STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145864	A. Building B. Wing	08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Forest Edge	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49486 Based on interview and record review, the facility failed to affirm the right of the resident to be free from physical abuse. This failure has affected 1 (R6) of 6 residents reviewed for abuse. Findings Include: On 8/13/24 at 10:52 AM, R6 stated about a month ago R10 punched R6 in the face because R6 entered R10's bathroom without knocking while R10 was inside the bathroom. R6 stated R6 did not sustain any injury, but R6 was moved to another room and R10 was moved to the 3rd floor because of the incident. R6 told V18 (Certified Nursing Assistant/CNA)) and V36 (R6's Complainant) R6 was punched in the face by R10. R6 stated R6 has seen R10 since the incident, and R10 has threatened R6 with R10's walking cane. R10 stated R10 was transferred to the 3rd floor because of R6, but R6 always ignores R10, and R6 did not tell anyone. On 8/13/24 at 11:10 AM, V11 (Social Worker) stated the administrator is the abuse coordinator; therefore, V11 will report any abuse to the administrator immediately. The incident between R6 and R10 was not reported to V11, and there are several forms of abuse: physical, sexual, theft, and mental. Punching in the face is a form of physical abuse. On 8/13/24 at 11:35 AM, R10 stated R10 punched R6 in the face when R6 opened the washroom without knocking at the door when R10 was in the washroom. Surveyor asked if R10 has been threatening R6 with R10's walking cane. R10 denied threatening R6 with R10's cane. On 8/13/24 at 12:43 PM, surveyor notified V1 (Administrator) of R6's abuse allegation of being punched in the face by R10, and R10 has been threatening R6 with R10's cane. V1 stated V1 was not made aware of abuse allegation between R6 and R10 last month or that R10 has been threatening R6 since the incident. V1 stated V1 will investigate and follow up per policy and safety guidelines and in-service staff immediately. V1 stated it is V1's expectation staff would be reporting any abuse to V1 immediately for further investigation, and V1's phone number is available for all staff to call V1 24 hours 7 days a week to report any abuse or suspicion of potential abuse. On 8/14/24 at 12:28 PM, V18 (Rehab Aide/Certified Nursing Assistant/CNA) stated V18 worked with R6 on 7/20/24. R6 told V18 R6 was punched in the face by R10. V18 asked if R6 told the nurse. R6 stated R6 told the nurse and that was why R6 was moved to another room. V18 told V44 (Licensed Practical Nurse/LPN) on duty to make sure V44 was aware. V18 did not ask R6 why R6 was punched by R10. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 2:29 PM, through a telephone interview, V36 (R6's Complainant) stated R6 told V36 R6 was punched in the face by R10. V36 did not tell any staff but called the 1-800 number to report the incident, even though the incident happened a month before R6 told V36. V36 is obligated to report the incident. On 8/14/24 at 3:29 PM, V44 (LPN) stated V44 has been in this facility for one year. V44 worked on 7/20/24, 3-11 shift with R6 and R10, but no one reported to V44 of any physical assault between R6 and R10. V44 stated if it was reported to V44, V44 would have reported to the administrator immediately, and document in the nurses' note. V5 (SSD), V14 (Registered Nurse/RN), V34 (Social Worker), V37 (CNA), V39 (LPN), V40 (Infection Preventionist Nurse/IP), V47 (CNA), and V48 (Activity Aide), all stated punching is a form of physical abuse. Survey team reviewed R3, R4, R5, R6, R10, R11, and R13's Face Sheet and Section C of MDS. R6's Minimum Data Set (MDS) dated [DATE] shows R6 was cognitively intact. Social Service progress note on 7/3/24 documents in part: R10 displayed socially inappropriate behavior as evidenced by being physically aggressive. A review of R10's social service care plan revision dated 02/13/24, R10 has a history of aggressive, and inappropriate behavior. The Facility's Abuse Policy dated 9/2017 reads in part: The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. The facility is committed to protecting our residents from abuse.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 49486 Based on interviews and record reviews, the facility failed to follow their abuse policy and procedure to ensure abuse allegation was reported to the abuse coordinator and to ensure abuse allegation was reported no later than two hours to the State Agency (SA) for 2 (R6, R10) out of 6 residents reviewed for abuse. Findings Include: On 8/13/24 at 10:52 AM, R6 stated about a month ago R10 punched R6 in the face because R6 entered R10's bathroom without knocking while R10 was inside the bathroom. R6 did not sustain any injury but R6 was moved to another room and R10 moved to the 3rd floor because of the incident. R6 told V18 (Rehab Certified Nursing Assistant/CNA)) and V36 (R6's Complainant) R6 was punched in the face by R10. R6 stated R6 has seen R10 since the incident, and R10 has threatened R6 with R10's walking cane. R10 stated R10 was transferred to the 3rd floor because of R6, but R6 always ignore R10, and R6 did not tell anyone. On 8/13/24 at 11:35 AM, R10 stated R10 punched R6 in the face when R6 opened the washroom without knocking at the door when R10 was in the washroom. Surveyor asked if R10 has been threatening R6 with R10's walking cane. R10 denied threatening R6 with R10's cane. On 8/13/24 at 12:43 PM, surveyor notified V1 (Administrator) of R6's abuse allegation of being punched in the face by R10 and that R10 has been threatening R6 with R10's cane. V1 stated V1 was not made aware of R6's allegation. V1 stated V1 will investigate and follow up per policy and safety guidelines and in-service staff immediately. V1 stated it is V1's expectation staff would be reporting any abuse to V1 immediately for further investigation, V1 stated V1's phone number is available for all staff to call V1 24 hours 7 days a week to report any abuse or suspicion of potential abuse. Surveyor reviewed with V1 the facility reportable dated from 01/05/24 to 6/6/24, there was no report of R6's allegation. On 8/14/24 at 12:28 PM, V18 (Restorative Aide/Certified Nursing Assistant/CNA) stated V18 worked with R6 on 7/20/24 and R6 told V18 R6 was punched in the face by R10. V18 asked if R6 told the nurse. R6 stated R6 told the nurse and that was why R6 was moved to another room. V18 told V44 (Licensed Practical Nurse/LPN) on duty to make sure V44 was aware. V18 did not ask R6 why R6 was punched by R10. On 8/14/24 at 3:29 PM, V44 (LPN) stated V44 has been in this facility for one year. V44 worked on 7/20/24, 3-11 shift with R6 and R10, but no one reported to V44 of any physical assault between R6 and R10. V44 stated if it was reported to V44, V44 would have reported to the administrator immediately, and document in the nurses' note. On 08/15/24 at 11:55 AM, Surveyor requested V1 to provide the initial report submitted to Illinois Department of Public Health (IDPH) for R6's allegation discussed with V1 on 8/13/24 at 12:43 PM. In-service on Abuse Policy dated 8/13/24. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Facility's Abuse Policy dated 9/2017 reads in part: V. Internal Reporting Requirements and Identification of Allegations. Employees are required to report any incident, allegation or suspicion of potential abuse, neglect, exploitation, mistreatment, or misappropriation of resident property they observe, hear about, or suspect to the administrator immediately, to an immediate supervisor who must then immediately report it to the administrator or to a compliance hotline or compliance officer.