

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigations: 2384394/IL160314 2384234/IL160123 2384438/IL160365 Facility Reported Incident of 5/25/23/IL160633	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.810a) 300.810a) 300.810b)2) 300.1210b) 300.1220b)3) 300.3210t) 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 300.810 General a) Sufficient staff in numbers and qualifications shall be on duty all hours of each	S9999	Attachment A Statement of Licensure Violations	

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: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>day to provide services that meet the total needs of the residents.</p> <p>b) The number and categories of personnel to be provided shall be based on the following:</p> <p>2) Amount and kind of personal care, nursing care, supervision, and program needed to meet the particular needs of the residents at all times.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to protect a resident from being physically abused; failed to provide adequate supervision to monitor residents with aggressive behavior and those residents at risk for being abused and failed to provide adequate nursing staff to meet residents' needs. This affects two of six sampled residents (R6 and R10) reviewed. As a result of this failure, R10 attacked R6, a cognitive impaired resident. R6 sustained multiple injuries (black eyes, bruising, facial soft tissue swelling, and distorted nasal bones). This has the potential to affect all the resident residing on the 5th floor and all 258-resident residing at the facility.</p> <p>Findings include:</p> <p>R6's Admission record showed R6 was admitted to the facility on 06/04/2023 with listed diagnosis includes but not limited to schizoaffective disorder unspecified, conversion disorder with seizures or convulsions, Unspecified psychosis not due to substance or known physiological condition,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 syncope and collapse, unspecified injury of face, initial encounter. R6 's MDS dated 05/10/2023 scored BIMS 08 showing R6 has an impaired cognition. R6's care plan on abuse with last revision date of 06/24/2020 on conflict with other persons, documented interventions include staff will assure safety and provide environment with caring professionals with a revision date of 03/25/2020. R6's is care planned for monitoring for negative behavior. R6 care plan did not have specific monitoring documentation. R10's medical record listed diagnosis includes but not limited to Schizophrenia, seizures, unspecified Asthma, Chronic Obstructive Pulmonary Disease, Hypothyroidism, and unspecified Lack of Coordination. R10's MDS dated 05/17/23 coded BIMS as 15 showing R10 is cognitively intact. R10's plan of care did not have individualized interventions revision documented for aggressive behavior even after the incident of 5/25/23. R10's medical record progress note dated 05/25/2023 timed 00:57am (12:57am), V23 LPN (Licensed Practical Nurse) documented, "client (referring to R10) physically attacked roommate (referring to R6). She (R10) stated her (R6) roommate would not shut up and proceeded to attack her roommate (R6). The client (R6) has been removed from the room and placed in the dining room. She (R10) was moved to the second floor in room (***) for the remainder of the night". According to R10 medical record, R10 who has a diagnosis of Schizophrenia was not immediately	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>sent out for enhance monitor/supervision to prevent other vulnerable resident from abuse. No supervision was documented put in place beyond what is expected for any resident.</p> <p>R10 with violent behavior was left with no specific supervisor after assaulting R6 on 5/25/23. R10's medical record progress note showed on 5/25/2023, V23 documentation timed 08:41am, R10 is being sent to a local hospital for psychiatric evaluation eight hours after the physically assaulting R6.</p> <p>R10 who has violent behavior was left with no specific supervision after assaulting R6 on 05/25/23 for approximately eight hours. R10 was not removed immediately from the facility and no documentation that supervision was put in place beyond what is expected for any resident after assaulting R6 on 05/25/23. This documentation did not show that any specific supervision was after assaulting R6 beyond what is expected for any resident. The violent attack was sent on petition to the hospital.</p> <p>R10 hospital ED provider Report dated 5/25/23 timed 11:34am documented, "patient sent here without a partition (Petition) suggestive of any recent Acute Psychiatric issue". ER record documented R10 arrival date 5/25/23 timed 9:55am (09:55).</p> <p>R10's plan of care for aggression created 11/19/2021 and last interventions revised 07/23/2022. After the incident of 05/25/23 intervention added documented to refer the resident to a mental health professional including a consulting psychiatrist for evaluation if the resident's symptoms warrant further assessment or ongoing management with initiated date 05/25/2023 and created 05/26/2023.