

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004741	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/06/2023
NAME OF PROVIDER OR SUPPLIER PINE CREST HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3300 WEST 175TH STREET HAZEL CREST, IL 60429		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments FRI of 4/21/2023/IL159416	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)6 Section 300.1210 General Requirements for Nursing and Personal Care b) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These Requirements were not met as evidenced by: Based on interviews and record reviews, the	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>facility failed to prevent or determine how an injury of unknown origin occurred for 1 of 3 residents (R2) reviewed for resident injuries.. This failure resulted in R2 being found with an old fading bruise and a right proximal humerus fracture at the surgical neck.</p> <p>Findings Include:</p> <p>R2 had the diagnosis of Dementia, Hemiplegia and hemiparesis following non-traumatic intracerebral hemorrhage affecting unspecific side. Minimal data set section C (cognitive skill for daily decision making) dated 4/4/23 documents: a score of three which indicated severe impairment (never/rarely made decisions). Section G (functional status) documents: R2 required extensive assistance with two person physical assist with transfers and extensive assistance with one person physical assist with bed mobility.</p> <p>On 6/27/23 at 2:34PM, V3 (DON) said, R2 was observed with yellow and green discoloration. R2 reported she tried to get up. R2 twisted her arm attempting to get up from bed which resulted in a fracture due to osteopenia. Staff did not report any incidents, falls or anything else.</p> <p>On 6/28/23 at 2:26PM, V12 (Restorative Aide) said, while doing range of motion with R2, taking off R2's gown. R2 yelled/hollered out and moaned stating her right arm was sore/hurt. R2 couldn't lift it up her arm. R2 is a Hoyer lift, total care and cannot turn and reposition self. R2 can move her legs. R2 cannot move/lift her upper body.</p> <p>On 6/28/23 at 2:59PM, V15 (CNA) said, R2 complained of pain during, ADL care, R2 said, she was trying to get out the bed and go to bathroom.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On 6/28/23 at 3:56PM, V17 (Medical Doctor) said, the nurse reported R2 was getting out of bed and twisted her shoulder. R2 verbalized pain. R2 had swelling.</p> <p>On 7/6/23 at 10:15AM, V25 (Orthopedic Doctor) said, R2's injury did not occur by twisting. R2 fracture was associated with a fall.</p> <p>Event dated 4/21/22 documents: Reported by certified nursing assistant, resident (R2) complained of pain to right shoulder which was noted with slight discoloration with mild swelling and warm to touch. Level of pain: face grimacing and tense body language. Mental status: oriented to person, confused/disoriented. Predisposing Physiological Factors: Impaired memory, weakness, decreased safety awareness and delusions. No witnesses found.</p> <p>Progress noted dated 4/21/23 documents: Resident's (R2) right shoulder noted with mild swelling and old fading bruising. R2 complained of discomfort to site.</p> <p>Progress noted dated 4/22/23 documents: R2 was sent to the hospital. R2 was diagnosed with a right shoulder fracture. R2 had not fallen or anything.</p> <p>ED paperwork dated 4/22/23 documents: Per nursing staff, R2 had an Xray today showing a nondisplaced fracture and was sent here for repeat imaging and re-evaluation. R2 is nonverbal at baseline and did not contribute to this history. R2 arrived in a make shift sling. Right upper extremity held adducted, internally rotated with elbow flex at ninety degrees with contractures to hand/fingers with normal capillary</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>refill. Bruising to proximal right upper extremity. Shoulder immobilizer applied.</p> <p>Imaging result dated 4/22/23 documents: R2 had a right proximal humerus fracture at the surgical neck. Mild displacement.</p> <p>Ambulatory progress note dated 5/11/23 document: Patient (R2) states she was trying to get out of bed and injured her right arm.</p> <p>Etiology of a Humerus fracture: Humeral neck fractures are caused by a fall on the outstretched arm or the elbow, often in elderly, osteoporotic women. If the fracture is through the surgical neck of the humerus, it can be classified in three distinct categories; unimpacted, angulated impacted, and comminuted.</p> <p>(B)</p>	S9999		