

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Chicago Heights		STREET ADDRESS, CITY, STATE, ZIP CODE 120 West 26th Street South Chicago Height, IL 60411	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40066</p> <p>Based on interviews and records reviews the facility failed to prevent a cognitively impaired resident who requires supervision in the community that has a behavior of wandering from leaving the facility unauthorized without staff knowledge. This affected 1 of 3 (R6) residents reviewed for safety, supervision, and elopement. This failure resulted in R6 leaving through his bedroom window without staff knowledge.</p> <p>The Immediate Jeopardy began on 5/7/24. V1 Administrator was notified on 5/16/24 at 12:04PM of the Immediate Jeopardy. The surveyor confirmed by observation, interview and record review that the Immediate Jeopardy was removed on 05/16/24, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training.</p> <p>Findings include:</p> <p>R6's diagnosis, include but are not limited to Encephalopathy, Drug Induced Subacute Dyskinesia, Malaise, Reduced Mobility, Adjustment Disorder, Type 2 Diabetes Mellitus, Seizures, and Hypertension. R6's Cognitive patterns assessment dated [DATE] indicates score of 8. Additionally, R6 displays fluctuating inattention and disorganized thinking.</p> <p>Facility Reported Incident Form titled Initial Report states on 5/4/24 at 4:00PM it was reported to the A. Admin that resident is missing from the facility by the social service staff, green protocol had been initiated and resident was not found in the facility.</p> <p>A review of the Fire Department Run sheet dated 5/7/24, call received at 6:17AM, states R6 arrived ambulatory to the fire station stating he was experiencing double knee pain. Patient transported to the hospital.</p> <p>On 5/7/24 at 2:21 PM R6 said he went to the church, he slept downstairs around the church, in a stairway at the church. R6 said he did not have medicine. R6 said he opened the window and left the facility. R6 said he left when his roommate was sleeping at 7:00 AM, as the sun was rising. R6 said the windows were not supposed to open like that.</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/9/24 at 10:35AM surveyor met with R6. R6 observed able to stand, turn, and ambulate without assistance. R6 difficult to understand, speech slurred, but some words understandable. R6 said yes he left and he got a ride and then went to the hospital because he was told to go there. R6 asked if he knows his address or the facility address, R6 said no to both.</p> <p>On 5/9/24 at 11:41AM V5, Certified Nursing Assistant (CNA), said on 5/4/24 around 3:00PM the nurse asked me if I had seen R6. V5 said the nurse asked me to look for R6. V5 said I left at 3:00PM and R6 was not found.</p> <p>On 5/9/24 V7, Licensed Practical Nurse, said on 5/4/24 in the afternoon around 2:00 or 2:30PM I did not see R6 in his room. V7 said I raised alarm and asked the CNA about him. V7 said a code purple was initiated. V7 said I notified Social Service Department that I don't see R6. V7 said when I checked R6's room, there was no one in the room, his roommate was in the dining room. V7 said I didn't look at the window. V7 said when I went outside, I saw a footprint on the ground about 2 feet from the window. V7 said at baseline R6 is very sneaky and goes around the facility. V7 said R6 has periods of confusion at times, and he can be hard to redirect due to his confusion.</p> <p>On 5/9/24 at 10:49AM V3, Social Worker, said, no one is a high risk of elopement in the building. V3 said I would know if they are at high risk for elopement. V3 said they have to make an attempt multiple times to exit to place them on high risk for elopement with a monitor. V3 said I was called in Saturday 5/4/24 and I was made aware R6 left. V3 said I came to the facility, and we did a room head count and we drove around the area looking for R6. V3 said R6's baseline behavior is confused, he talks slow, and he speaks loud. On follow up interview on 5/10/24 at 9:31AM V3 said a cognitive (BIMS) score of 8-12 is moderate cognitive impairment. (R6's score is 8). V3 said R6's behaviors include anger and tone changes, he will curse, is socially inappropriate, and uses inappropriate words. V3 said R6 wanders in the facility. At 10:59 V3 said I have to find out what score from the elopement assessment indicates the person is at risk.</p> <p>On 5/9/24 at 11:14AM V4, Social Services, said on 5/4/24 we were searching for R6. V4 said I became aware by the nurse at 3ish (3:00PM), I instantly checked R6's room and toilet, looking for him. V4 said I called a code purple immediately. V4 said when I looked in R6's room I saw the tv remote on the bed, his blankets on the bed, and all his personal possessions still there. V4 said R6 got out thru the window, but it was no longer open. V4 said R6 could open the window enough to get out. V4 said R6's window screen had returned to how it was supposed to be. V4 said R6 did not have an accomplice that I am aware of. V4 said we don't have any high risk elopement residents. V4 said R6's window led outside to the front of the facility. V4 said R6 went without medication while away. V4 said R6 was gone from Saturday 5/4/24 until Tuesday 5/7/24. V4 said according to GPS the hospital where R6 was located is about 6.7miles from here.</p> <p>On 5/9/24 at 12:38PM V6, Maintenance Director, said on Saturday, 5/4/24, I was called in and the Administrator asked me to help with the windows. V6 said I had some corner L shaped brackets here and used some regular screws. V6 said I have the screen for R6's former room in my office. V6 said the screen was on the mulch on the ground when I got here. V6 showed the surveyor the L shaped metal bracket screwed into the windowsill.