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>R10's mal-adaptive behavioral symptoms initial date 02/10/2022 last revised 07/23/2022. R10's plan of care did not show any documented plan of care for being at risk for abuse.</p> <p>R10's Screening Assessment for Indicators of Aggressive And/or Harmful Behavior dated 05/25/2023 timed 9:17pm (21:17) showed, R10 was scored at 8 indicating that R10 is at risk of aggressive behavior at this time, because R10 displayed aggressive behavior by not following the facility smoking policy.</p> <p>The facility's incident report of 5/25/2023 indicated: R10 physically attacked R6, punching and hitting R6 multiple times while R6 was lying in bed. R6 was sent to the hospital and was admitted with multiple injuries including bilateral black eyes, multiple bruising on legs and arms facial soft tissue swelling and distorted nasal bones.</p> <p>According to the facility abuse log report, on 05/25/23 R10 physically abused R6 by hitting R6. R6's medical record showed that R6 was sent to the local hospital. R6 sustained multiple injuries that includes the soft tissue swelling, distorted nasal bones and frontal processes left greater than right however acute on chronic fracture cannot be excluded on this exam. Correlate with physical exam.</p> <p>During the investigation, V23 LPN (Licensed Practical Nurse) stated she (V23) was the only staff on the floor at the time of incident resulting in a delay in responding immediately to prevent R10 from physically attacking R6 who is vulnerable and cognitively impaired and known to talk to self. R10 physically assaulted R6 because R6 did not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>stop talking.</p> <p>According to the facility Reported Incident form the incident was categorized as physical abuse, resident to resident altercation and dated 05/25/23 12:30am, documented R6 was noted with injury to her face. The report documented a review of clinical records indicated that R10 has a history of moods and behaviors that includes but not limited to poor boundary issues, attention seeking behavior, anxiety behaviors, aggression, and other socially inappropriate behaviors. Care plans and interventions have been put in place to address these behaviors. The facility concluded the allegation was not verified, unsubstantiated documenting that based on facts gathered during the investigation, staff interviews, resident interviews, and a review of R10 medical records, abuse cannot be substantiated at this time secondary to her diagnosis of severe mental illness. R10 appeared to be responding to internal stimuli as R10 believed R6 was verbally attacking her (R10).</p> <p>On 06/15/23 at 12:30pm, interview with R6 regarding physical abuse, R6 stated in part, the roommate (identified as R10) jumped on her and started hitting her for no reason. R6 stated she did nothing to (R10).</p> <p>On 6/15/23 at 12:31pm V4 (Social Services Director) stated, R6 and R10 have been cohabiting for a long time without any incident. R6 is the victim and there is no need to revise R6's care plan.</p> <p>On 6/20/23 at 2:00pm, V30 (staffing Coordinator) stated the staffing on the 5th floor at night shift (11 pm to 7am) should be one nurse and two aides</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 7 (referring to Certified Nurse's aide).</p> <p>On 6/22/23 at 11:35am, V23 LPN (Licensed Practical Nurse) who was on duty on 5/25/23 stated there is usually three nursing staff, one nurse and two CNAs (Certified Nurse's aide) scheduled on the 5th floor of the facility but lately only two staff, one nurse and one nurse's aide are working. V23 stated it is difficult for one nurse and an aide (referring to CNA) to be by themselves on the floor. When asked whether these concerns have been made known to the supervisors and the administrator, V23 stated they are in-charge of the staffing. I (V23) guess they know and they are also made aware. V23 stated it was just me and a CNA so when the incident with R6 and R10 happened, I was busy doing something else and I had to wait for security to come up to help because at the time V49 (CNA) was not on the floor. V49 was busy helping to shower other residents on another floor.</p> <p>On 6/22/23 at 3:58pm, V1 (Administrator) stated in part the staffing on the 5th floor should be two aides and one nurse but lately the facility has been having problems with staffing. V1 stated the facility have agency staff that can be called or have other CNA work over-time but will get back to the surveyor on what really happened with staffing. V1 was asked what could happen to the residents without adequate supervision, V1 stated in part the residents' needs might not be met. In the case of fighting the resident can be injured.</p> <p>The facility daily schedule presented showed only one Nurse and one CNA were scheduled on 05/25/23 at 11pm to 7am and one resident services (security) staff was scheduled for the facility on 11pm to 7am shift.