

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 11/08/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview and record review the facility failed to follow their policy and procedures to ensure (a) signage outside of the resident's room indicating Enhanced Barrier Precaution (EBP) was posted; (b) PPE (Personal Protective Equipment) was made available and accessible outside of the resident's room; (c) Position a trash can inside R2's room and near the exit for discarding PPE after removal and (d) proper PPE were worn by staff when providing high contact resident care activities to 1 (R2) resident. These failures have the potential for cross contamination to 48 residents residing on the 4th floor as of census 11/6/24 reviewed for improper nursing care.</p> <p>The findings include:</p> <p>R2's admission record showed admitted on 10/9/2024 with diagnoses not limited to Metabolic encephalopathy, Sudden visual loss, Dysphagia, Colostomy status, Hypotension, Unspecified kidney failure, Unspecified abdominal pain, Gastrostomy status.</p> <p>On 11/6/24 at 10:48 AM Observed R2 sitting up on wheelchair, alert and verbally responsive with confusion. V12 donned gloves and opened R2's G-tube dressing. V12 did not wear gown while providing care or use of feeding tube. No EBP signage by R2's door or wall outside of the room. Did not observe PPE supplies outside of R2's room, no trash can near the exit of the room for discarding PPE after removal.</p> <p>At 12:59 PM Observed V12 donned gloves and brought Jevity 1.5 8 fluid oz (ounce) and water to R2's room. V12 checked g-tube patency by auscultation. V12 checked gastric residual and aspirated a total of 360ml yellowish gastric contents. Observed V12 administered medications. V12 stated if gastric residual is more than 100ml to hold G-tube feeding. R2's G-tube feeding was not given. V12 administered 360ml gastric residual via G-tube by gravity and flushed G-tube with 135cc water. V12 was not wearing proper PPE (gown) during the whole process.</p> <p>At 1:12 PM V15 (Certified Nursing Assistant / CNA) stated she is working or assigned to R2 who is incontinent of bladder, requires extensive assistance with activities of daily living (ADL). V15 stated she provided incontinence care, hygiene, dressing to R2 today and donned gloves but did not wear gown because R2 is not on isolation.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/7/24 at 9:37 AM V24 (IP / Infection Preventionist nurse) stated V24 has been working in the facility for 4 years and as IP nurse for 2 years. V24 said Enhance Barrier Precautions / EBP is applicable for those residents with medical indwelling devices such as G-tube. It's important to make sure infection control / prevention policy and procedures are being followed by staff. V24 said for EBP there should be an order, care plan, signage on the door, and PPE supplies accessible to staff every 1-2 rooms. Staff should wear proper PPE such as gloves, gown when providing high care activities such as incontinence care, dressing, toileting, giving medications / feeding / flushing via G-tube or any hands-on activity. V24 said if staff is not wearing proper PPE during high care activities could potentially contaminate or transmit infection to other residents. EBP should have a Care plan to serve as a guidance for staff on how to care for the resident on EBP.</p> <p>At 10:07 AM V3 (DON / Director of Nursing / DON) stated V3 has been working in the facility for more than 2 years. V3 stated EBP should be observed for residents with G-tube. Staff is expected to wear proper PPE such as gloves and gown when providing high care activities such as Bathing, incontinence care, g-tube administration. Wearing proper PPE will protect the patient and staff, prevent cross contamination. V3 said signage indicating EBP should also be posted by resident's door as a form of communication for the staff / visitor and provide instructions to the staff regarding proper use of PPE. EBP should have a care plan and order in resident's record. PPE supplies can be placed between 1-2 rooms or accessible to staff. V3 said there are 2 nurses working on the 4th floor and if another nurse is on break the remaining nurse should cover the unit and attend to resident's needs or care.</p> <p>MDS dated [DATE] showed R2 was rarely or never understood. She needed substantial / maximal assistance with oral, toileting and personal hygiene, shower / bathe self, upper body dressing, lower body dressing, chair/bed and toilet transfer. Always incontinent of bowel and bladder. MDS showed feeding tube.</p> <p>Reviewed R2's health record did not show care plan for EBP and no order for EBP found.</p> <p>Facility's census dated 11/6/24 showed 48 residents residing on the 4th floor.</p> <p>Facility's 4th floor assignment sheet dated 11/6/24 showed 2 nurses on 1st shift.</p> <p>Facility's policy for Enhanced Barrier Precautions (EBP) dated 10/16/23 documented in part: Our facility employs the use of EBP to reduce transmission of MDROs to staff hands and clothing that employs targeted gown and glove use during high-contact resident care activities. EBP are indicated (when contact precautions do not otherwise apply) for residents with any of the following: an indwelling medical devices regardless of MDRO status. Staff utilize gown and gloves for high-contact resident care activities when residents require EBP; high contact activities may include dressing, bathing / showering, transferring, providing hygiene, changing briefs or assisting with toileting. Device care or use: feeding tube. Post EBP signage on the door or wall outside of the resident room indicating the type of precautions and required PPE and listing high-contact resident care activities. Ensure PPE, including gowns and gloves, are available outside of the resident room. Position a trash can inside the resident room and near the exit for discarding PPE after removal.</p>		