

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 04/25/2025
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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on interview and record review the facility failed to revise and update Abuse/Neglect Care Plan affecting 1 of 3 (R1) residents reviewed for Abuse Care Plan.</p> <p>Findings Include:</p> <p>On 4/24/2025 at 9:27 AM, V6 (Social Service Director) stated Social Service Department is responsible for updating resident Abuse Comprehensive Care plan. Care plan is updated quarterly, annual, and significant change such as grievance/concern related to allegation. V6 said sexual abuse allegation is considered a concern. V6 stated R1's abuse/neglect comprehensive care plan was last updated/ revised on 3/28/2024. V6's abuse care plan should have been updated on 4/22/2025 when a sexual abuse allegation was reported to IDPH.</p> <p>On 4/24/2025 at 10:24 AM, V9 (MDS Coordinator) said she oversee the overall care plan like a gate keeper. V9 said comprehensive care plan should be updated whenever there is an allegation of abuse.</p> <p>On 4/24/2025 at 11:00 AM, V10 (Social Service Coordinator) said care plan is updated as needed. Care plan is reviewed quarterly (during ARD), any significant changes in behavior and care. Abuse care plan needs to be updated when there is an allegation of abuse.</p> <p>Review of R1's Electronic Health Records read: Admission Record, admitted [DATE], Diagnosis Information include APHASIA FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE; DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY; PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS; BIPOLAR DISORDER, UNSPECIFIED. SS: Abuse and Neglect Screening, effective date 9/8/2023, 1/5/2024 indicating R1 with risk factors. Care Plan Report, (last) revision date 6/4/2024 read Focus: R1 have reported the alleged target of verbal aggression from a peer. R1 have reported being alleged target of sexual abuse from peer.</p> <p>Policy and Procedure</p> <p>Title: Abuse Policy and Prevention Program 2022</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Abuse Policy: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents.</p> <p>IV. Establishing a Resident Sensitive Environment</p> <p>Resident Assessment: As part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, history of trauma or misappropriation of resident property, who have needs, triggers 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, exploitation, mistreatment, or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on regular basis and update as necessary.</p> <p>Title: Comprehensive Care Plan, Review date 3/2024</p> <p>General: The facility must develop a comprehensive person-centered care plan for each resident.</p> <p>Policy:</p> <p>3. The comprehensive care plan should drive the care and services provided for the resident and allow for the highest level of physical, mental, and psychosocial function based on the comprehensive MDS assessment.</p> <p>5. The comprehensive care plan is reviewed quarterly, annually, and with any significant change.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on interview and record review the facility failed to report immediately resident to resident sexual abuse allegation to Illinois Department of Public Health and Local Law Enforcement affecting 1 of 3 (R1) residents reviewed for Abuse.</p> <p>Findings Include:</p> <p>On 4/22/2025 at 9:15 AM during initial interview, V1 (Administrator) stated that the facility was aware of the sexual assault allegation by R1. V1 stated R1 was upset because of room change and allegation about roommate was told to V11 (Licensed Practical Nurse/LPN) who was the nurse on duty. V1 stated the sexual allegation that R1 stated was he was touched inappropriately and penetrated by his roommate. V1 stated R1's roommate has been discharged from facility. V1 stated he did not report the sexual assault allegation, nor did facility called police on 3/28/2025 (alleged date of event) because V1 stated after interviewing R1 and staff he concluded that R1's sexual assault allegation was fabricated.</p> <p>On 4/22/2025 at 9:30 AM V2 (Director of Nursing) stated sexual abuse/assault allegation should be reported to State.</p> <p>On 4/22/2025 at 12:09 PM V6 (Social Service Director) stated he was aware of the sexual assault allegation but was not reported to him directly. The allegation was reported to Social Service Coordinator by V11. However, V6 stated the allegation should be investigated. V6 said abuse allegation investigation will be done by Social Service and Administrator, but Administrator will be responsible for reporting the allegation.