

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/21/2024
NAME OF PROVIDER OR SUPPLIER Bria of Elmwood Park		STREET ADDRESS, CITY, STATE, ZIP CODE 7733 West Grand Avenue Elmwood Park, IL 60707	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50519</p> <p>Based on observation, interview, and record review, the facility failed to follow their narcotic and medication administration policy by not documenting in the electronic medical record (EMR), that narcotic medication was administered. This failure applied to one (R11) of four residents reviewed for medication administration.</p> <p>Findings include:</p> <p>R11 is an [AGE] year-old male who was admitted to the facility 08/22/24 with the diagnoses history of left perinephric hematoma, intervertebral disc degeneration, hypertension, Atrial fibrillation, Benign prostatic hyperplasia, chronic myelomonocytic leukemia, monoclonal gammopathy, idiopathic gout, multiple sites, non-Hodgkin lymphoma, b-cell lymphoma, and chronic kidney disease.</p> <p>R11's physician orders for September 2024 reads: Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 6 hours as needed for Moderate Pain (4-7). On record review R11 had 5 doses of Hydrocodone-Acetaminophen Oral 1 Tablet 5-325 MG controlled medication signed out under the Individual narcotic sign out (Receipt/record/disposition form) on the following dates: 09/19/2024 4:45 PM, 09/20/2024 at 11:15 PM, 09/23/2024 at 9:00 AM, 09/23/2024 10:00 PM and 09/24/2024 at 6:00 PM, but not documented under Electronic Medication Administration Records (EMAR). Surveyor unable to communicate with V6 (Licensed Practical Nurse), V16 (Agency Nurse), V17 (Agency Nurse), V18 (Agency Nurse) to discuss narcotic medication administration, several calls made and message left.</p> <p>On 10/16/24 at 1:43 PM, V4 (Licensed Practical Nurse) said, when she is administering medication, she has the Medication Administration Records (MAR) open and click yes on each medication and pop the pills into the medication cup, if any resident requires narcotic as needed, she unlocks the narcotic box and get the medication for the resident. She signs the individual narcotic sign out sheet (controlled Receipt/record/disposition form) and goes to the resident and gives the medication. After medication is given, she saves all the medications that she clicked yes before given to the resident, if any refusal she will unclick yes and enter no. Sometimes she stated, forgetting to sign medications under the EMAR and only signs the individual narcotic sign out sheet (controlled Receipt/record/disposition form).</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/17/2024 at 12:22 PM, V2 (Director of Nursing) said that she expects her staff to sign narcotic under the Individual Narcotic Sign Out Sheet (controlled Receipt/record/disposition form) and EMAR. V2 said, that the five doses of Hydrocodone-Acetaminophen Oral 1 Tablet 5-325 MG controlled medication should be signed under the EMAR and that V15 (Vice President of Clinical Operations) can discuss in detail the Narcotic Medication Policy and Medication Administration policy.</p> <p>On 10/17/2024 at 12:33 PM, V15 (Vice President of Clinical Operations) said that she expects the nurses to follow the Narcotic Medication Policy and Medication Administration policy. Surveyor requested V15 to explain what the narcotic medication guideline number three stated as when a narcotic medication is administered it should be signed out in the individual narcotic sign out and document, V15 said, that nurses are expected to sign out narcotics after medication is removed from the narcotic box under the individual Narcotic Sign out (controlled Receipt/record/disposition form) and have the EMAR (Electronic Medication Administration Records) open and click on the medication to be administered, go give the medication to the resident. After resident received medication click to save under the EMAR. Nurses are expected to chart pain level if medication is given for pain and follow up with pain assessment. V15 said, that she expected nurses to complete both steps, first step to sign the individual narcotic count signed out and the other to sign under the resident records (EMAR) as given.</p> <p>On 10/17/2024 at 12:33 PM, V15 (Vice President of Clinical Operations) provided Facility policy titled, Narcotic Medication (revised date 1/2024), which reads:</p> <p>.3. When a narcotic medication is administered it should be sign out in the individual narcotic sign out and document.</p> <p>On 10/17/2024 at 12:33 PM, V15 also provided Facility Policy Titled, Medication Administration (revised date 04/2024), which reads:</p> <p>.6. Check the medication administration record prior to administering medication right medication, dose, route, patient/resident, and time.</p> <p>18. Document as each medication is prepared on the MAR.</p> <p>22. If medication is not giving as ordered, document the reason on the MAR (Medication Administration Records) and notify the Health Care Provider if required.</p> <p>24. Document reason and response for PRN Medication</p>		