

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 11/20/2024
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 0584</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 a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>46066</p> <p>Based on observations, interview, and record review the facility failed to provide a clean and sanitary home-like environment for 143 residents currently residing on the facility's first and second floor units.</p> <p>Findings include:</p> <p>On 11/17/24 at 11:10 AM, Surveyors were provided the facility census that listed 216 residents currently residing in the facility, whereas 143 residing on the first and second floor units.</p> <p>On 11/17/24 at 09:15 AM, Surveyor sensed strong odor upon entrance to the first floor unit common area.</p> <p>On 11/17/24 at 11:11 AM, Surveyor observed an empty medicine cup and empty milk carton on the elevator's floor. Surveyor observed wet, yellow, puddle, smelling like urine in the common area upon exit from the elevator on the second floor. Surveyor sensed strong urine odor on the second floor. Low side of the second floor unit floors noticed to be sticky.</p> <p>On 11/17/24 at 02:38 PM, Surveyor interviewed V36 (Housekeeper) who said in the summary, I am assigned to the second floor. We always have two housekeepers on the second floor unit except today, the other housekeeper was off today. My assignment consists of removing the trash, moping nursing station, hallways, and then I move on to the common area bathroom, and then residents individual rooms. The stench is from the residents who don't shower, my assigned area is clean. Cleaning elevators falls under 1st floor housekeeper. As a rule of thumb, if it's urine, feces, or blood, I am not to clean it, it is certified nurse assistant's responsibility. I cleaned the urine puddle today with bleached towel, but I really don't know how to do it, nobody told me how to clean body fluids.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/18/24 at 11:26 AM, Surveyor interviewed V14 (Housekeeping Director) who said in the summary, the facility seems cleaner and smells better today because there are more housekeepers in the facility. Generally, there are more housekeepers scheduled to work from Monday through Friday. There are five housekeepers from Monday through Friday, from 7:00 AM to 3:00 PM: two housekeepers on the 3rd floor, two housekeepers on the 2nd floor, and one housekeeper on the 1st floor. Then there are two to three housekeepers from 3:00 PM to 8:00 PM. On Saturdays and Sundays there are three to four housekeepers from 7:00 AM to 3:00 PM and two housekeepers between 3:00 PM to 8:00 PM. As far as cleaning urine and feces, certified nurse assistants should pick up the bulk of it and then the housekeepers supposed to sanitize the floor. I know we have special kits to clean blood. But you know, urine puddles happen all the time in the facility, residents pee on the floor all the time, so we (housekeepers) just clean it up.</p> <p>On 11/20/2024 at 1:56 PM, Surveyor interviewed V1 (Administrator) who said in the summary, cleaning body fluids is mutual responsibility of housekeepers and nursing staff. Nursing staff should pick up the bulk of soil, for example urine or feces, and then call housekeeping to disinfect.</p> <p>The facility Blood and Body Fluid Spills Clean Up Procedure (no date) reads in part In the event of a spill of blood, body fluid or tissues occurring on any environmental surface (Bed, floor, table, etc.) the employee will secure a Blood and Body Fluid Clean Up Kit.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46344</p> <p>Based on observation, interview, and record review the facility failed to provide one resident (R85) with adequate supervision during a shower. This resulted in R85 experiencing a seizure which led to her arm getting stuck in the handrail causing her to fracture her humerus.</p> <p>Findings Include:</p> <p>R85 is a [AGE] year-old female who originally admitted to the facility on [DATE] and continues to reside in the facility. R85 has multiple diagnoses including but not limited to the following: Epilepsy, right humerus fracture, bipolar disorder, paranoid schizophrenia, mood disorder, anxiety, pain, and depression.</p> <p>Facility Reported Incident with date of 10/9/24 states in part but not limited to the following: R85 noted in shower room with right arm between shower rail and wall, R85 noted with pain, shortening, and abnormal rotation to right arm. R85 transferred to hospital for further evaluation and treatment.</p> <p>Hospital records dated 10/10/24 shows R85 arrived at the hospital from facility after an unwitnessed seizure in the shower. R85 complaining of pain after she fell to the right shoulder that showed deformity and fracture.</p> <p>On 11/18/2024 at 10:40AM, R85 was interviewed regarding incident on 10/9/24. It is to be noted that R85 was noted to be in bathroom by herself.