STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145735	A. Building B. Wing	05/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of River Oaks	14500 South Manistee Burnham, IL 60633

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation and interview the facility failed to ensure appropriate infection control practices in Personal Protective Equipment (PPE) availability. The facility also failed to ensure proper hand hygiene/handwashing is performed after glove usage. This deficiency affects the 1st floor and 2nd floor reviewed for Infection control.Findings include:On 5/23/26 at 10:03AM, observed 1st floor and 2nd floor isolation bins without appropriate PPE in place.On 5/23/26 at 10:17AM, V8 (Certified Nurse Aide) observed wearing gloves in the hallway, removed gloves and no hand hygiene performed. On 5/23/26 at 10:17AM, V8 said that she is not supposed to wear gloves in the hallway and perform hand hygiene, before and after glove usage. V8 said she did not perform hand hygiene after glove removal.On 5/23/26 at 10:35AM, V2 (Director of Nursing) said that staff is not to wear gloves in the hallway for infection control purposes. V2 said staff should perform hand hygiene before and after glove usage. V2 said that PPE should be stocked in isolation bins and accessible to staff.5/23/26 at 10:45AM, V9 (Infection Prevention Nurse) said that the isolation bins should be supplied with appropriate PPE and available to staff. V9 said that staff is not to wear gloves in the hallway and proper hand hygiene before and after glove usage should be perform for infection control purposes.Facility Policy on Hand Hygiene revised 4/2026General:Proper hand hygiene is necessary for the prevention and the transmission of infectious disease.Responsible Part:All facility StaffGuideline:2. Hand hygiene is to be done before putting on gloves and after removing gloves. Facility Policy on Infection Control Program revised 9/2025Guideline:The Infection Control Program establishes guidelines to follow in the prevention and control of contagious, infectious, or communicable diseases. The objectives of the program are to:-Provide a safe and sanitary environment.-Prevent or control the spread of communicable diseases.-Establish guidelines that adhere to standards of care and CDC guidelines. Administration and infection control designee assure that infection control guidelines and procedures are implemented and followed.An infection control program. Training will take place during orientation and annually thereafter. A record of the training is maintained by the facility. Training will include hand hygiene, standard and transmission-based precautions and the use of personal protective equipment.

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