</p> <p>On 4/22/2025 at 1:00 PM, R1 in R1's room, seated on the wheelchair. R1 stated to Surveyor that sexual assault happened 2x with 2 different people, one was from a year ago which has been resolved and the other was more recent (about 2 months ago, alleged date of event 3/28/2025). The most recent assault was reported to the nurse and someone from facility administration talked to him. R1 said he complained that he was sexually assaulted by his roommate. According to R1, it was late at night (res not able to give exact time) when his roommate climbed up to his bed and put his penis in him. R1 was able to name R5. R1 said R5 did it to him one time.</p> <p>On 4/23/2025 at 9:30 AM, V1 stated that R1's sexual assault allegation was reported on 4/22/2025 to the police and initial report was sent to IDPH. Copies of Initial report provided to surveyor.</p> <p>On 4/24/2025 at 11:00 AM, V10 (Social Service Coordinator) stated she is familiar with R1. V10 stated her 3/28/2025 Progress Note entry was based on information gathered from nurse on duty who first reported to her the sexual abuse allegation. Progress note (3/28/2025) read SS met with resident regarding accusation of his roommate. Discussed with administration. V10 said when she interviewed R1 there was no clear answer and no claim/allegation of him being raped. V10 said based on investigative statement of inappropriately being touched by the roommate, V10 reported it to the Administrator. V10 said she reported this on 3/28/2025. It will be up to the Administrator to report or whatever is the next step.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/2025 at 11:25 AM, V11 (Licensed Practical Nurse/LPN) said she was the nurse on duty (NOD) on 3/28/2025 and R1's sexual abuse allegation was first reported to her. V11 said she was not informed of R1's room changed. When she got to R1's new room V11 asked R1 if he was ok with the room changed and the same roommate. R1 said no. V11 said R1 stated that he is not ok with the room change because his roommate was playing with him. R1 continued to say that roommate touched him in his lower back by his butt area and it happened the night before. V11 said R1 did not say he was raped/sexually assaulted. V11 informed Social Service. Social Service and Nurse went to Administrator's office to inform of the statement allegation.</p> <p>On 4/25/2025 at 12:23 PM, V12 (Elmwood Park Police) stated the facility called on 4/22/2025 regarding sexual abuse allegation of R1. V12 stated this is the only time facility called. Police was not called on 3/28/2025, alleged date of sexual assault allegation. Stated he did not know why the facility did not call on 3/28/2025 because normally facility will call for this kind of allegation.</p> <p>Review of R1's Electronic Health Records read: Admission Record, admitted [DATE], room [ROOM NUMBER]-1. Diagnosis Information include APHASIA FOLLOWING UNSPECIFIED CEREBROVASCULAR DISEASE; DEMENTIA IN OTHER DISEASES CLASSIFIED ELSEWHERE, UNSPECIFIED SEVERITY, WITHOUT BEHAVIORAL DISTURBANCE, PSYCHOTIC DISTURBANCE, MOOD DISTURBANCE, AND ANXIETY; PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS; BIPOLAR DISORDER, UNSPECIFIED. SS: Abuse and Neglect Screening, effective date 9/8/2023, 1/5/2024 indicating R1 with risk factors. Care Plan Report, revision date 6/4/2024 read Focus: R1 have reported the alleged target of verbal aggression from a peer. R1 have reported being alleged target of sexual abuse from peer. Census List, date 4/22/2025 indicated R5 (former roommate of R1) location of 115-3 on 3/28/2025. 3/18/2025 Brief Interview for Mental Status (BIMS), R1's score of 11, Moderately Impaired. MDS, Section C - Cognitive Patterns BIMS Summary Score 11.</p> <p>Policy and Procedure</p> <p>Title: Abuse Policy and Prevention Program 2022</p> <p>Abuse Policy: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents.</p> <p>Definitions</p> <p>Sexual Abuse includes, but not limited to, sexual harassment, sexual coercion, or sexual assault (42 CFR 483.12 Interpretive Guidelines) including non-consensual or non-competent to consent sexual activity.</p> <p>V. Internal Reporting Requirements and Identification of Allegations</p> <p>Any allegation of abuse . will be reported to the Illinois Department of Public Health immediately.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>VIII. External Reporting</p> <p>1. Initial Reporting of Allegations. When an allegation of abuse, exploitation, neglect, mistreatment misappropriation of resident has been made, the administrator, or designee, shall notify Department of Public Health's regional office immediately by telephone or fax.</p> <p>This report shall be made immediately.</p> <p>Informing Local Law Enforcement. The facility shall also contact local law enforcement authorities (i.e. telephoning 911 where available) in the following situations:</p> <p>Sexual abuse of a resident by a staff member, another resident, or visitor.</p>