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>On 6/26/23 at 11:23am, V24 (Resident Service Director), V24 stated in part there are 9 facility security staff. On 7am to 3pm shift there are 5 scheduled, 3pm -11pm 4 are scheduled, and on nights 11pm to 7am shift 2 (two) are scheduled. Rounds are made every 30 minutes on all the floors and facility surroundings. In case there is an incident on the floor the staff, nursing staff page for security to floor. If there is a physical fight between residents, they are separated by the security. All the security staff are trained in CPI.</p> <p>On 6/22/23 at 11:30am, V23 LPN (Licensed Practical Nurse) stated, "Yes, I'm familiar with both residents". V23 stated that on 5/25/23, (R10) was walking around on the floor looking to get a dollar, asking staff and peers. Everyone told her (R10) they didn't have a dollar they could give to her (R10). V23 stated, R10 started getting upset, walking back and forth the hallway and going down to another floor and the security desk. V63 (Residential Services (security)) asked R10 to go to her room and sleep but R10 would not go to her room. Later, R10 went to her room and slammed the door. The surveyor asked whether V23 checked on the roommate so see what's going on. V23 stated, "No because I was busy with another resident". V23 stated, after R10 went to the room, R16 came out of the room by the doorway yelling that R10 was hitting R6. R16 said R10 was hitting R6 in the face while in R6 was in bed. V23 called security to the floor.</p> <p>V23 stated the CNA (Certified Nurse's Aide) was on another floor (6th floor) giving a shower to some resident. V23 stated, "I was by myself and as I ran hallway to R10's room, R16 started yelling again that R10 will injure R6. Then the security guard came and ran down the hall with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023	
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>me. The security guard separated them and R10 was taken to the dining area by the nurse's station".</p> <p>V23 stated, R6 said there was no pain but said R10 hit her. V23 said, "I assessed R6 and she was okay. R6 refused to go to the hospital. When R10 was asked what happened, R10 started yelling R6 would not shut up". V23 stated, R6 talks to herself all the time, sometimes it makes no sense what she is saying. When V23 was asked about the staffing, V23 stated, "It was just me and the CNA, we have been short staff lately. Normally we should have at least three staff, one nurse and two CNAs". V23 stated, "Once I was aware of the situation, I assessed the resident took the vital signs and I called the managers and the NP (Nurse Practitioner) (Identified as V55) who did not answer at the time". V23 stated R10 was not assessed because R10 was the one doing the hitting. V23 stated, "R6 had redness around both eyes and eyeballs, they were dark red, and a purplish red color was starting to form around the eye". V23 stated, after V23 called the ADON (Assistant Director of Nurses) V42, V42 said V23 should send both R6 and R10 out, but they refused. V23 stated, the ambulance said they didn't have a car to take them out. The surveyor asked whether that was the only ambulance company the facility calls in emergency cases. V23 stated, V23 did not call another ambulance company because the only ambulance company the facility uses. At around 7:30am V23 stated she called the ambulance company again and they arrived within one hour of the call and took them (R6, R10) to the local hospital for evaluation.</p> <p>On 6/22/23 at 12:10pm, R10 stated in part she hit R6 because R6 kept talking and would not shut</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 10 up.</p> <p>On 6/26/23 at 12:23pm, V4 stated an abuse is an inappropriate act toward self or others and it can be physical, sexual, verbal, or psychological. V4 stated, or putting a resident on social media, financial exploitation, and seclusion can be a form of abuse. Hitting is a form of physical abuse. When asked whether R10 hitting R6 is a form of abuse, V4 stated "Absolutely".</p> <p>V4 stated that R6 's care does not need to be reviewed because R6 is the victim of physical aggression from R10 so R10's care plan was reviewed and the intervention was to review the care plan annually, quarterly, and as needed. The surveyor then showed V4 the dates on the plan of care interventions, V4 stated the intervention were not reviewed to individualize the care interventions because he (V4) did not know or think the review or revised date should be changed because both resident R6 and R10 have co-habituated in the same room without any incident.</p> <p>On 06/26/23 at 3:26pm, interview with R16 (roommate) regarding what R16 witnessed on 05/25/23. R16 stated R10 was hitting on R6 in bed telling R6 to shut up, R6 was shouting and screaming and R10 kept punching R6 in the face and her eyes. I was shouting for help and when no one came I went to the desk (Nurses station) to call the nurse. The nurse came and got R6 up in the chair. R16 stated R6 talk to self all the time it can gets to you when you but what can you do.</p> <p>06/26/2023 at 3:35pm R14 (Roommate) stated, R10 did a number on R6, R10 kept hitting R6 on her face everywhere telling her to "shut up, shut up". R14 stated R6 was shouting, R10 kept hitting</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023	
