

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 07/09/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow its Activities of Daily Living (ADL) policy by not providing ADL care assistance to dependent residents. This applies to 2 of 3 residents (R4 and R5) reviewed for ADL care in a sample of 5. The Findings include: 1. R4 is a [AGE] year-old male admitted on [DATE] having severe cognitive impairment as per the MDS (Minimum Data Set) dated 5/22/25. On 7/8/25 at 10:05 AM, R4 was observed on his low bed, confused with an unkempt and dirty beard with discolored facial hair around his mouth and food debris on the beard. R2 was also observed with long dirty-looking discolored fingernails on both hands. The MDS dated [DATE] documents that R4 requires substantial/maximal assistance to personal hygiene. A review of the R4's ADL care plan document to assist resident with ADLs. 2. R5 is a [AGE] year-old male admitted on [DATE] having cognition intact as per the MDS dated [DATE]. On 7/8/25 at 9:30 AM, R5 was observed on his bed with long facial hair about 5-7 centimeters long. On 7/8/25 at 9:30 AM, R5 stated, I can't walk, If I could get a razor and someone could take me to the bathroom, I can shave myself. I told them and they just ignored me. I requested multiple times in my two-month stay and they just keep ignoring my request. The MDS dated [DATE] documents that R5 requires partial/moderate assistance with personal hygiene. A review of the R5's ADL care plan document to assist the resident with ADLs. On 7/8/25 at 11:00 AM, V2 (DON) stated that their CNAs are supposed to provide hygiene care to all residents who require assistance. The facility presented ADL Guidelines reviewed on 9/2024 document: A program of ADL is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. Guidelines: 2. A program of assistance and instruction in ADL skills is care planned and implemented.</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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