

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 02/24/2025
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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537</p> <p>Based on interview and record review the facility failed to prevent skin breakdown for a resident that drools for 1 of 3 residents (R2) reviewed for quality of care in the sample of 5.</p> <p>The findings include:</p> <p>On 2/24/25 at 10:22 AM, V27 (R2's family member) said R1 on 1/18/25 was with the agency RT (Respiratory Therapist - V18). V27 said R1 had wounds to the left side of her neck and the center of her neck just (just below her tracheostomy tube). V27 said R2 drools a lot, and the staff must not have been keeping her dry enough. V27 said R2 can't move and is unable to remove the drool herself. V27 said the staff knows they must keep R2 dry, but they didn't do it and her skin opened up. V27 said she took pictures of the wounds and notified the facility staff.</p> <p>R2's Facesheet dated 2/24/25 showed diagnoses to include, but not limited to: demyelinating disease of the Central Nervous System, tracheostomy (airway opening in the neck), heart failure, surgical repair of an aortic dissection (2022), oxygen dependent, quadriplegia, need for assistance, and dysphagia.</p> <p>R2's Care Plan revised 1/24/25 showed R2 had skin lesions to her left neck and anterior neck. There are no interventions related to R2's frequent drooling and protecting the skin on her neck.</p> <p>R2's Care Plan revised 11/28/22 showed she is at risk for complications related to trach placement.</p> <p>R2's facility assessment dated [DATE] showed she had long and short-term memory problems and was dependent on staff assistance for ADLs (Activities of Daily Living).</p> <p>R2's Braden Scale dated 2/4/25 showed R2 was high risk for skin breakdown.</p> <p>R2's 1/18/25 Wound Care Progress Note showed R2 had new skin issues to her neck. The notes showed R2 had an open area on the left rear side of her neck and in the front of her neck under her stoma. The note showed writer alerted RT of trach collar changes and to ensure trach collar ties are not too tight. The writer placed an ABD barrier and treatment to the open areas. No measurements were documented in the progress notes.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Skin and Wound Note by V25 (Wound NP (Nurse Practitioner) dated 1/21/25 showed R2 had mechanical device associated wounds to her neck anteriorly and on the left side. R2's left neck skin lesion measured 4.5 cm x 0.8 cm x 0.2 cm; had moderate drainage, and the skin around the wound was fragile. (This would be linear in nature and lines up with a trach collar contacting R2's neck). R2's anterior neck skin lesion measured 0.5 cm x 2 cm x 0.2 cm; had a moderate amount of drainage; and the skin around the wound was fragile. This note showed to continue preventative measures per facility policy to decrease the risk of further skin breakdown.</p> <p>On 2/22/25 at 12:49 PM, V14 (RT) said she was familiar with R2. V14 said R2 was nonverbal and dependent on the staff for all care. V14 said R2 had a contracture to her neck, so her head leaned to the left side. V14 said R2's neck was pretty tight, and she always leaned toward the left. V14 said R2 drooled a lot, so the moisture would get trapped on her neck. V14 said V27 (R2's family member) had bought Velcro bibs to collect the moisture and those seemed to be helping some. V14 said the trach ties should be loose enough that the therapist can fit two fingers underneath them. V14 said R2 did have a couple wounds to her neck, near the trach ties (left neck) and under the trach (upper chest).</p> <p>On 2/22/25 at 2:04 PM, V16 (LPN/Treatment Nurse) said if the staff find a new skin issue, then they complete Risk Management, perform an assessment, and notify the physician, family, and Wound Care Team. V16 said the Wound Care Team performs the dressing changes and rounds with the Wound Care NP. V16 said R2 was dependent for all care, her neck was contracted toward the left side, and she had areas that would open off and on. V16 said R2's wounds were classified by the Wound NP as moisture associated, not pressure. V16 said R2 drooled frequently, and moisture is hard on the skin. V16 said the skin becomes fragile and can easily open. V16 she was notified on 1/18/25 that R2 had a linear open area to their left neck (closer to the rear of her neck) and another wound in the left, front of her chest, right under the trach opening. V16 explained R2's neck was always leaning to the left side, the moisture from drooling, and the tie laying on the fragile skin of the left side of her neck caused it to open. V16 said there was a combination of contributing factors. V16 said she was unsure how the wound to the front of R2's neck had opened. V16 stated, All I know is she was constantly drooling, and it made the skin fragile.</p> <p>On 2/24/25 at 11:10 AM, V17 said R2 was dependent for care, her neck bent to the left, and she drooled a lot. V17 said R2 was frequently wet around her neck and trach area. V17 said R2's family had bought Velcro bibs and those were helping some with the moisture.</p> <p>On 2/24/25 at 12:46 PM, V25 (Wound Care NP) said he had classified R2's wounds as skin lesions because they were MASD (Moisture Associated Skin Damage). V25 said R2's wounds didn't present as pressure ulcers and that's why he classified them as moisture associated. V25 said R2 drooled frequently, and her neck was contracted to the left. V25 said the position of R2's neck caused moisture (drool) to be trapped around the trach/neck area. V25 said R2's skin became very fragile and opened. V25 said R2 had a wound to her left neck (along the trach ties) and to the anterior neck (near the trach opening). V25 said R2 was at a high risk for skin breakdown due to the trapped moisture and any aggravating factor (such as the trach ties, trach collar) rubbing on the skin could cause combined damage. V25 said to prevent the skin from opening it was important to keep that area as dry as possible. V25 said they started placing an ABD (thicker foam dressing) between the trach ties and R2's skin to prevent further breakdown. V25 said the treatment was started after R2's developed open areas to her left neck and anterior neck.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Skin Care Prevention Policy reviewed 2/2024 showed, All residents will receive appropriate care to decrease the risk of skin breakdown . 9. Clean skin at time of soiling and at routine intervals.</p>		