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| 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 01/17/2025 |
| 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) |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40066</p> <p>Based on observations, interviews, and records reviewed the facility failed to follow their policy to answer resident call lights and provide assistance as soon as possible, including toileting and hygiene needs. This affected three (R8-R10) of three residents reviewed for call lights. This resulted in R8 waited 29 minutes after her request to be changed.</p> <p>The findings include:</p> <p>On 1/15/25 at 12:44 PM R8's call light was activated, lit and beeping. V4, Certified Nursing Assistant (CNA), was in the hall with meal trays, near R8's room. V4 then went to other side of the hall to continue with the meal trays.</p> <p>On 1/15/25 between 12:44 PM and 1:04 PM R9 said they take too long, referring to staff assisting her. R9 said, I use the call light for various things, they (staff) take a long time.</p> <p>On 1/15/25 between 12:44 PM and 1:04 PM R10 said staff take too long at night. R10 said, I call for help to use the bathroom or empty the bottle (urinal). The surveyor observed a clear bag with white linens on the floor of R10's room. No staff was in the room and the bed has no sheets on it. R10 was sitting in a wheelchair.</p> <p>On 1/15/25 at 1:07 PM V6, CNA, answered R8's call light. V6 heard saying you want to be changed. V6 came out of the room in about 1 minute and walked to the opposite side of the hall.</p> <p>On 1/15/25 at 1:20 PM V6 and V4 were standing in the hallway talking near R8's room. R8's call light was lit and beeping. V7, Assistant Director of Nursing, asked V4 or V6 to answer the call light. At 1:21 PM V4 entered R8's room and then came out, less than 1 minute later carrying a meal tray. As V4 was walking away from R8's room V4 said, no, it's just the work.</p> <p>On 1/15/25 at 1:28 PM R8 said, I've been waiting for them to change and bathe me. I was damp, a little wet, and I peed a bit ago. I put the light on because I need to be changed. They haven't given me a reason why they haven't changed me. I asked them if they were short staffed, they said no.</p> <p>On 1/15/25 at 1:30 PM V4 said, All my people have been washed and dressed. (R8) is a 2 person assist.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 1/15/25 at 1:36 PM V7 (Assistant Director of Nursing) said, No one reported anything about (R8) not getting care to me. V4 was walking into R8's room carrying a brief when the surveyor approached V7.</p> <p>R8's call light was initially observed on at 12:44 PM and V6 answered the call light at 1:07PM. The surveyor remained in the hall during this time. Thirteen minutes passed and R8's call light was activated again. At 1:36PM V4 entered R8's room to provide care. A total of 52 minutes passed since R8's call light was first seen by the surveyor. A total of 29 minutes passed since V6 acknowledged R8's request to be changed.</p> <p>On 1/15/25 at 1:53 PM V8, Director of Nursing, said everyone should answer call lights, including housekeeping and dietary. V8 said staff should answer lights as soon as possible. V8 said if 2 call lights are on the staff should stop and answer the call light.</p> <p>Review of R8's records note a cognitive assessment dated [DATE] a score of 12, moderately impaired.</p> <p>The facility Call light Response Police dated 9/2023 states, in part, answer the call as soon as possible. Listen to the request. Do what the resident ask. If you are uncertain as to whether or not a request can be fulfilled or if you cannot fulfill the request, ask for assistance. If assistance is needed when you enter the room, summon help to the room. After meeting the needs, turn off the call light.</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide and implement an infection prevention and control program.</p> <p>40066</p> <p>Based on observations, interviews and records reviewed the facility failed to follow their transmission based isolation precautions and enhanced barrier precautions for one resident with a multidrug resistant organism by not wearing a gown while administering medication via gastric tube. This failure affected one of three (R4) residents reviewed for transmission based precautions.</p> <p>The findings include:</p> <p>R4's diagnosis include, but are not limited to, Encephalopathy, Moderate Protein - Calorie Malnutrition, Resistance to Multiple Antimicrobial Drugs (C. Auris), Gastrostomy Status, Need for Assistance with Personal Care, and Quadriplegia.</p> <p>On 1/14/25 at 11:22AM R4's door has hanging bin with gloves, mask, and eye shields, but no gowns.