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 11</p> <p>her R6. R10 nearly killed R6. R14 stated, "We (referring to self R14 and R16) kept on shouting for help. When no one came, (referring to staff). R16 ran out of the room shouting for the (staff)". R14 stated, R6 was red in the face, the neck the hands and everywhere. R14 stated, "I could not help her cause I'm afraid she (R10) will attack me (R14) too". R14 stated it took staff about five to ten minutes to separate R10 and R6. R14 stated R6 was talking to herself like she normally does day and night, it can be annoying but it does not mean anyone should put their hands on R6.</p> <p>At 3:37 pm, the surveyor asked whether they have reported this to anyone (referring to facility staff). Both R14 and R16 stated, "Yes". R14 stated staff will tell you there's no other room but staff knows R6 talks to herself. R16 stated, "But I will not punch her (R6)".</p> <p>R6's emergency record history and physical dated 05/26/23 timed 1:05am documented, R6 notably at baseline is A&O (alert and oriented). 1. Frequently talks to herself and has bruises thought to be self-inflicted. R6 was speaking loud in her room and roommate (who was identified as R10) began hitting the patient's face/neck until physically separated by staff. R6 did not lose consciousness during altercation and appeared to remain at baseline, however had significant ecchymosis and conjunctival injection in both eyes.</p> <p>CT facial bones without contrast dated 05/25/23 showed under impression, "No clear evidence of facial fracture. Soft tissue swelling as described, distorted nasal bones and frontal processes left greater than right however acute on chronic fracture cannot be excluded on this exam. Correlate with physical exam. There is facial soft</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Continued From page 12</p> <p>tissue swelling in this region".</p> <p>On 06/22/23 at 11:36A surveyor asked V23 (nurse) what should be done if an injured resident in such a situation refused to go to the hospital. V23 stated if an injured resident refused to be sent out for evaluation and treatment the resident will be petitioned out. V23 stated, "Yeah (R6) should have been petitioned out to the hospital." When asked about R10 being sent to the hospital with petition for involuntary admission, V23 stated in part V23 did not send R10 with petition stating, "No, I did not, I'm a new nurse."</p> <p>As at 07/06/23 at 4:30pm, the facility was unable to present any behavior monitoring documentation from the facility staff. The facility lacks a system to supervise / monitor residents at risk of aggressive behaviors on how often and how the facility will monitor behavior.</p> <p>On 7/19/23 at 10:48am, V55 NP (Nurse Practitioner) stated for any of the resident to be considered for any psych evaluation at the hospital there must be a reason and the reason is stated in the petition. If a petition paper (Petition for Involuntary/Judicial Admission) is not sent with the resident from the nursing home, there is a possibility the resident will be sent back to the facility without care because there will be no documented reason for admission. Reasons for petition can be for agitation, restlessness, safety for self and others, unstable mood, poor direction, and judgement. V55 stated R10 should have been sent to the hospital with petition on 5/25/23. When asked V55's professional opinion about the facility staffing having adequate supervision on 5/25/23 11pm to 7am shift, V55 stated the staffing for the kind of population being cared for in the facility is not adequate.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 13</p> <p>The facility policy on Comprehensive Care Plan dated 10/2021 with review date 3/2023 documented in general, the facility must develop a comprehensive person-centered care plan for each resident. Responsible party listed as all staff. The policy documented in part all care plans will include a focus, measurable goal, and interventions specific to the resident's medical, nursing, mental and psychosocial needs. The comprehensive care plan should be reviewed with the resident and changes made as appropriate and it should be reviewed quarterly, annually, and when there are any significant changes.</p> <p>The facility abuse policy defined abuse as any physical or mental injury or sexual assault inflicted upon resident other than by accidental means. Physical abuse includes but not limited to hitting slapping. Sexual abuse includes but not limited to sexual assault, or sexual coercion non-consensual sexual contact of any type with a resident. Mental abuse includes but is not limited to humiliation.