

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  04/07/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to ensure two residents (R7, R10) of five reviewed remained free from abuse in a total sample of 14. This failure resulted in R7 and R10 physically abusing each other.</p> <p>Findings include:</p> <p>R7's current face sheet documents R7's medical diagnosis to include but not limited to schizophrenia, unspecified, chronic obstructive pulmonary disease with (acute) exacerbation, schizoaffective disorder, unspecified, major depressive disorder, recurrent, unspecified, generalized anxiety disorder, gastro-esophageal reflux disease without esophagitis, epilepsy, unspecified, not intractable, without status epilepticus, delusional disorders.</p> <p>R7's MDS (Minimum Data Set) section C dated [DATE], documents R7's Brief Interview for Mental Status (BIMS) as 15/15 indicating R7 has intact cognitive function.</p> <p>On 04/03/2025, at 11:47 AM, R7 was observed in his room sitting on his bed and was observed to be paranoid. R7 stated he does not have mental health issues and he should not be in this facility.</p> <p>R7 stated on 4/1/2025, R10 was roaming on the units and entering residents' rooms. R10 went to R7's room and was stealing R7's food which included crackers that were on top of R7's bedside drawer. R7 pointed where he had kept his food items. R7 stated R10 hit him on the head when he (R7) asked him (R10) to stop taking his food without permission. R7 stated, All bets were off, and he defended himself. R7 started punching R10 on the head and after punching R10 several times, R7 controlled himself and left his room because he did not want to hurt R10 anymore because they used to be friends.</p> <p>R7 stated there were no staff near to witness or monitor residents who wonder and enter other residents' rooms at that time. R7 stated he told staff what had happened. R7 then went back to his room and punched the TV with his right hand because he was so upset that staff did not prevent R10 from going into his room and eating/stealing his food. R7 was observed with several small cuts on the back his right fist which were healing and stated he sustained them after punching the TV; staff did not do anything about it. R7 stated he does not feel safe at the facility because staff do not round the units and there is no security on each floor, but he can defend himself. R7 stated he wanted to be discharged because he does not have a mental health issue to be living in the facility.</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
---	-------	-----------

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  04/07/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R10 current face sheet documents R10's medical diagnosis to include but not limited to: schizoaffective disorder, unspecified, bipolar disorder, unspecified, major depressive disorder, single episode, unspecified, and insomnia due to medical condition. R10's MDS (Minimum Data Set) section C [DATE]dated documents R's Brief Interview for Mental Status (BIMS) as 15/15 indicating R10 has intact cognitive function. R10's MDS (Minimum Data Set) section C dated [DATE], documents R10's Brief Interview for Mental Status (BIMS) as 15/15 indicating R10 has intact cognitive function.</p> <p>On 04/03/2025, at 12:05 PM, R10 was observed walking into his room. R10 was alert and oriented to person, place, time and situation. R10 stated he and R7 were friends and on 4/1/2025 R7 told R10 that he can have some crackers that were on top of R7's drawer. R10 stated as he went to get the crackers, R7 punched R10 on the right side of his face. R10 defended himself and punched R7 on the head then R7 walked away. R10 pointed to his right side of his face and stated he did not sustain injuries and stated he did not want to talk about the incident anymore.</p> <p>On 04/03/2025, at 1:55 PM, V5 (Psychosocial Rehabilitative Services Director) stated on 4/1/2025, before 12:00 PM, he heard on the intercom that security was needed on the third floor. V5 rushed to the floor to see what was going on and when he got there, V5 observed R10 going into his room. Two or three staff (V5 cannot remember who) were standing outside of R7's room. V5 stated when he asked the staff what was going on, they just pointed to R7's room and did not tell R7 what was happening. V5 stated he went and spoke to R7 who stated R10 was going into R7's room and R7 asked R10 to get out of his room.</p> <p>V5 stated spoke to V10 who stated R7 told him (R10) to leave his room because R7 thought R10 was FBI (Federal Bureau of Investigation). V5 stated he counseled R10 not to go into other residents' rooms uninvited. V5 stated V1 (administrator) is the abuse coordinator, and all abuse allegations are reported to V1 for further investigations. V5 stated any form of abuse should be reported to V1 immediately so that it can be investigated. V5 stated he did not report to V1 or investigate further what happened because he did not witness anything and the staff who were present just pointed to R7's room.</p> <p>On 04/03/2025, at 3:08 PM, V1 (Administrator) stated resident to resident physical or verbal altercation is a form of abuse and residents should not verbally or physically abuse each other.</p> <p>V1 stated if a resident report being hit by another resident, that is a form of abuse and should be investigated and reported to IDPH (Illinois Department of Health), regardless if it happened or not, because the investigation determines what really happened. V1 stated if R7 and R10's alleged altercation had been reported to him, he would have investigated the allegation to determine what happened.</p> <p>R7's Social Service Note dated 4/1/2025, documents V5 was notified R10 had verbal disagreement with a male peer (R10) on his unit. Staff intervened, redirected, and counseled resident (R7) to seek staff for his concerns while making use of his coping skills.</p> <p>Care plan dated 02/05/2025, document's R7 displays manipulative behavior that is disruptive, insensitive, and disrespectful to staff and peers. This behavior is related to poor self-esteem, diminished self-worth, and long-standing personality (disorder) traits.</p> <p>(continued on next page)</p>		

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  04/07/2025
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R10's Social Service Note dated 4/1/2025, documents V5 was notified R10 had verbal disagreement with a male peer (R7) on his unit. Staff intervened, redirected, and counseled resident (R10) on respecting personal social boundaries with peers, to also refrain from going into peers' rooms uninvited.</p> <p>R10's Social Service Note dated 4/4/2025, documents R10 was observed going into another resident's belongings and took his snacks. Staff (V5) met with resident R10) to counsel him (R10) on maintaining appropriate boundaries with peers and being respectful of peer's personal space/belongings. Resident (R10) was not receptive to counsel given at this time.</p> <p>R10's care plan dated 8/5/2024 documents R10 is at risk for abuse due to his diagnoses, and R10 will be free from every form of abuse through the next review date of 7/27/2025.</p> <p>Abuse policy dated 9-2017 documents:</p> <p>-Physical abuse is the infliction of injury on a resident that occurs other than by accidental means.</p> <p>Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		