</p> <p>R85 stated, On 10/9/24, I was taking a shower independently in the shower room when I had a seizure. R85 said I felt the seizure coming on but I could not get to the call light as it was across the shower. I could not sit down because the shower chair was broken and not safe to sit on. I always take showers independently with no supervision. My arm got caught in the handrail while I was seizing. I had to be there seizing for at least 20 minutes before V11 (Registered Nurse) came to check on me. My entire body was bruised and black and blue. V32 (Maintenance Director) had to come and take the handrail off the wall because my arm was so wedged into the rail. I had fractured my right upper arm and must wear an immobilizer.</p> <p>It is to be noted that R85 was alone in her room and dressed herself independently after this interview.</p> <p>At 10:55AM, V11 was interviewed regarding R85's incident on 10/9/24. V11 said the shower rooms are always locked. The staff must let the residents into the shower room to ensure they are aware of who is in there.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>V11 said I was at the nurses' station talking to a family member when I heard crying and whimpering coming from the shower room. R85 was in the shower room for about 20 minutes before I heard R85 crying. R85 always showers independently. When I entered the shower room, I saw R85 in the shower closest to the door on the left. Her arm was wedged in between the handrail. We had to call maintenance to take the side rail out to get her arm out. We immobilized her arm and sent her to the hospital.</p> <p>Progress notes written by V11 on 10/9/2024 were reviewed and correlates to what V11 said in interview.</p> <p>Per Minimum Data Set, dated dated dated [DATE] shows R85 required supervision/touching assistance while showering. R85 care plan states in part but not limited to the following: R85 has a self-care deficit in ADLs/mobility related to epilepsy, seizures, etc. Interventions include supervise in shower for safety, dated 3/20/2024.</p> <p>On 11/20/24 V35 (Medical Director/Attending Physician) was interviewed. V35 said a resident with a diagnosis of epilepsy and uncontrolled seizures, meaning the resident has had seizures within the last six months, should be supervised in the shower for safety.</p> <p>Prior to incident on 10/9/2024, it is to be noted that per progress notes, R85 has had seizures on 9/20/2024, 9/9/2024, 8/1/2024, 7/13/2024, 6/28/2024, 6/27/2024, 6/3/2024, and 5/2/2024.</p> <p>Facility Policy titled Resident Supervision dated 01/2024 states in part but not limited to the following: Supervision is followed per the plan of care in accordance with individualized resident focused approach.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49740</p> <p>Based on observation, interview, and record review, the facility failed to follow their own pharmacy's policy on expiration dating for medications in vials by failing to date two opened vials of insulin found inside the facility's second floor storage room refrigerator, potentially affecting two residents (R51 and R130) reviewed for drug storage.</p> <p>Findings include:</p> <p>On [DATE] at 10:55 AM, accompanied by V16 (Agency Licensed Practical Nurse), one opened vial of insulin Glargine belonging to R51 and one opened vial of insulin Lispro belonging to R130 were found inside the facility's second floor storage room refrigerator, and neither vial was dated.</p> <p>On [DATE] at 10:56 AM, V16 said insulin had to be dated upon opening to know when it expired because insulin had a shortened expiration time and only stayed potent and worked for 28 days after opening the vial.</p> <p>On [DATE] at 11:06 AM, V2 (Director of Nursing) said medications were dated based on the recommendation of the medication. V2 also said if a medication had a recommended usage time of 28 days, they would need to know the open date to determine the proper expiration date in order to know when to discard the medication because the medication was only effective during that time, otherwise it would lose its effectiveness.</p> <p>Per R51's medication administration record, (MAR) for the month of [DATE], insulin Glargine solution, 100 unit/mL, had been administered one time per day, for diabetes, at 25 units, subcutaneously, from [DATE] to [DATE].</p> <p>Per R130's medication administration record, (MAR) for the month of [DATE], insulin Lispro solution, 100 unit/mL, had been administered before meals at 11:00 AM, for diabetes, at 10 units, subcutaneously, and per sliding scale before meals and at bedtime, subcutaneously, from [DATE] to [DATE].