</p> <p>The facility policy on abuse documented in part the facility affirms the right of the facility residents to be free from abuse therefore prohibits abuse. The purpose of the policy is to assure the facility is doing all within its control to prevent occurrences of abuse includes mistreatment of residents.</p> <p>The facility Job Description for PRS/SSD (Psychiatrist Rehabilitation services Director/Social Services Director) presented statement of purpose documented in part that the social service worker will work with residents in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 14</p> <p>the skilled nursing facility by identifying their psychosocial, mental, and emotional needs along with providing, developing and /or aiding in the access of services to meet those needs.</p> <p>The facility PRSC (Psychiatrist Rehabilitation Coordinator) Job Description presented documented in part that the purpose of this position is to provide group and individual psychiatric rehabilitative and case management services to adults with a history of multiple psychiatric hospitalizations and in need of long-term care stabilization: to participate with the interdisciplinary team in developing, implementing, and evaluating effective therapeutic services via facility programming. Qualification listed includes obtaining CPI certification after hire.</p> <p>The facility policy on Staffing with review date 9/2022 documented in part that the facility is generally to have appropriate number of staff available to meet the needs of the residents. Listed guideline includes but not limited to staff is required to review their schedule and discuss any problems regarding their schedule with their supervisor. Staffing is then increased based on the needs of the resident population. Staffing is supplemented as needed by outside agencies.</p> <p>The facility policy guideline titled Behavior Management with review date 9/2022 documented in part that it is the policy of the facility to manage unruly behavior of a resident in the least restrictive manner that ensures the safety of residents, employees, and family members.</p> <p>The facility policy on Staffing with review date 9/2022 documented in part the facility is generally to have appropriate number of staff available to meet the needs of the residents. Listed guideline includes but not limited to staff is required to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023	
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 15</p> <p>review their schedule and discuss any problems regarding their schedule with their supervisor. Staffing is then increased based on the needs of the resident population. Staffing is supplemented as needed by outside agencies.</p> <p>The facility policy guideline titled Behavior Management with review date 9/2022 documented in part it is the policy of the facility to manage unruly behavior of a resident in the least restrictive manor ensures the safety of residents, employees, and family members. (A)</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>300.610a) 300.1210b) 300.3210t)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023	
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 16</p> <p>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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to protect one resident (R4) from sexual abuse. This failure affected one (R4) out of six residents reviewed. R4 was sexually abused by another resident R5.</p> <p>Findings include:</p> <p>R4's electronic medical record, admission record showed R4 is a 47-year-old female who was admitted to the facility 12/13/2018 with listed diagnosis information includes Schizoaffective Disorder Bipolar Type, Bipolar Disorder unspecified, Chronic fatigue unspecified and anxiety disorder.</p> <p>R4's hospital record dated 5/25/2023 timed 5:41pm, showed documentation R4 was admitted</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
S9999	<p>Continued From page 17</p> <p>for evaluation after sexual assault. (R4) reported in ER (Emergency Room) she was sexually assaulted at the facility. Police report was filed at the ER and Rape hotline called.</p> <p>On 06/15/23 at 11:50am, when asked about the incident of 5/25/23, R4 was reluctant in talking to the surveyor without any one in the room. R4 stated, "I cannot trust any-one especially the opposite sex". R4 stated about one month prior 5/25/23, "What happened is not so good. I still have problem having trust to talk to any male in here (referring to the facility). It is so not good at all; I was embarrassed because other roommate was in the room and to realized they know what happened to me is still embarrassing and shameful to me. I have not been the same since then".</p> <p>When asked what happened, R4 stated, "I was in his (R5's) room watching TV and (R5) pushed me on to his (R5) bed and forced himself on me having sex with me. I could not scream because there were other people (referring to roommates) in the room, and I didn't want them to know".