygen. Oxygen room air, checked with two neters, was 83-88%. R1 was ters of oxygen via nasal gen saturation level increased				· · · · · ·	
	high fowler's position took her oxygen off saturation level was breath sounds are	entering room, R1 was sitting in on in bed eating breakfast. R1 to eat breakfast. Oxygen s 83% on room air. R1's diminished bilaterally. entering room, R1 was sitting in	-				
	high fowler's position the oxygen. Oxygen room air, checked le oximeters. R1 was	on in bed. R1 was found off in saturation level was 81% on by two different pulse placed on 4 liters of oxygen R1's breath sounds are				. }=	
		ty's fall investigation report,				.00,	

dated 10/4/22, notes R1 was observed on her

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	to go to the bathroo wobbly and R1 fell of moderate pain to be completed at facility	R1 stated that R1 was trying om unassisted but knees got to floor. R1 complained of oth knees. X-rays were y noting bilateral distal femur			= = =	
	notes R1 presented an unwitnessed fall she is unsure if she of constant, modern headache, and pos x-ray noted right lur with pneumonia or femur noted a displ diagonally) fracture	pital record, dated 10/4/22, do to the hospital after having in the bathroom. R1 stated whit her head. R1 complained ate pain to both knees, terior head tenderness. Chest ag airspace disease consistent edema. X-ray of R1's left aced oblique (bone breaks of the distal femur. X-ray of ted a displaced comminuted the distal femur.	Ş.e S			
	practitioner) stated x-rays should be constated that if not do send the resident to and treatment. V12 R2's first fall. This report reviewed with unclear how R2 humbed. V12 acknowle an unwitnessed fall anticoagulation menside of caution and for evaluation.	dication, V12 would err on the send resident to the hospital				
		I5 am. V2 DON (Director of this facility does not have a witnessed falls. V2		78		

STATE FORM

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6002265 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD REHABILITATION CTR CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 5 S9999 acknowledged that a resident should be sent to the hospital if he/she has an unwitnessed fall, cannot explain what happened, and is receiving blood thinning medication. V2 stated that R2 denied hitting his head when he fell on 10/13. When asked how could R2 be certain he did not hit his head; after the fall R2 was disoriented x 3 per the neurological flowsheet and R2 did not know what happened, V2 did not respond. On 11/22/22 at 1:55 pm, V8 (nurse) stated that V8 did charting on R2's fall later in the evening on 10/13/22. V8 stated that x-ray was ordered at 3:29 pm, believes R2 fell just before shift change at 3:00 pm. V8 stated that she did neurological checks on R2, but could have gotten mixed up with the times when she documented on the neurological flowsheet. V8 stated that R2 complained of bilateral knee pain after fall and denied hitting his head. V8 stated that V8 initiated the fall documentation on 10/13/22. The fall investigation report reviewed with V8. When questioned how R2 hurt both knees rolling off bed, V8 did not respond. V8 stated that when V8 assessed R2 after fall, V8 does not believe she was able to determine R2's orientation status as R2 only shook head. There is no documentation on the fall investigation report, dated 10/13/22, noting R2 denied hitting his head. Review of the medical record notes R2 was admitted to this facility on 10/12/22 with diagnoses including: dementia, difficulty walking. weakness, and atrial fibrillation. Review of R2's POS (physician order sheet). dated 10/12/22, notes an order for Rivaroxaban

Illinois Department of Public Health

(blood thinner) 20mg (milligrams) oral in the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6002265 B. WING 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE **CRESTWOOD REHABILITATION CTR** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) S9999 Continued From page 6 S9999 evening for atrial fibrillation. Review of R2's neurological flowsheet, dated 10/13/22 starting at 4:30 pm, notes R2 disoriented x 3 (disoriented to person, place, and time). There is no documentation found in R2's medical record noting neurological checks were initiated at 3:00 pm, the time of R2's fall. There also were no neurological assessments documented from 10/13/22 at 9:15 pm until R2 had a second unwitnessed fall on 10/15/22 at 1:15 am. Review of R2's medical record, dated 10/12/22, V12 NP noted R2 is alert and oriented x 1. R2 is a high fall risk. On 10/13 at 10:59 pm, V8 (nurse) noted: R2's family member informed nurse that R2 was on the floor. V8 went to assess R2. R2 was face down in prone position on his floor/fall mat next to his bed. Neurological check performed. Head to toe assessment performed. R2 is confused and could not recount what happened. R2 had complaints of pain to bilateral knees. Physician notified. Orders for urgent x-ray of bilateral knees in place. 10/14/22 at 12:48 pm, V19 (nurse) noted: R2 observed walking toward the nursing station, staff were called to re-direct R2 back to his room, R2 was noted with confusion. R2's bed in lowest position for resident comfort, floor mat on both side of the bed due to recent fall, call light within resident reach even though R2 wasn't cognitive to use it. On 10/15/22 at 00:51 am, V16 (nurse) noted: V16 was called to the R2's room. R2 was observed lying on the floor on his right side in his bedroom. R2 was observed with a hematoma on his right side of his head with active bleeding. R2's head was cleaned, and the bleeding was stopped. R2