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R6's Order Summary Report documents may go out on pass with medication with family.</p> <p>R6's progress notes dated 5/4/24 states in part, R6 not in room. Dining room and surrounding areas checked. Social Services immediately notified.</p> <p>R6's progress noted dated 5/7/24 at 10:45AM R6 returned from hospital.</p> <p>R6 Behavior assessment dated [DATE] documents delusions and wandering occurs 1 to 3 days during the assessment period.</p> <p>R6's Elopement Evaluation dated 2/29/24 notes a score of 3. Evaluation includes, the resident has demonstrated or presents with the physical ability to leave the building no.</p> <p>On 5/7/24 R6's score is 19. R6 exhibited elopement behavior has evidence by leaving the facility unauthorized.</p> <p>R6's Community Survival Skills Evaluation dated 2/29/24 states R6 needs supervision to access the community.</p> <p>R6's care plan initiated 4/2/24 states, R6 displays poor boundaries with staff and co-peers as evidenced by his wandering tendencies. R6 has poor perception of personal space. R6 is socially inappropriate towards peers and staff. Interventions include: Encourage resident to participate in groups/activities/events throughout the facility. Redirect resident appropriately when seen displaying inappropriate boundaries. Staff to be consistent with setting limits in order to maintain boundaries.</p> <p>R6's care plan initiated 5/7/24 states R6 had an unauthorized departure from the facility. Interventions include R6 applauded on all progress made towards goal. R6 will be reeducated on supervision policy.</p> <p>Facility provided hospital records dated 5/7/24 at 6:30AM note R6 reason for visit is knee pain. Medications given Ketorolac.</p> <p>The facility elopement guideline dated 9/2023 defines elopement as a situation where a resident who cannot recognize normal dangers and hazards outside the facility leaves the facility without staff knowledge.</p> <p>The survey team confirmed by observation, interview, and record review the immediate Jeopardy was removed on 5/16/24.</p> <p>The Immediate Jeopardy that began on 05/07/24 was removed 05/16/24 when the facility took the following actions to remove the immediacy.</p> <p>This immediate jeopardy removal plan is submitted as the facility's immediate actionable plan to remove the likelihood that serious harm to a resident will occur or recur.</p> <p>A. Identification of Residents Affected or Likely to be Affected:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-On 5/16/24, nine (9) other residents were identified as wanderers and were added to the elopement list following the completion of the reassessment.</p> <p>- All nine (9) residents were also added to the elopement binder.</p> <p>- The Care plans were reviewed and updated accordingly for all nine (9) residents.</p> <p>Eight (8) of the nine (9) residents were moved to rooms with windows that lead to a courtyard and are not directly accessible to the exterior/exit areas of the facility. One (1) resident refused the room change; however, her room is located directly across from social services office and her windows have been secured.</p> <p>- There is a total of 11 residents on the elopement list/binder as of 5/16/24.</p> <p>- The facility has a total of 81 windows, all 60 windows were secured to only open three (3) inches except for 21 windows. The 21 windows were not secured because they do not lead/have access to exit the premises as they lead to the patio/courtyard which is within the facility. The maintenance director assessed and secured all external windows that are accessible to exit the premises on 5/4/24.</p> <p>- On 5/4/24, the Asst. Administrator initiated an in-service/training on elopement protocol to staff.</p> <p>- The trainings on elopement prevention mentioned in the section (a-h) are new and have been integrated in the facility's policies and procedures regarding elopement prevention.</p> <p>- The facility does not utilize agency staff at this time, nonetheless, if the need arises in the future, the DON/ADON/Charge nurse will provide training on elopement prior to start of shift.</p> <p>1. On 5/7/24, the IDT (Interdisciplinary Tteam) which includes the DON (Director of Nursing), unit manager, social services director, activity director reviewed R6's care plans to ensure that wandering behavior and elopement risks are addressed. Resident was moved to another room, with window that opens to a secured courtyard. The window was secured so it does not open fully.</p> <p>R6's - elopement assessment was completed by the social services director on 5/7/24. R6 was added to the elopement binder. Nurse Practitioner also completed an evaluation upon return to the facility on [DATE]. Furthermore, R6 was placed on one-to-one supervision for 72 hours which started on 5/7/24.</p> <p>2. Resident head count of the whole facility was completed by the DON/clinical managers on 5/16/24. There was no concern identified.</p> <p>Headcount is done during shift change as part of the nurse-to-nurse shift reporting and when completing the midnight census.</p> <p>3. Elopement/Wandering assessment will be completed for all residents. The assessment will be completed by the DON (Director of Nursing), unit manager, Administrator and Social Services. This will be completed on 5/16/24.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>4. Any resident who is identified with wandering behavior/ elopement risk will have care plans developed. This will be completed by the IDT on 5/16/24.