</p> <p>The facility's Pharmacy Policies and Procedures Manual, last revised [DATE], stated, When the original seal of a manufacturer's container or vial is initially broken, the container or vial will be dated. The same policy also read, The nurse shall place a 'date opened' sticker on the medication and enter the date opened and the new date of expiration, and, The expiration date of the vial or container will be 30 days. Lastly, the policy stated, Certain medications or package types, such as multiple dose injectable vials, once opened, require an expiration date shorter than the manufacturer's expiration date to insure medication purity and potency.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>46066</p> <p>Based on observations, interview, and record review the facility failed to follow the hand hygiene policy. This failure has a potential to affect all 216 residents currently residing in the facility.</p> <p>Findings include:</p> <p>On 11/17/24 at 11:10 AM, Surveyors were provided the facility census that listed 216 residents currently residing in the facility.</p> <p>On 11/18/24 at 10:34 AM, Surveyor observed, third floor unit, V20 (Certified Nurse Assistant) walking out of a resident's room the third floor unit without performing hand hygiene. Surveyor interviewed V20 (CNA) who said in the summary, there are no hand sanitizers in the hallways or residents' rooms due to residents' cognitive condition, resident use to try to drink hand sanitizer. We are supposed to always have personalized hand sanitizers in our pockets. I don't have a hand sanitizer with me right now. Surveyor further inquired how did V20 (CNA) sanitize hands upon exiting resident's room, V20 (CNA) said, I have no way to sanitize my hands right now.</p> <p>On 11/18/24 at 11:13 AM, surveyor observed V5 (Wound Care Nurse) perform wound care for R270. V5 (Wound Care Nurse) removed large dressing with copious amount of foul smelling drainage. V5 did not remove soiled gloves after cleaning wound, applied treatment and then removed soiled gloves and donned a clean glove without performing hand hygiene. Further, V5 cleaned bowel movement from R270's buttocks, removed glove from the right hand and then donned a new glove without performing any hand hygiene.</p> <p>On 11/18/24 at 11:40 AM, surveyor inquired V5 (Wound Care Nurse) about hand hygiene related to the sacral wound dressing change. V5 said, I should have sanitized my hands.</p> <p>On 11/19/24 at 10:43 AM, Surveyor interviewed, second floor unit, V17 (Certified Nurse Assistant) who said in the summary, we usually carry personalized hand sanitizer in our scrub's pocket to maintain hand hygiene. I don't have personalized hand sanitizer with me right now.</p> <p>On 11/19/24 at 11:18 AM, Surveyor observed V17 (Certified Nurse Assistant) going in and out of two residents' rooms the second floor unit without performing hand hygiene.</p> <p>On 11/19/24 at 10:49 AM, Surveyor interviewed, first floor unit, V18 (Certified Nurse Assistant) who said in the summary, there are no sanitizers in the common unit areas and residents' rooms, we are supposed to have a bottle of personalized hand sanitizer. V18 (CNA) grabbed a bottle of a personalized hand sanitizer from the nursing station desk and slipped it into her scrub's pocket while talking to the surveyor.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/19/24 at 12:03 PM, Surveyor interviewed V6 (Infection Preventionist) who said in the summary, I talk to staff about hand hygiene, I tell them when the hand hygiene should be done and how long should it take to wash and/or sanitize hands. Last hand hygiene in-service was done in October 2024. We don't have hand sanitizers in the hallways and residents' rooms. There are residents who will attempt to drink it due to their cognitive limitations or mental diagnosis. Staff should always carry their own hand sanitizers. I stack personalized hand sanitizers in nursing station on each unit on all three floors to make sure hand sanitizers are readily available. Staff should sanitize their hands to prevent spread of infections. Staff should always sanitize their hands upon entering and exiting residents' rooms, unless their hands are visibly dirty, then staff should wash their hands with soap and water. Additionally, staff should perform hand hygiene before and after providing resident care, before and after passing, meal trays, etc.</p> <p>The facility Hand Hygiene policy dated 01/01/2020 reads in part, The use of gloves does not replace hand hygiene. Hand hygiene is always the final step after removing and disposing of personal protective equipment (PPE). Using alcohol-based hand gel; If hands are not visibly soiled, use an alcohol based hand rub for all the following situations: Before applying gloves and after removing gloves or other PPE; After providing direct patient care; before handling clean or soiled dressing, gauze pads, etc; After contact with inanimate objects (e.g., medical equipment) in the immediate vicinity of the resident.</p>		