

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 05/16/2025
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 - Minimal harm or potential for 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344</p> <p>Based on interview and record review, the facility failed to provide adequate supervision to one (R1) out of three residents reviewed for falls (R1, R2, and R3) and failed to follow their fall policy and procedure after R1 experienced a fall on 5/14/2025.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old female who originally admitted to the facility on [DATE] and continues to reside in the facility. R1 has multiple diagnoses including but not limited to the following: paraplegia, PTSD, conversion disorder with seizures, depression, UTI, and osteoporosis.</p> <p>Minimum Data Set (MDS) dated [DATE] shows R1 has a Brief Interview of Mental Status (BIMS) of 15, meaning R1 is cognitively intact. MDS dated [DATE] shows R1 needs maximal assistance during transferring and toileting.</p> <p>On 5/15/2025 at 11:05AM, R1 stated the staff at night never want to assist me. I cannot walk or use my legs. I need help doing certain things.</p> <p>R1 said I had a procedure on 5/13/2025 and I after couldn't transfer myself like I normally do. I was in pain and feeling weak. That next morning, I had to go to the bathroom. I put on my call light, but no one came. I waited for so long. I went to the bathroom by myself, but I wasn't feeling good. I got weak and fell in my bathroom. No one was coming to help me. I crawled to my wheelchair and pushed it into the hallway so someone would see.</p> <p>It is to be noted that the facility fall report log does not show a fall for R1 on 5/14/25.</p> <p>Progress note dated 5/14/2025 written by V6 (Agency LPN) states in part but not limited to the following: This writer was notified that R1 had gotten out of her wheelchair and laid on the floor. Writer observed R1 on bathroom floor. R1 stated to this writer and V8 (Nursing Supervisor) that R1 laid herself on the floor and pushed the wheelchair in the hallway because R1 felt her call light was not answered fast enough. R1 was assisted back to bed and educated about staying in bed and calling for assistance before getting up. Will pass onto next shift to monitor R1's behavior.</p> <p>It is to be noted that no fall risk management incident was opened until 5/15/2025 when this surveyor began asking.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>At 2:04PM, V6 said on 5/14/2025 in the early morning, V7 (Certified Nursing Assistant) notified me that R1 was in her bathroom on the floor. V7 told me that R1 took herself out of the chair and laid herself on the floor. R1 said she was waiting for a long time and no one answered her call light. She said she didn't feel good and felt as if the CNA was ignoring her. V8 was present also and assisted me in getting R1 up off the floor and into bed.</p> <p>V6 said it was my understanding that this was a behavior of R1's that she does normally according to V7 and V8. However, I am an agency nurse and am unfamiliar with R1. I did not do a risk management assessment since I was told that this was a normal behavior of R1's.</p> <p>At 2:15PM, V2 (Director of Nursing) said my expectation would be that when a resident falls, the nurse on duty conducts a full body assessment, notifies the doctor, the family, as well as the supervisor on duty, and opens a risk management assessment. V8 should have provided support to V6 and assisted her on our procedure when a resident falls.</p> <p>V2 said the staff have mentioned to me in the past that R1 has behaviors of putting herself on the floor.</p> <p>It is to be noted that this surveyor requested any documentation related to R1's behavior of placing herself on the floor. However, no documentation was received during the course of this survey. R1's care plan also does not show any behaviors of placing herself on the ground.</p> <p>Facility policy titled Fall Prevention and Management with last review date of 08/2024 states in part but not limited to the following: The facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible. All residents' falls shall be reviewed. Facility guideline following a fall incident: Complete a fall incident report. A fall risk evaluation is completed.</p>