

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 02/07/2026
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record reviews, the facility failed to provide a safe environment for one (R3) of one resident reviewed for abuse. R3 was allegedly hit in the nose by another resident R9 at the facility before the staff could separate them. The facility abuse coordinator investigated the incident but did not substantiate the event during the facility investigation. R3 was a [AGE] year-old male with Brief Interview of Mental Status (BIMS) score of 8, which would indicate moderate cognitive impairment. Diagnosis includes in part: diabetes Type 2, Dementia unspecified with mood disturbance. The complaint alleges that R3 was hit in the nose by his peer R9 and that he was not sent to the hospital, and that R3 was trying to snap his own nose back into place and that there was still bleeding, also that he was not sent out to the hospital, that he only hadx-rays. R3 has since expired and his closed records were reviewed during the survey and staff members were interviewed. Investigation findings confirm that R3 was involved in an altercation with another resident (R9) in the dining room. The facility investigation showed that R3 was the aggressor and that other resident was sent out to the hospital after the incident for a psych evaluation. [DATE] 5:00PM Conference room: V1 (administrator) is the abuse coordinator and stated that R3 being hit in the nose and his loss of consciousness at the facility in the dining room were two different incidents and on two different occasions. This was confirmed by record review. V1 stated that he conducted the investigation into the confrontation and as per the abuse policy, the police were notified, and came to the facility, however the police did not make a report. V1 stated that there was contact made between another resident and R3, however it was related to R3 approaching and invading the other resident's (R9) personal space. R3 was hit in the nose during the incident and was sent for a medical evaluation and returned to the facility. V1 concluded in his final report that the incident was unsubstantiated because the other resident did not show intent to hurt R3, but after further reflection, V1 stated that he should have substantiated the event. Two other CNAs and another a SW aide were first on the scene and separated the two residents. [DATE] 4:45PM: Phone attempts were made to contact the CNAs and SW to get their statements, and this surveyor was unable to reach them. Months after the incident with (R9) his peer R3 had another incident in the dining room where he collapsed and was taken to the hospital. The facility abuse policy reads in part: The facility will establish an environment that promotes resident sensitivity, resident security and the prevention of mistreatment. The abuse policy also states in part: That physical abuse includes hitting, slapping, pinching, kicking and controlling behaviors through corporal punishment.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145898
		If continuation sheet Page 1 of 1