

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Bria of Palos Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	

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** 39781</p> <p>Based on interview and record review the facility failed to implement abuse prevention protocol by failure to investigate and report allegation of resident mental abuse by an employee. This deficiency affects one (R1) of three residents reviewed for Abuse Prevention Program.</p> <p>Findings include:</p> <p>On 10/8/24 at 11:08AM, V4, Family member, said that on 8/25/24, V7 Agency Nurse questioned R1's ethnicity/color stating that V7 did not know how R1 got his last name.</p> <p>On 10/8/24 at 1:22PM, V1 Administrator informed of Mental abuse complaint allegation of V4 that on 8/25/24, V7 Agency Nurse questioned R1's ethnicity/color stating V7 did not know how R1 got his last name. V1 said V4 presented these concerns when they had IDPH surveyor in the facility last 9/19/24. V1 said V4 presented copy of the concern/grievance form she claimed she gave to V14 Assistant Administrator last 8/27/24. V1 said she did the investigation and but did not complete an abuse investigation incident because V4 presented grievance/concern, not abuse allegation. Review R1 progress notes with V1 and requested copy of the facility's proposed plan of action to address her alleged concerns as indicated in the chart.</p> <p>Review R1's written concerns documented by V4 Family member obtained by V1 on 9/19/24 indicated: On 8/25/24 at V7 Agency nurse asked V4 Family member/R1's daughter a very inappropriate question of race of R1. V4 indicated this was the second employee that question and seek R1's race/ethnicity. V4 indicated exact word asked by V7, Where did he get his last name from?</p> <p>R1 progress notes dated 9/20/24 documented by V1 Administrator indicated: V4 Family member called back and is now more than willing to clarify source of her concerns. V4 agreed to the facility's proposed plan of action to address her alleged concerns. V4 is not alleging abuse and confirmed that resident is safe in the facility. V4 is provided with V1's cell phone number for more efficient communication mode. Social services to monitor.</p> <p>V1 Administrator unable to provide documentation of proposed plan of action to address V4 Family member concerns.</p> <p>On 10/9/24 at 11:32AM, Review concern/grievance form for R1 dated 8/27/24 but received by V1 Administrator on 9/19/24 with V14 Assistant Administrator. V14 said the concern V4 Family member presented was an abuse reportable. Requested for Abuse incident report done.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Bria of Palos Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	
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>On 10/9/24 at 12:08PM, V1 Administrator said she did not do an abuse investigation because V4 Family member presented grievance/concerns, not an abuse allegation.</p> <p>On 10/10/24 at 10:24AM, Surveyor asked V1 for the initial abuse investigation for allegations of mental abuse of R1 by V7 Agency nurse presented by V4 Family member on 10/8/24. V1 said she did not do abuse allegation investigation. V1 said when they have allegation of abuse, they should initiate initial abuse allegation incident report and submitted to IDPH. They must complete the investigation within 5 working days an submitted the final report to IDPH. V1 said that V7 Agency Nurse is no longer worked in the facility.</p> <p>R1 was initially admitted on [DATE] and readmitted on [DATE]. R1 has diagnosis listed in part but not limited to Enterocolitis due to Clostridium Difficile, Cerebral infarction, Chronic osteomyelitis, Chronic respiratory failure, Type 2 Diabetes Mellitus with other circulatory complications, Cardiac arrest, Functional quadriplegia, Paraplegia, Stage 4 pressure ulcers, Personal history of infectious disease. R1 was sent to the hospital due to abnormal labs. R1 was admitted with diagnosis of hyperkalemia.</p> <p>Facility's policy on Abuse policy and prevention program 2022 indicates:</p> <p>Abuse policy: This facility affirms the right of our resident to be free form abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. The following definitions are based on federal and state laws, regulations, and interpretative guidelines: Mental abuse includes but not limited to humiliation, harassment, threats of punishment or deprivation. IV Establishing a resident sensitive environment.</p> <p>Concern identification and follow up: Resident and family concern will be documented, reviewed, addressed, and responded to using the facility's concern identification or grievance procedures. Residents and families will be informed of the facility's concern identification or grievances procedures. An essential element of customer satisfaction in a timely response back to the family or resident to concerns expressed.</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 resident 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 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 a regular basis and update as necessary.</p> <p>V. Internal Reporting requirements and identification of allegations.</p> <p>All residents, visitors, volunteers, family members or others are encouraged to report their concerns or suspected incidents of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property to the administrator or an immediate supervisor who must then immediately report it to the administrator or the designated individual in the administrator's absence.</p> <p>VII. Internal Investigation</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Bria of Palos Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	
