

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 04/25/2026
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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p>Based on interview and record review, the facility failed to ensure notification of room and roommate changes were documented, failed to ensure family was notified of the room change, and failed to ensure residents received written notice including the reason for the change before the room or roommate change. These failures affected four (R1, R5, R6, and R7) residents reviewed for residents' rights in the total sample of 7 residents. Findings include: R1's admission Record documented that R1's diagnoses include but are not limited to Type 2 Diabetes Mellitus, major depressive disorder, and delusional disorder, and COPD (Chronic Obstructive Pulmonary Disease). R1's contact includes V9 (Resident Family member # 1). Contact Type: POA (power of attorney). R1's census list documented that R1 had a room change on 03/28/2026. R1's (02/25/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 14. Indicating R1's mental status as cognitively intact. R1's (Effective Date Range: 03/20/2026 to 03/28/2026) progress notes were reviewed with no notes documented for notification of R1's POA of R1's room change. R5's admission Record documented that R5's diagnoses include but are not limited to schizophrenia, low back pain, and myalgia. Contact: Self as responsible party. R5's census list documented that she has been in her current room since 10/07/2022. R5'S (01/27/2026) Minimum Data Set documented, in part Section C. Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating the resident's mental status as cognitively intact. R5's (Effective Date Range: 03/20/2026 to 03/28/2026) progress notes were reviewed with no notes documented for notification of R5's family regarding a new roommate. R6's admission Record documented that R6's diagnoses include but are not limited to COPD (Chronic Obstructive Pulmonary Disease), asthma, and hypertension. Contact: Self as responsible party. R6's census list documented that R6's has been in her current room since 12/31/2023. R6's (03/05/2026) Minimum Data Set documented, in part Section C. - Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 13. Indicating the resident's mental status as cognitively intact. R6's (Effective Date Range: 03/20/2026 to 03/28/2026) progress notes were reviewed with no notes documented for notification of R6's family regarding a new roommate. R7's admission Record documented that R7's diagnoses include but are not limited to hypertension, low back pain, and obesity. Contact: Self as responsible party. R7's census list documented that R7 has been in her current room since 08/22/2023. R7's (04/14/2026) Minimum Data Set documented, in part Section C. - Cognitive Patterns. C0500. BIMS (Brief Interview for Mental Status) Summary Score: 15. Indicating the resident's mental status as cognitively intact. R7's (Effective Date Range: 03/20/2026 to 03/28/2026) progress notes were reviewed with no notes documented for notification of R7's family regarding new roommate. On 04/24/2026 at 10:08am, knocked and entered R1's room; R6 was lying on bed watching a show on her Television. R7 pointed on the drawn curtain next to R6's bed and stated her (R1) bed was next to (R6)'s bed. On 04/24/2026 at 10:09am, R1 stated she had a room change a couple of weeks ago, she is sure her POA is (V9 - Resident Family Member #1) and she did not know if the facility talked to her (V9) about the room change. R1 stated she did not sign any document regarding a room change. On 04/24/2026 at 1:58pm, R5 stated she could not remember the name of (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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>staff member who showed her (R1) the room, but she did observe staff showing her the room. R6 stated she was not presented with a written notification of roommate change. On 04/24/2026 at 3:17pm, R7 stated she could not recall if she was introduced to her new roommate prior to moving her in the room. R7 stated she could not recall if she was presented with a written notification of roommate change. On 04/24/2026 at 3:18pm, R6 stated she did not recall if staff introduced her (R1) to all the residents in the room and she could not recall if she was presented with written notification of a roommate change. On 04/24/2026 at 1:23pm, V1 (Assistant Administrator) stated she leaves it to Social Services Department to contact Power of Attorney regarding the room change. On 04/24/2026 at 1:36pm, V5 (Psychiatric Rehabilitation Services Director) and V8 (Psychiatric Rehabilitation Services Assistant Director) both stated they did not notify (V12) of R1's room change. On 04/24/2026 at 3:45pm, V5 stated she did not notify (R5, R6, and R7)'s family members of a roommate change and did not document any notification. On 04/24/2026 at 3:46pm, V8 stated she did not notify (R5, R6, and R7)'s family members of a roommate change and did not document any notification because she was not at the facility when she (R1) moved to their room. On 04/24/2026 at 3:15pm, V1 (Assistant Administrator) stated she brought (R1) in the room and all three (R5, R6, and R7) were in the room. V1 stated they were all notified they would have a new roommate, but the notifications were not documented. On 04/24/2026 at 4:00pm, V1 (Assistant Administrator) stated there was no written notice provided to the residents or POA regarding the room and roommate change prior to (R1) moving to her new room. V1 stated the facility should have provided written notification of a room and roommate change. The purpose of having written notification is for documentation purposes, so the facility has a receipt of notification of the room and roommate change; that the residents were informed of the reasons behind the change. V1 stated there was also no documentation that the residents and family were notified of room and roommate change. The expectation is for the staff, who notified the residents and family of the room and roommate change, to document in the progress note about the notification. V1 stated if it is not documented then it never happened. The (5/19) Facility provided 'Room Changes' Policy and Procedure documented, in part A. Policy: Room changes will be assigned based on the resident's needs and nursing care required. 3. Residents are informed of room changes prior to its occurrence. B. Procedure: 1. admission Directors or Social Services notifies the resident and family of room changes and documents. If unable to reach family, a voicemail is left for family to contact the Social Services Director. 2. If the resident is being transferred to a new room which already has a resident residing in it, the resident will be notified prior to transfer. Notification is documented in the progress notes. The (undated) Facility provided 'Statement of Resident Rights' documented, in part No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the constitution of the State, or the constitution of the United States on account of his or her status as a resident of the community, nor shall a resident forfeit any of the following rights: (e) Right and dignity. The resident has a right to be treated with respect and dignity, including (6) the right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed.</p>		