</p> <p>On 1/14/25 at 11:43AM V2, Licensed Practical Nurse (LPN), was standing outside R4's room preparing medications, not wearing a gown. There were no gowns on the door bin and a sign on the door read all staff to wear gown and gloves. V2 entered the room and the door remained open. V2 was not wearing a gown when V2 entered the room or coming out of the room. The surveyor was in view of R4's room with the door open.</p> <p>On 1/14/25 at 11:52AM V2 came out of R4's room. V2 said, I was in the room giving medications to R4. V2 said R4 takes medication by gastric tube. V2 said, I administered them to her now.</p> <p>On 1/14/25 at 12:38PM V1, infection Prevention Nurse, said the facility has Enhanced Barrier Precautions, droplet precautions, and respiratory precautions. V1 said the staff will see the signs on the resident door and there is a list with isolation names in it. V1 said staff has been in serviced on Personal Protective Equipment (PPE) and types of isolation used. V1 said PPE includes gowns, gloves, mask and eye protection. V1 said residents on isolation have a bin on the door or a bin is on the unit with supplies. V1 said C. Auris, ESBL, COVID, VRE, and MRSA all require isolation. V1 said we use Enhanced Barrier Precautions (EBP) for patients with tracheostomy, vents, foley, wounds, IVs, and gastric tubes. V1 said staff is made aware by the lists kept at each nurses' station and signs on the door. V1 said EBP requires staff wear gowns and gloves when entering the room. V1 said for gastric tubes staff should wear eye shields, gowns, mask, and gloves. V1 said the purpose of EBP is for protection, incase stuff splashes back. V1 said for resident with true isolations, have organisms that are easily spread that is why we use contact precautions.</p> <p>Record review of R4's Care Plan includes R4 has active infection (C. Auris of the skin) and Tube feeding used. A copy of R4's care plan was requested on 1/16/25 and on 1/17/25 and not provided to the surveyor.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R4's Progress notes dated 1/4/25 states, in part, wound culture results received, positive for ESBL and MRSA. Infectious disease NP made aware. New order to start Meropenem 1G BID X10 days, Linezolid 600mg BID X10 days and Probiotic BID X14 days. Progress notes dated 1/5/24 states has a history of CVAs with functional quadriplegia. She (R4) also has dysphagia that required the insertion of the gastrostomy tube. 1/7/24 progress note states wound Infection MRSA/ESBL. Infectious Disease following. On IV meropenem and linezolid through 1/15/2025. Midline intact. On 1/11/24 R4 is receiving IV meropenem every 12 hours for wound infection X 10 days. Isolation maintained. All medication given via g-tube.</p> <p>R4's Medication Administration Record (MAR) January 2025 instructs Linezolid and Probiotic be given via g tube. Contact isolation precautions: C Auris every shift. R4's Order Summary Report dated January 2025 includes contact isolation for C. Auris. Medications Linezolid was completed on 1/14/25 and Probiotic does not appear on Order Summary. Facility provided a Daily Isolation Report that includes R4 as contact isolation for C. Auris. Order Summary and MAR include order for meropenem IV.</p> <p>According to interview with V1, reasons to use enhanced barrier precautions include IVs and gastric tubes. V1 said C. Auris requires isolation. V1 said EBP and isolation require staff don a gown for care.</p> <p>V1 provided EBP Attestation Statement in part states EBP includes wearing a gown and gloves with all high contact activity. High contact activities include device care or use.</p> <p>The facilities Enhanced Barrier Precautions policy dated 10/16/23 states, in part, enhanced barrier precautions are indicated for residents with any of the following: an indwelling medical device regardless of MDRO status. Process: staff utilize gown and gloves for high contact resident care activities which may include device care, use of central line or feeding tube. Ensure PPE including gowns and gloves are available outside of the resident's room.</p> <p>The facilities Transmission Based Isolation precautions policy dated 3/24 includes contact precautions. Contact precautions are used for residents with suspected or known infections of colonized microorganisms that can be transmitted by direct contact with the patient or resident or indirect contact. Also includes infections or colonization with multi drug resistant organisms such as MRSA. Contact precautions are used along with standard precautions and include the following standard precautions. Gloves are to be worn when entering the room. Gowns are to be worn when entering the resident's room if direct care is to be provided or when potential for clothing to be contaminated exist.</p> | | |