Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6000954 12/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8001 SOUTH WESTERN AVENUE BRIA OF FOREST EDGE** CHICAGO, IL 60620 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaints Investigations: 2289411/IL153688 2289398/IL153670 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.3240e) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing care and personal care shall be provided to each

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
IL6000954		B. WING		i	C 12/11/2022		
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY :	STATE, ZIP CODE	121	11/2022	
70	FOREST EDGE	8001 SOU		RN AVENUE	*	3	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	Continued From pa		S9999	iā.	B.T	61	
	·	e total nursing and personal	#2		8	F3 8	
- 3	Section 300.3240 A	Abuse and Neglect					
	investigation of a re	erpetrator of abuse. When an eport of suspected abuse of a based upon credible evidence,				-	
	that an employee o perpetrator of the a immediately be bar with residents of the	f a long-term care facility is the buse, that employee shall red from any further contact e facility, pending the outcome		3	* s	2- 01	
5		tigation, prosecution or against the employee. (Section		45=44 ii	~		
		e W		54 85			
	These requirement by:	s were not met as evidenced		F/ 105		4.8	
						1910	
	reviews, the facility (R1) was free from three residents revi	ion, interviews and record failed to ensure a resident physical abuse in a sample of ewed for abuse. This failure to sed R1to have a cut on R1 e.				=	
	Findings include:	€	(±)	(4)			
	R1's room sitting in 11/26/2022, R1 wer R1's medication for (LPN). R1 said that R1 that R1 would g said that as R1 was elevator, V10 came	2:07 pm, R1 was observed in R1's wheel chair. R1 said, on it to the nursing station to get R1's spasms from V10 V10 was not happy and told et R1's medications latter. R1 attempting to get into the and started pulling R1 from id V10 then balled V10 fist and	20	V			

Illinois Department of Public Health

(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

20%

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		U GOOOGA	B. WING		С	
		IL6000954			12/11/2022	
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	FOREST EDGE		, IL 60620	RN AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION SHOULD PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)		LID BE COMPL	ETE
S9999	Continued From page 2		S9999			
2.0	on the nose where I saw what happened from V10 and took I	R1 said R1 started bleeding R1 had a cut. R1 said a CNA I and came and separated R1 R1 downstairs to the social		8.		A
	the police came and	said R1 called the police and d saw that R1 had a cut on R1 b. R1 said the police gave R1 ber.		¥		
192	Admission date of 1 Interview of Mental 11/1/2022 document (meaning no cogniti Daily Living (ADLs) needed Limited ass assist with bed mob and off unit, dressin hygiene, and superv eating. R1 uses a m medical diagnosis in Paraplegia, unspeci	individual with initial 0/21/2022. R1's Brief status (BIMS) dated its: R1's score is 15/15 ve deficits). R1's Activities of assistance document R1 istance, one-person physical ility, transfer, locomotion on g, toilet use, personal vision, setup help only with lanual wheelchair. R1's include but not limited to: fied, personal history of y, other, muscle spasm.		30 30 33 55		
	Administrator) said freight elevator which and ambulance use somebody moving for (LPN) went to the elevation. V12 said V10 he going into the elevation holding R1's hands, away and called and assist with R1 since V10. V12 said, "We we talked to V10 who differently," V12 said	113pm, V12 (Assistant R1 was trying to get on the sh is for staff, outside venders only. V12 said staff heard ood carts by the elevator. V10 evator to see what was going eld R1 to prevent R1 from tor. V12 said instead of V10 V10 should have walked other staff member to come R1 was already upset with a had that conversation and lat V10 could have done d V10 should not have held prevent R1 from hitting V10.	35 7 35			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6000954 12/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8001 SOUTH WESTERN AVENUE BRIA OF FOREST EDGE** CHICAGO, IL 60620 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 On 12/10/2022 at 2:48pm V13 (Certified Nurses Assistant/CNA) said that she (V13) heard a commotion by the freight elevator and went to see what was going on. V13 said V13 found R1 and V10 in a lock hold. V13 pulled them (V10 and R1) apart. V13 said V10 had a "bad attitude" that morning since V10 got to work. V13 said R1 had rolled up to the nursing station and asked V10 for medicine. V13 said V10 was yelling at R1 saving. "I just got here." V13 said R1 then rolled R1's wheel chair towards the elevator. V10 followed R1 and tried to pull R1 from the elevator doors. when R1 resisted, V10 physically grabbed R1. R1 started using R1's leg to kick V10 so that V10 would let R1 free. V13 said V13 pulled R1 from V10 and V13 took R1 to R1's room, before escorting R1 downstairs. V13 said she (V13) changed V13's statement during facility internal investigation because V13 was afraid of retaliation by the facility for telling the truth. V6 (DON) who was present during this surveyor's interview asked V13, "Which one is your statement, you keep changing your statement." V13 said "You see, this is the intimidation I am talking about and I might lose my job for telling the truth." This surveyor asked V6 to let this surveyor complete the interview with V13 without interrupting the interview. V13 said after V13 took R2 downstairs V13 told V14 (Director of staffing) that V13 had seen V10 hit R1 on the face. V13 said R1 had a scratch on R1's nose, and the scratch was bleeding. On 12/10/2022 at 3:09pm, V14 (Director of staffing/CNA) said R1 and V10 had an incident. V14 stated she was acting as receptionist at the front entrance desk that morning of the incident (11/26/22). V14 said R1 was wheeled by V13

