**SUMMARY STATEMENT OF DEFICIENCIES**

**STATEMENT OF LICENSURE VIOLATIONS**

- 300.610a)
- 300.1210b)
- 300.3240a)

**Section 300.610 Resident Care Policies**

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

**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.
Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)
These requirements were not met as evidenced by:

Based on observations, record reviews and interview the facility failed to monitor and provide supervision for 1 of 5 resident (R4) all reviewed for bathing assistance. R4 required supervision and assistance with bathing was left in a tub of water that the temperature was uncontrolled for 18 minutes without supervision, this failure resulted in R4 receiving first and second degree burns on her lower extremities and being admitted to hospital for treatment. The facility neglected to develop and implement a bathing policy to protect at risk residents of potential burns for 1 of 11 residents (R4) reviewed for bathing assistance. This failure resulted in R4 receiving first and second degree burns to her lower extremities that required admission to the hospital for treatment.

Findings include:
R4 is a 92 year old female admitted to the facility on 12-18-12 with the diagnoses which includes Alzheimer’s, dementia, hypertension, altered mental statues with behaviors of delusional but calm temperament.
R4 was observed on 2-7-14 in the hospital in bed, non-verbal and had multiple dressing covering multiple wound sites. R4 is non-verbal, moaning and unable to move her lower extremities. R4 has a gastric tube feeding infusing with many
### Illinois Department of Public Health

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<th>PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th>
<th>MULTIPLE CONSTRUCTION</th>
<th>DATE SURVEY COMPLETED</th>
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<tr>
<td>CRESTWOOD TERRACE NURSING CTR</td>
<td>IL6002273</td>
<td>A. BUILDING:</td>
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**STATE FORM CPF211**

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<th>ID</th>
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<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETE DATE</th>
</tr>
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| S9999 | Continued From page 2 | S9999 | large blisters on the entire back side of her body. These are fluid filled blisters on top of reddened excoriated areas on her skin. The large fluids filled blisters vary in size on her lower back, both hips, both posterior thighs, ankles and both feet. Some of the fluid filled blisters were draining and others were intact with fluid that was visual with thick clear skin holding the fluid inside of the capsulated blisters. R4 was connected to a pain medication pump which delivered her pain medication to control the pain from the burns. R4 was lying in bed with disposable dressing which has copious amount of drainage ranging from clear to red in color. 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. On 2-7-13 at 9:48AM an interview with Z1 (Physician) indicates R4 is a 92 year old female admitted to the emergency room and after examination from the Emergency Room physician the diagnosis was thermo burns and cellulitis to the lower back, thighs, and lower extremities. The thermo burns are on 20 to 24 percent of lower extremities. The degrees of burns are 16 percent first degree and 8 percent second degree burns. This incident happen in the tub. R4 was in the tub for care and the water was not hot to immediately burn, but for the elderly if left in the water any period of time unsupervised could cause harm. R4 was left in water for an extended period of time which is...
continued from page 3

S9999

Consisted with the diagnosis of burns made in the emergency room. R4 is an elderly person who has less/decrease adipose tissue (which is the norm for the elderly), is up in age at 92, skin is very thin and the length of time in the water caused the burns at different degrees.

The facility's camera video shows the following:
on 2-4-14 at 2:38PM E3 (certified nurse aide) leaving R4's room after placing R4 in the tub. The video displayed E3 working in other rooms in the hallway with linen. At 2:56pm the video displayed E3 returning to R4's room where R4 was still in the tub of water where E3 left her since 2:38pm.

E6 (Social Service Director) confirmed on 2-7-14 no one was supervising R4 while in the tub for 18 minutes.

Review of the facility's policy "Bathtub or Shower" dated 01-2013 notes the procedures for using hydrotherapy type tubs and manufacturer's instructions, not for regular tubs in the bathroom.

Review of the facility's "Abuse Prevention Program" dated December, 2013 notes:
Resident Assessment: As part of the resident social history evaluation of the Minimum Data Set (MDS) assessments, staff will identify residents with increased vulnerability for abuse, neglect, mistreatment or misappropriation of resident property, or who have needs and behaviors that might lead to conflict. through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, mistreatment or misappropriation or resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis.
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.

(A)