

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  08/07/2025
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)		
F 0578  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.  **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based upon record review and interview the facility failed to follow policy procedures and failed to ensure that the advance directives care plan was correct for one of four residents (R4) reviewed for change in condition. Findings include:R4's ([DATE]) POLST (Practitioner Orders for Life-Sustaining Treatment) Form states No CPR (Cardiopulmonary): Do Not Attempt Resuscitation. R4's ([DATE]) POS (Physician Order Sheet) includes Do Not Resuscitate. R4's care plan (revised [DATE]) states Advance Directive - Full Code [which is incongruent with R4's POLST & POS]. On [DATE] at 2:33pm, surveyor inquired about R4's current code status V6 (Director of Nursing) stated He's a DNR (Do Not Resuscitate). Surveyor inquired if R4's ([DATE]) advance directive care plan states DNR V6 reviewed the care plan and responded He (R4) has full code, it was revised but it's not accurate. It looks like the information that we (facility) have on advance directive code status is not accurate, he's technically a DNR this needs revised. The (9/24) advance directives policy states for the purposes of this policy and procedure Advanced Directives means a written instrument, such as a living will or life prolonging procedure declaration, appointment of health care representative and power of attorney for health care purposes. Advanced Directives shall be addressed on the resident's plan of care.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based upon record review and interview the facility failed to follow policy procedures, failed to ensure that comprehensive care plans are reviewed quarterly, failed to ensure that the goal target date is within 90 days, and failed to revise an advance directive care plan (as directed) for one of four residents (R4) reviewed for change in condition. Findings include: R4's ([DATE]) POLST (Practitioner Orders for Life-Sustaining Treatment) Form states No CPR (Cardiopulmonary Resuscitation): Do Not Attempt Resuscitation. R4's ([DATE]) POS (Physician Order Sheet) includes Do Not Resuscitate. R4's ([DATE]) care plan states Advance Directive - Full Code however R4's POLST and POS affirm DNR status. R4's Advance Directive care plan was revised on [DATE] (over 3 months ago) with Target Date: [DATE] (roughly 6 months later). On [DATE] at 2:33pm, surveyor inquired about required care plan review and/or revision V6 (Director of Nursing) stated They're quarterly and or if it's a significant change. Surveyor inquired if care plan goals should be 6 months past the review date V6 responded Oh no, we should be checking that more often. Surveyor inquired about R4's current code status V6 replied He's a DNR (Do Not Resuscitate). Surveyor inquired if R4's ([DATE]) advance directive care plan states DNR V6 reviewed the care plan and stated He (R4) has full code, it was revised but it's not accurate. It looks like the information that we (facility) have on advance directive code status is not accurate, he's technically a DNR this needs revised. The (6/14) care plan policy states care conferences for review and revision of resident's care plan are scheduled at a conducive time for residents and their families. Skilled and intermediate residents every 90 days and PRN (as needed). The interdisciplinary team is responsible for the implementation of resident care management.</p>