

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 01/07/2025
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41758</p> <p>Based on interview and record review, the facility failed to follow their mechanical lift policy by not keeping the base in the widest/opened position when lowering/transferring a resident with the mechanical lift. This affected one of three residents (R3) reviewed for safety when using the mechanical lift for transfers. This failure resulted in R3 hitting his head hard on the floor sustaining an acute subdural hematoma .</p> <p>Findings include:</p> <p>R3 was diagnosed with morbid (severe) obesity and need for assistance with personal care. Care plan initiated on 11/15/2024 documents: R3 has inability to self-transfer related to decrease muscle tone and comorbidities. R3 is a mechanical lift for transfers. Care plan initiated on 11/18/2024 documents: R3 is at risk for falls weakness/ discomfort when moving/ spasm of affected area/ poor motivation/ inactivity resulting from impaired cognition/neurological deficit. Nursing note dated 12/9/24 documents R3 fell on the chair while two certified nursing assistance (CNA) put him on the chair. R3 hit his head on the floor.</p> <p>On 1/2/25 at 12:43PM, V4 (cna) said, R3 was removed from bed via mechanical lift. There was not enough space in R3's room to put R3 into his dialysis chair. V4 said, V5 (cna) and herself rolled R3 to the hallway on the lift in order to put R3 in his dialysis chair. R3 was in the sling on the mechanical lift with his hand in his lap. V4 said, we lowered R3 to the chair. R3 started to fidget as he was being lowered. R3 did not keep his hands inside of the sling or on his lap. R3 hands was moving around like he was nervous. R3 was top heavy. R3 and his chair fell backwards. R3 hit his head hard on the floor. The mechanical lift legs were closed when R3 was being lowered to the chair.</p> <p>On 1/2/25 at 1:03PM, V2 (don) said, she saw R3 was on the floor with his body inside the mechanical lift sling with the machine on his side. V2 said, she could not recall if the machine was on the left or right side of R3. R3's buttock was in dialysis chair. R3's head was on the ground maybe by three inches above the back of the chair. R3 was assessed on the ground. R3 was on his back, denied pain, reported hitting the back of his head and denied loss of consciousness. A pillow was place under R3's head for comfort. 911 was called. The emergency medical techs couldn't get R3 up off the floor. They called the fire department. It took seven people to get R3 off the ground. V2 said, the root cause of the fall was when R3 took his arms out of the sling, once his buttock hit the chair and attempted to scoot/push himself backwards while holding on to the sides of the chair. R3 was scooting left and right resulting in his chair falling backwards when staff was lowering him.</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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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/2/25 at 1:55PM, V5 (cna) said, R3 was scared and nervous to go onto the mechanical lift. R3 kept jumping back. R3 was heavy. V5 said, as V4 and herself were lowering R3 down to the chair, positioning his body in the chair, R3 jumped a few times and R3 fell . The mechanical lift fell with R3. R3 hit the floor. V5 said, she can't recall if the legs on the lift were opened or closed.</p> <p>On 1/7/25 at 3:16pm, V2 (don) said, she expect her staff to follow the mechanical lift policy.</p> <p>Hospital paperwork dated 12/10/24 documents R3 presents after a fall with closed head trauma and has an acute subdural hematoma.</p> <p>Mechanical lift owner's manual documents: During lifting or lowering, whenever possible, always keep the base off the lift in the widest position.</p> <p>Mechanical lift policy dated 10/2024 documents: Spread the legs of the machine around the chair or under the bed.</p>		