

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145864	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Forest Edge		STREET ADDRESS, CITY, STATE, ZIP CODE  8001 South Western Avenue Chicago, IL 60620	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p>30279</p> <p>Based on interview and record review the facility failed to notify residents of their trust fund balances before they exceeded the \$2000.00 resource limit for Social Security Administration (SSI) for an individual for 17 of 17 residents (R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20) who were reviewed for trust fund in the sample. This failure has the potential to affect the Medicaid and SSI eligibility for R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, and R20 listed as having trust fund over the \$2000 limit and has the potential to affect all the 189 residents residing at the facility.</p> <p>Findings include:</p> <p>On 06/25/24 review of the facility Resident Fund Management Service Trial Balance dated 06/25/24 showed the following resident trust fund balances:</p> <p>R4 Trust fund balance as at 06/25/23 =\$3752.49</p> <p>R5 Trust fund balance as at 06/25/23 = \$14,942.58</p> <p>R6 Trust fund balance as at 06/25/23 =\$2036.95</p> <p>R7 Trust fund balance as at 06/25/23 =\$2074.04</p> <p>R8 Trust fund balance as at 06/25/23 =\$3319.71</p> <p>R9 Trust fund balance as at 06/25/23 =\$2303.29</p> <p>R10 Trust fund balance as at 06/25/23 =\$2461.08</p> <p>R11 Trust fund balance as at 06/25/23 =\$2698.50</p> <p>R12 Trust fund balance as at 06/25/23 =\$2071.16</p> <p>R13 Trust fund balance as at 06/25/23 =\$2872.20</p> <p>R14 Trust fund balance as at 06/25/23 =\$3849.29</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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NAME OF PROVIDER OR SUPPLIER  Bria of Forest Edge		STREET ADDRESS, CITY, STATE, ZIP CODE  8001 South Western Avenue Chicago, IL 60620	
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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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R15 Trust fund balance as at 06/25/23 =\$2524.73</p> <p>R16 Trust fund balance as at 06/25/23 =\$2807.09</p> <p>R17 Trust fund balance as at 06/25/23 =\$4018.24</p> <p>R18 Trust fund balance as at 06/25/23 =\$2287.66</p> <p>R19 Trust fund balance as at 06/25/23 =\$2465.74</p> <p>R20 Trust fund balance as at 06/25/23 =\$2392.86</p> <p>As of 06/26/24 at 4:30pm, the facility was unable to present the quarterly notification/ any notification that the residents were notified of their balances.</p> <p>On 06/26/24 at 9:20am, V3 (Business Office Manager) stated the requirement has changed from \$2000.00 for individuals. V3 stated now the residents are allowed to have up to \$17,500.00 in their trust fund account and will not lose their eligibility. V3 stated trust funds are distributed to residents whose trust funds are being managed by the facility.</p> <p>V3 stated based on a letter from All Assistance Program Providers that documented in part that this notice informs all Medical Assistance Program providers that the customer resource (also known as asset) limit has been changed from \$2000 for an individual and \$3000.00 for couple to \$17,500. V3 stated in part due to this letter the facility did not send the family or the resident any notice because the individual balances did not exceed \$17,500. V3 stated some of the residents are being assisted in getting funeral arrangement plans.</p> <p>V3 stated the facility residents are on Medicaid benefit. V3 stated R5 funds came on 06/24/24 and that will be sorted out to know exactly how much money will be left in the trust fund but R5 is still not over the \$17,500 amount.</p> <p>The SS (Social Security) spotlight on Resources 2024 edition documents to get benefits the account resources must not be worth more than \$2000 for an individual or \$3000 per couple. This is described as the resource limit.</p> <p>Federal regulations documents in part, when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person and if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>The facility Resident Trust Fund Policy and Procedure with no date, documented that residents shall not have more than \$17,500.00 in their trust fund account.</p>		