STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145784	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Briar Place Nursing	6800 West Joliet Indian Head Park, IL 60525

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49740 Based on observation, interviews, and record review the facility failed to follow their pain management program when they failed to accurately assess R182's pain level and to ensure R182's pain was managed in a timely manner, four days after neck surgery to repair herniated discs. This failure resulted in R182 not receiving effective pain medication while experiencing severe and unbearable pain for an extended period of time, 9/10 on a pain scale of 0-10, in addition to suffering through periods of uncontrolled anxiety as a result of the prolonged severe pain. Findings include: R182 is a [AGE] year-old resident of the facility with medical diagnosis listed in part, but not limited to idiopathic peripheral autonomic neuropathy, hypertension, type 2 diabetes, hyperglycemia, and bipolar disorder. Per a progress note dated 10/21/2024 at 7:36 PM by V25 (Nurse Practitioner), R182 was hospitalized from 10/15/2024 to 10/19/2024 for a C3-C7 decompressive laminectomy and posterior cervical fusion to repair herniated discs. (continued on next page)

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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F 0697 Level of Harm - Actual harm Residents Affected - Few	On 11/19/2024 at 12:57 PM, R182 said when he returned from the hospital on Saturday, 10/19/2024 at around 6:30 PM following neck surgery, he was in excruciating pain, 9/10 on a scale of 0-10. R182 said V23 (Licensed Practical Nurse) told him she could not find a prescription for his pain medicine, Oxycodone, in his paperwork from the hospital. R182 said V23 gave him acetaminophen at around 7:30 PM for his excessive pain and he tried his best to fall asleep but was not able to because the pain medication was not effective. R182 said the night shift nurse told him they could not do anything as far as a prescription for the stronger pain medication, Oxycodone, was concerned, and he would need to wait until Sunday morning when they would try to get a hold of a physician or practitioner to get his order. R182 said on Sunday, 10/20/2024, he was still getting only acetaminophen for pain relief. R182 said he asked the morning nurse for an update, and the nurse said they were still trying to get a hold of either the surgeon's team or the facility doctor. R182 said he felt like everything kept getting passed over to the next shift. R182 said by Monday, 10/21/2024, the facility nurses had still not contacted any physician that could fill out his Oxycodone prescription, so he asked a nurse for help in getting an ambulance to take him back to the hospital due to his unbearable pain, but his request was not given. R182 also said after three straight days without pain relief, he became very anxious and was worried his high blood pressure and high blood sugar would also be affected. R182 said his Oxycodone order finally arrived in the early hours of 10/22/2024. Lastly, R182 said after his original prescription of Oxycodone ran out on 10/28/2024, the facility did not re-fill his prescription until 10/31/2024, forcing him to suffer through three additional days of severe pain. On 11/18/2024 at 1:45 PM, V25 (Nurse Practitioner) said she filled a prescription on Monday, 10/21/2024 for Oxycodone 5 mg, 30 tablets, every four hours, as needed, for pain, which was enough medication to last five days. V25 said she gave him another 30 tablets of Oxycodone on 10/30/2024 for delivery on 10/31/2024, with the intent to begin weaning him off the medication. Per a progress note dated 10/22/2024 at 1:40 AM by V22 (Licensed Practical Nurse), R182's order for Oxycodone HCl Oral Tablet 5 MG for pain, arrived 10/22/2024, three days after R182 had returned to the facility from neck surgery. On 11/20/2024 at 10:20 AM, V21 (Licensed Practical Nurse) said when a resident returns to the facility with a narcotics order, they usually come back with a prescription, and if not, the facility nurses have to follow up with the facility primary care physician or nurse practitioner in order to get the medication. V21 said R182 shouldn't have waited that long for his Oxycodone pain medication because he was suffering, and the facility should not have waited more than eight hours before filling the prescription order. V21 said she was not aware R182 was in so much pain, but if she would have been, she probably would have sent him back to the hospital. On 11/20/2024 at 11:00 AM, V2 (Director of Nursing) said the facility protocol was for the nursing staff to exhaust all possibilities to reach the hospital physician in order to obtain a pain medication prescription for a resident. V2 said if the nurses were unable to reach the hospital physician, they were to call the facility physician and explain the situation, who would, then, decide what form of medication they would provide until they personally assessed the resident. V2 said she could not recall if she was made aware that R182 was in excessive pain, but the facility nurse should have sent R182 back to the hospital if he was in any excruciating pain because that is what she would have recommended. (continued on next page)

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F 0697 Level of Harm - Actual harm Residents Affected - Few	On 11/20/2024 at 1:47 PM, V35 (Medical Director) said if a resident would need medication for severe pain following cervical fusion surgery, and returned to the facility without a prescription for pain medication from the hospital, the facility would need to check for any medications in stock, and if there was nothing that would alleviate the pain, then the staff should call the attending facility physician or the pharmacy the next morning. On 11/19/2024 at 12:57 PM, R182 said the weekend of 10/19/2024, was the worst for him because his pain level was 9/10 when he returned from the hospital. However, R182's pain assessment in his October 2024 medication administration record (MAR) showed no pain scores recorded for the evening and night shifts of 10/19/2024. R182's MAR pain scores for the date of 10/20/2024 were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift. In a progress note dated 10/21/2024 at 7:36 PM, V25 stated R182 reported 10/10 pain. However, R182's MAR pain scores for the date of 10/21/2024 were 0/10 for the day shift, NA for the evening shift, and 0/10 for the night shift. R182 said he began taking Oxycodone on 10/22/2024, but after his Oxycodone ran out on 10/28/2024, he had to endure another three days of severe pain and anxiety until his next order arrived on 10/31/2024. Yet, R182's MAR pain scores for 10/29/2024 were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift, and for 10/30/2024 they were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift. Per the facility's Pain Management Program, dated November 2014, the program's purpose is to establish a program that can effectively manage pain in order to remove adverse physiologic and psychologic effects of unrelieved pain. The program also states, The resident's descriptive words regarding the quality, duration, and location of pain will be used to evaluate the pain and to identify changes in pain. The program lists as one of its components, Accurate and complete documentation of pain assessment and monitoring. Lastly, the program states, The resident's physician will be notified of the resident's complaints of pain which are not relieved by comfort measures, including pain medication.