Illinois Department of Public Health

(CNA) to the reception area and R1 told V14 that V10 punched R1 on the face. V14 said she (V14)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C **B. WING** IL6000954 12/11/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **8001 SOUTH WESTERN AVENUE BRIA OF FOREST EDGE** CHICAGO, IL 60620 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 asked R1 to take off R1's mask. V14 said V14 saw fresh blood dripping down R1's nose. V14 said R1 said to her (V14), "I asked V10 for my medicine and V10 threw her hands up and yelled at me and said, "I just got here." R1 said after V10 yelled at him (R1), R1 rolled herself away towards the freight elevator. R1 said, V10 ran behind R1 and began pulling R1's wheel chair away from the freight elevator. R1 said she (R1) told V10 to stop pulling R1's wheelchair and R1 said that is when V10 punched R1 on the nose. On 12/10/2022 at 3:09pm, V14 stated she called V20 (Administrator) to inform V20 there was an allegation about physical abuse to R1 by V10 (LPN). V14 said V14 then called the unit to speak to V10 to find out what happened. V14 asked V10 what happened. V14 commented that V10 was rude. V14 said that V10 said, "Like what?" V14 said she was on the phone with V20 as she (V14) spoke to V10. Social Services notes dated 11/26/2022 documents that R1 said. V10 was aggressive to R1 when R1 tried to use the freight elevator. R1 called the police with report number JF488143. Doctor was notified. V2 (Nurse) nurses note assessment dated 11/26/22 documents, "small cut on nose, offered R1 pain medication but R1 refused." On 12/10/22 at approximate 2:00pm, V2 said he was called to social services to perform an assessment on R1. V2 stated the local police were present in social services office taking report from R1. Facility abuse policy, no titled Policy, no date,

Illinois Department of Public Health

documents:

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IDENTIFICATION OF THE PROPERTY		A. BUILDING:			. ,,==-=	
IL6000954		B. WING			C 12/11/2022		
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BRIA OF	BRIA OF FOREST EDGE 8001 SOUTH WESTERN AVENUE CHICAGO, IL 60620						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
S9999	Continued From page 5		S9999				
9	This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The					E 4	
	purpose of this polic is doing all that is w occurrences of abu- exploitation, misapp mistreatment of res	cy is to assure that the facility vithin its control to prevent ise, neglect, propriation of property and					
		s other than by accidental			- 4	0 80 550a	
	N	24					
¥.	08					8 4	
	×	× 3: ₹2	1922			17	
	*			75			
		= 24		- X		\$7	
20	E 1				12		
i i		S.	0	· ·			
				# (C	ñ	33	
<i>E</i>	6				25		
	# £	# E*				2:	

Illinois Department of Public Health