</p> <p>5. The elopement binders will be updated and will have elopement binders in all nursing stations, kitchen, front desk, and department head offices.</p> <p>The elopement binder is not new, but it is updated when a new resident is added to the binder. A resident is added to the binder when the resident is identified with exit-seeking behavior/risk for elopement.</p> <p>6. The Maintenance Director/Environmental staff will assess all windows of the facility and will secure windows and prevent the windows from fully opening to prevent a resident from using the window to exit the building.</p> <p>The Maintenance Director/MOD (Manager on Duty) will conduct rounds of all windows daily to ensure windows are always secure. The QAPI team conducted an Ad-Hoc QAPI meeting on 5/16/24 and decided to secure the windows to only allow 3-inch opening to prevent a resident from using the window to elope. An Ad-Hoc resident council meeting is scheduled on 5/17/24 to discuss the new standard of securing the windows in the facility.</p> <p>The facility utilized an L-bracket (also called corner brackets or angle braces) which is fastened to the window frame to prevent the window from fully opening and only allow the 3-inch opening. The residents are not able to tamper with the security of the windows.</p> <p>7. The Administrator will provide training to the IDT regarding development of care plans to address residents who are identified with exit-seeking /wandering behaviors and elopement risk. The training will be completed on 5/16/24.</p> <p>8. The DON/Administrator/Social Services Director will provide education to the staff on 5/16/24. The education items include but not limited to:</p> <ul style="list-style-type: none"> <li>a) Code Purple</li> <li>b) Use of the elopement binders</li> <li>c) Exit-seeking behaviors and interventions</li> <li>d) Elopement risk and wandering and interventions</li> <li>e) Policy on missing resident</li> <li>f) Responding to alarms and</li> <li>g) Resident safety and supervision</li> <li>h) Reporting to the Administrator/Maintenance Director any concern related to windows.</li> </ul> <p>(continued on next page)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40066</b></p> <p>Based on interviews, record reviews, and observations the facility failed to have an effective pest control program to ensure the facility is free from pests. This failure affected five of five residents (R9-R13) reviewed for pest control.</p> <p>The findings include:</p> <p>On 5/15/24 at 10:25AM R10 said there are roaches in the room, I call staff when I see them, and they come kill them. I see them at night. I haven't seen any bugs today. R10 said I saw them by the corner, by the wall.</p> <p>On 5/15/24 at 10:35AM the surveyor observed a dead, dark, elongated bug on its back on the floor in the dining room, near the radio speaker. Several residents were in the dining room participating in a bowling game at this time.</p> <p>On 5/15/24 at 10:56AM V6, Maintenance, said pest control comes twice a month and as needed. V6 said if there are any complaints in between treatment then I will call the exterminator to come out. V6 said I got a bug complaint by the residents in room [ROOM NUMBER], yesterday, she described the bug as a water bug or a roach. V6 said there have not been other bug complaints. V6 said if there are pest control issues, then staff will write in the book for me to follow up. V6 brought the mentioned book for review. Surveyor noted nothing is written in it. V6 said he did not empty the book today.</p> <p>On 5/15/24 at 12:33PM V7, LPN, said I see roaches in the evenings and mornings when I get here. I report this to administration. I don't fill out a paper for it. When I got here this morning there was one dead, like it had been squished on the floor.</p> <p>On 5/15/24 at 1:15PM V17, CNA, said I have seen a jumbo water bug on the halls. They move fast. V17 said today I did see a bug in the shower room this morning with R11, we were in the shower room and R11 said look at the bug.</p> <p>On 5/15/24 at 1:43PM R12 said I see ants everyday. R12 said I see roaches. I just squish them. R12 said I see the bugs in the room and the hallway.</p> <p>On 5/15/24 at 1:48PM R13 said I see roaches in my room and in the hallways. R13 said we try to kill them, just squish them.</p> <p>On 5/15/24 at 2:27PM V1, Administrator, said the exterminator is scheduled twice a month. V1 said if anyone sees a bug we will call for an exterminator to come out. V1 said V6 will call the exterminator. V1 said I don't know when the last time a sighting was reported. V1 said V6 should call that day, the day it is reported or seen. V1 said if staff and residents are not reporting them we won't know to call the exterminator.</p> <p>Review of R9's progress notes dated 5/12/24 documents she came out of her room and stated she has killed cockroaches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145898	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Chicago Heights		STREET ADDRESS, CITY, STATE, ZIP CODE  120 West 26th Street South Chicago Height, IL 60411	
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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of concerns and grievances dated 3/12/24 notes a water bug reported by R9 and on 5/13/24, R9 reported the room has too many bugs in it.</p> <p>Pest control service records reviewed with service dates of 3/4/24; 3/25/24;4/1/24; 4/22/24; and 5/6/24. 5/6/24 service record notes cockroach evidence.</p> <p>Review of Pest Control policy dated 9/2023 states, in part, the facility shall maintain an effective pest control program. The facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents.</p>		