

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145784	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/19/2025
NAME OF PROVIDER OR SUPPLIER Briar Place Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41692</p> <p>Based on interview and record review, the facility failed to document providing the bed hold policy to the resident or representative upon transfer to a local hospital, for one (R2) of three residents reviewed for bed hold policy.</p> <p>Findings include:</p> <p>R2 is a [AGE] year old male originally admitted on : 8-5-2024 with medical diagnosis that include ans are not limited to: Bipolar disorder and suicidal ideation. On 4-11-2025 R2 was transfer via 911 to a local emergency room with involuntary petition.</p> <p>On 5-18-2025 at 12:50pm V1 said, the bed hold policy should be given with explanation when a resident is sent out to the hospital, my expectation is that the staff will document it in the electronic medical record, we do not have any documentation that indicate that R2 received the bed hold notification.</p> <p>R1 is a [AGE] year old male originally admitted on [DATE] with medical diagnosis that include and are not limited to: Bipolar disorder, diabetes type 2, alcohol dependent and hypertension. R1 was transfer to a local hospital for emergency services on 4-18-2025 with involuntary petition.</p> <p>On 5-17-2025 at 9:40 am R1 said, I was a resident at the facility for 15 months. On April 18, 2025, I was transferred to the hospital. The involuntary discharge paperwork was given to the paramedics at that time. I did not receive a copy of the bed hold policy when I was sent to the hospital, and I was not informed about the 10-day bed hold policy.</p> <p>On 5-19-2025 at 1:00pm V2 (director of Nursing) said, we have a 10 days bed hold policy, we hold a bed for the resident, when any resident is sent out to the hospital receives a copy of the bed hold policy, and my expectation is for the nursing staff to document in the residents record. I think we forgot to put a note in R2's record, we missed to document that the bed hold policy was given.</p> <p>On 5-19-2025 at 1:30pm V14 (Assistant Director of Nursing) said, when we transfer a resident to hospital, we will give a copy of the 10 days bed hold policy. My expectation is for the nurse to document in the patients record some nurses forget to document and is not acceptable.</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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5-18-2025 V1 (administrator) presented policy tiled: Bed hold policy dated: July-2024 reads: to ensure the residents are informed of the bed hold and reserve bed payment policy before and upon transfer to a hospital or when taking a therapeutic leave of absence from the facility.</p> <p>On 5-19-2025 at 3:30pm V1 presented undated resident handbook, reads: bed hold policy explains your rights under the Federal and state law and is provided to you at the time of transfer to the hospital.</p>		