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY	
AND PAN	7 OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
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		IL6002265	B. WING			29/2022
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, (X4)ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE	CTION	(X5)
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		(第1	1/10	DEFICIENCY)	NOFRAIL	DAIE
S9999	Continued From pa	ige 7	S9999		,	<del> </del>
1	· ·	ess events leading to fall.				
1	was unable to expit	555 events leading to fall.				· ·
,	Review of R2's urge	ent bilateral knee x-rays were				
	ordered on 10/13/22	2 at 3:23pm and were not	-			
	completed until 10/1	14/22 at 6:40 am.		·		. ,
	Paviow of R2's hos	pital record, dated 10/15/22,				
	notes R2 presented	to the hospital at 1:36 am				
·	after an unwitnesse	ed fall. R2's hospital diagnosis:	1	· .		
	traumatic subarachi	noid bleed with loss of		* .		
	consciousness. CT	(computerized tomography)				
* 2	scan of R2's head n	noted: right frontal				25 95
	subarachnoid nemo	orrhage (bleeding within the e, which is the area between		/9		,
	the brain and the tis	ssue covering the brain. It		,		
	causes sudden, sev	vere headache, nausea,				
1	vomiting and loss of	f consciousness.) with	50	rije.		
	adjacent cortical pel	techial bleed (A petechial		·		
	hemorrnage in the t	brain occurs as result of a ich is a form of traumatic brain	İ			,
	iniury that leads to t	the bruising of the brain				-
	tissues), and a pron	ninent right scalp hematoma.		•		
,					15	
	Review of this facilit	ty's fall investigation report,				
	was observed on the	roximately 3:00 pm, notes R2 e floor lying face down in front		12		,
	of R2's bed. R2 wa	is unable to state what	ı		5	
	happened due to co	gnitive status. Neurological	1			,
	checks were not init	tiated until 4:30 pm. On	1			
	10/15/22 at 1:15 am	n, R2 had second unwitnessed	1	3		
		wood room divider on  This report notes R2		50		
		s of confusion and not	1			
	consistent with callin	ng for assistance. R2				
	sustained bleeding	on brain and was hospitalized.				
		(A)			,	
			1			
	Statement of Licens	sure Violations (2 of 2)				
	Oldiomoni or Elocito	die violations (2 of 2)				
				<u></u>	1	

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	300.1010h) 300.1210b) 300.1210d)3)	= #	\$ = 1		±0		#			
3	Q <sub>1</sub>	Medical Care Policies			*		v			
i.	physician of any ac change in a resider	shall notify the resident's cident, injury, or significant nt's condition that threatens the elfare of a resident, including,		a w		<del>1</del> 66	37)			
	but not limited to, the manifest decubitus of five percent or m The facility shall ob- plan of care for the	ne presence of incipient or ulcers or a weight loss or gain tore within a period of 30 days. tain and record the physician's care or treatment of such thange in condition at the time	X.				€¥			
2	Section 300.1210 Nursing and Person	General Requirements for nal Care		2 9			\$P			
	care and services to practicable physical well-being of the releast resident's complan. Adequate and care and personal coresident to meet the care needs of the releast of the releast results.	shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.			ž. 77	Ð				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY	
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170	at and a second		TAG	CROSS-REFE	DEFICIENCY)	LKMIE	DATE	
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	58 SE S	2			w 12			
	seven-day-a-week i	Dasis:	50				[	
	3) Objective of	bservations of changes in a		1				
	resident's condition	, including mental and				¥		
		as a means for analyzing and						
(%)		quired and the need for		No.				
	further medical eval	luation and treatment shall be					o.	
		aff and recorded in the			16	11		
y 125	resident's medical r	ecord.	F1 (c)					
1-				E	18 :			
	These Peguirement	ts were not met evidenced by:	5.5			509	,	
	mese rædanemen	is were not met evidenced by.	51					
				-				
	Based on interviews	s and record reviews, the		1				
100		quately monitor and treat an			10			
==		evel of less than 90% for one	100		* a •			
	resident (R1) out of	three reviewed for change in	1120		100			
		his failure resulted in R1	59				93.	
_		turation level between 81 and R1 had a fall incident and was					3-3	
1		spital. R1 sustained bilateral			-1			
		was treated for respiratory					- 20	
	acidosis and require	ed use of BIPAP (Bilevel		.0 8				
84	positive airway pres				(4)			
','				İ		40	r-	
	Findings include:	rg.				1	9	
55	0- 44/49/22 -440-4	E am MC DT (accelert						
	therapiet) stated the	5 am, V6 RT (respiratory at V6 does not recall R1. V6		50.5		(3)		
	stated that she sees	s all new admissions with		57			8 a.	
		ailure. V6 stated that these						
93		ollowed for 30 days unless the						
	resident's physician	requests further visits from			9 8			
	RT. V6 stated that	she comes to this facility twice					W	
		ents. This surveyor reviewed		10			Vic	
		V6 stated that she will double		- PA			***	
1		ry results with a different						
	contacts the nurse a	re low. V6 stated that she					(62)	
In ala Dasar	tment of Public Health	and the IAL (Haise		l			!	