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>1. All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment, or misappropriation of resident property occurred, was alleged or suspected.</p> <p>2. Any incident or allegation involving abuse, neglect exploitation, mistreatment or misappropriation of resident property will result in an investigation.</p> <p>4. Investigation Procedures. The appointed investigator will at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interview able. Any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly provided care, and employees with whom the accused has regularly worked, will be interviewed.</p> <p>8. Final investigation. The investigator will report the conclusion of the investigation in writing to the administrator or designee within 5 working days of the reported incident.</p> <p>VIII. External Reporting</p> <p>1. Initial reporting of allegations. When an allegation of abuse, exploitation, neglect, mistreatment, or misappropriation of resident property has been made, the administrator or designee shall notify Department of Public Health's regional office immediately by telephone or fax. Public Health shall be informed that an occurrence of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property has been reported to the administrator and is being investigated.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Bria of Palos Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	
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** 39781</p> <p>Based on interview and record review the facility failed to administered medication in accordance with the written orders of the attending physician. The facility failed to complete a medication error incident report for an omitted antibiotics medication. This deficiency affects one (R1) of three residents reviewed for Administration of Medications.</p> <p>Findings include:</p> <p>On 10/8/24 at 11:08AM, V4 Family member said medications are not administered properly to R1.</p> <p>On 10/8/24 at 1:06PM, V6 Infection Coordinator said R1's had delayed in intravenous (IV) antibiotics treatment because of omitted IV antibiotics medications. V6 said she noted extra IV antibiotics of R1 in the medication room when she is doing her antibiotics audit. V6 questioned the floor nurses and found out R1's medications were not given on the weekend. V6 said she did medication error incident report and called R1's physician and V4 Family member. Review R1's MAR (medication administration record) with V6. V6 said marked code of 9 on the following dates: 9/6/24 at 8:00AM, 9/8/24 at 8:00AM and 9/8/24 at 4:00PM indicated that medications were not given.</p> <p>R1 was initially admitted on [DATE] and readmitted on [DATE]. R1 has diagnosis listed in part but not limited to Enterocolitis due to Clostridium Difficile, Cerebral infarction, Chronic osteomyelitis, Chronic respiratory failure, Type 2 Diabetes Mellitus with other circulatory complications, Cardiac arrest, Functional quadriplegia, Paraplegia, Stage 4 pressure ulcers, Personal history of infectious disease. R1 was sent to the hospital due to abnormal labs on 10/1/24. R1 was admitted with diagnosis of hyperkalemia.</p> <p>R1's September Medication Administration Record (MAR) for Cefepime HCl IV solution reconstituted 2 gm (Cefepime HCl) Use 2 gram IV every 8 hours for sepsis related to unspecified open wound right hip order date 8/30/24 indicated that medication was not given on the following dates: 9/6/24 at 8:00AM, 9/8/24 at 8:00AM and 9/8/24 at 4:00PM.</p> <p>R1's medication error report dated 9/9/24 completed by V6 Infection Coordinator indicated: Nurse on duty failed to give Intravenous Piggy bag (IVPB) medications to R1. Nurse on duty did not states she didn't see the medication. R1 requiring IVPB antibiotic therapy for osteomyelitis. The IV medication was in the bag from the pharmacy which is in the medication room at the time of administration. The agency nurse did not look in the bag and assumed that the medication was not available at midnight.</p> <p>On 10/10/24 at 10:32AM, Review of R1's August MAR with V2 ADON for Vancomycin HCl oral suspension 50g/ml give 2.5ml via G-tube every 6 hours for C. Diff for 10 days order date on 8/22/24 indicated that medication was not given on the following dates: 8/23/24 at 12:00AM, 8/23/24 at 6:00AM and 8/23/24 at 12:00PM. V2 said no medication error incident report was completed. V2 said they should completed medication error incident report because of the medication omission.</p> <p>Faculty's policy on Drug Administration-General Guidelines:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145650	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Bria of Palos Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 South Roberts Palos Hills, IL 60465	
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>Policy:</p> <p>Medications are administered as prescribed, in accordance with good nursing principles and practices and only by legally person to do so. Personnel authorized to administer medications do so after sufficient information regarding the resident's condition and expected outcomes of medication therapy is known. The licensed nurse is aware of an indication for the resident receiving medications, usual dose, parameters and routes, contraindications, allergies, precautions, and side effects.</p> <p>Procedures:</p> <p>2. Medications are administered in accordance with written orders of the attending physician. If an unusual dose is ordered, considering the resident's age and condition or a medication order seems to be unrelated to the resident's current diagnosis or condition; the physician is contacted for clarification prior to the administration of the medication. The pharmacist is also available for consultation for drug therapy concerns or questions. This interaction with the physician is documented in the nursing notes and elsewhere in the medical records as appropriate.</p> <p>Facility's policy on Medication error reviewed on 9/2023 indicates:</p> <p>General: An incident report is completed immediately after an error is discovered to ensure proper resident follow up.</p>		