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6002265 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE CRESTWOOD REHABILITATION CTR CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4)ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 practitioner), if NP available, and alerts them to her findings and recommendations. V6 stated that oxygen saturation levels in the low 80's could cause a resident to exhibit confusion. There is no documentation found in R1's medical record noting the nurse or nurse practitioner/physician were notified of V6's low oxygen levels. On 11/18/22 at 12:15 pm, V7 (nurse) stated that if RT (respiratory therapist) has any new orders/recommendations, she will let the nurse know. V7 stated that V7 does not recall being informed by V6 (RT) of R1 having low oxygen levels. V7 stated that R1's vital signs are assessed every shift. V7 stated that V7 checked R1's oxygen saturation level while R1 was receiving oxygen. V7 stated that V7 would have known if R1's oxygen saturation level was in the 80's during her shift. When questioned how V7 would know if R1's oxygen level was low on room air if V7 only checked oxygen level while on oxygen, V7 did not respond. On 11/22/22 at 10:40 am, V13 NP (nurse practitioner) denied being aware of R1's oxygen saturation level 81% - 88% on room air. V13 stated that nobody communicated to him what was going on with R1: elevated BNP (b-type natriuretic peptide-blood test that provides how the heart is working, high level is a sign the heart is not working as it should be) and the need for

facility to assess R1.

oxygen use. V13 stated that V13 did not see R1 using any oxygen during his visits. V13 stated that there had to be something going on medically with R1 for her oxygen levels to be in the 80's on room air. V13 stated that if V13 had been made aware, V13 would have come to

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	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	E CONSTRUCTION	(X3) DATE COMP	SURVEY
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	82			51		
25 =	following:	documentation notes the	= =		#= <u></u> = <u></u>	= 8
÷ ·	high fowler's position breathing) in bed. If was 85% on room a pulse oximeters. R	entering room, R1 was sitting in on (upright position to help with R1's oxygen saturation level air, checked with two different R1 denies shortness of breath sounds are diminished		% <sup>©</sup>	,c # 2	ek ê
21-	bilaterally. R1 does cough. R1 was place	s have a non-productive aced on 3 liters of oxygen via gen saturation level gradually	: :	2 2 2	25	# # # # #
	high Fowler's position confused and will or words. R1 was four saturation level on r different pulse oxim placed back on 3 lite.	entering room, R1 was sitting in lition in bed. R1 is slightly accasionally mumble her and off the oxygen. Oxygen room air, checked with two neters, was 83-88%. R1 was ters of oxygen via nasal gen saturation level increased			5 5448 % 4	
74 ST	high fowler's position took her oxygen off saturation level was	entering room, R1 was sitting in on in bed eating breakfast. R1 to eat breakfast. Oxygen is 83% on room air. R1's diminished bilaterally.		**************************************		24 25 25 25
	high fowler's position the oxygen. Oxyger room air, checked b oximeters. R1 was	entering room, R1 was sitting in on in bed. R1 was found off on saturation level was 81% on by two different pulse placed on 4 liters of oxygen R1's breath sounds are			= .m	
		dical record notes R1 was ility without the need for				

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PRINTED: 01/23/2023 FORM APPROVED

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002265 11/29/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14255 SOUTH CICERO AVENUE **CRESTWOOD REHABILITATION CTR** CRESTWOOD, IL 60445 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 12 S9999 oxygen use. Review of R1's hospital record, dated 10/4/22, notes R1 presented to the hospital after having an unwitnessed fall at this facility. Chest x-ray noted right lung airspace disease consistent with pneumonia or edema. R1 was placed on BIPAP machine due to somnolence (excessive sleepiness) and respiratory acidosis with elevated carbon dioxide level. (no violation)

Illinois Department of Public Health