</p> <p>R4's plan of care with initiated date of 12/10/19 documented R4 is at risk for abuse due to diagnosis including bipolar disorder and poor judgement. Last revision date documented as 08/13/2020. V4 (Social Services Director), documented another intervention added with initiated date 5/25/23 and created date 05/26/2023 to document and have witness for each conversation with R4, which is not a measurable abuse preventive measure.</p> <p>R4 stated, "I told him (R5) several times, "No" but he (R5) just did his thing (referring to sexual act penetration). I did not say anything right away</p>	S9999	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 18</p> <p>because I was embarrassed and ashamed of what had happened to me." R4 stated, "I was sent to the hospital, but I still need someone to talk to". R4 was unable to mention R5's name when talking about the alleged incident. Noted R4 finger shaking. When asked why R4 was shaking, R4 stated, "I don't want to mention his name (referring to R5)".</p> <p>On 06/15/23 at 12:06pm, R5 stated he (R5) knows who R4 is. R5 stated, "I was in my room on the second floor, she (R4) came to my room to watch TV. Then we had sex. She (R4) kept coming to my room". When asked whether R4 said no to having sex with R5, R5 stated, "It happened only one time, and then she (R4) said she was eight months pregnant. Then I said she can't come to my room anymore". R5 was asked again whether R4 said no to R5 regarding that one time. R5 stated, "Yes, maybe". R5 kept looking out of the room. When asked about the reason for change in demeanor, R5 stated, I am just making sure V42 ADON (Assistant Director of Nurse's) (who was outside the room and by the door) could not hear all the conversation. When asked why, R5 shook his head and did not reply to the surveyor.</p> <p>R5's plan of care initiated 10/27/22 and with last revision date of 12/2022 showed R5 has a history of criminal behavior. Goal listed is R5 will behave in a safe manner consistent with resident conduct policies through the next review. Listed interventions with revision date 10/27/2022 includes but not limited to promoting safety, intervene when inappropriate behavior is observed. Teach impulse control strategies and communicate the resident is responsible for all actions/ behavior and must exercise control over impulses and behavior.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE	STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 19</p> <p>R5's medical record progress note dated 5/25/23 timed 2:20pm (14:20) documented R5 was petitioned to the hospital for inappropriate behavior</p> <p>According to the facility investigation presented, R4 wrote in part, "R5 forced himself on me I was watching TV (Television) in (R5)'s room. He (R5) took me against my will. I (R4) know this is partly my fault because I was in his room, but I had no idea he would do this sort of thing. Ever since this incident (R5) has been very disrespectful to me". R4's signed facility investigation statement presented documented the incident happened about one month ago.</p> <p>On 6/21/23 at 2:39pm to 2:45pm, V40 PRSC stated she (V40) is familiar with R4 and R5, but they are not on V40's caseload. V40 stated, "I only do wellness check on the residents even if they are not on my caseload". V40 stated, "R4 told me about being raped and I told my supervisor (V29 - PRSC Supervisor), who said the facility is investigating it". V40 stated on 05/29/23, V40 did a follow up on R4. V40 stated, "(R4) would not want to talk about it because of her feelings about the incident". Surveyor asked what V40 meant by R4 not wanting to talk about it, V40 stated R4 will not talk about it (referring to the sexual abuse). V40 stated, R4 stated she feels safe in the facility. The surveyor asked, if forcing sexual acts on others is a form of sexual abuse. V40 stated, "Yes, a 'No' is a 'No'."</p> <p>On 6/21/23 at 3:13pm, V29 stated V29 is familiar with R4, R4 is alert, oriented X3. V29 stated, "When things don't go her (R4) way, she became agitated with false accusations". V29 stated V29 heard about the alleged sexual abuse from the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 20</p> <p>staff. V29 stated, "When I asked R4 about it, she said she will rather deal with a female staff". Surveyor asked about abuse protocol and whether forcing sexual acts on others is a form of abuse, V29 stated "yes".</p> <p>On 6/21/23 at 3:27pm, V43 ADON (Assistant Administrator) stated V43 was not made aware of any abuse. V43 stated, "(V1 Administrator) told me about the alleged abuse, and I called the family (R4's Mother) and told her about the incident". Surveyor asked if sexual assault is a form of abuse. V43 stated, "Yes and it should be reported immediately".</p> <p>On 6/22/23 at 3:31pm, V50 PRSC (Psychiatrist Rehabilitation Services Coordinator) when asked whether familiar with R4, stated she (V50) really doesn't know much about R4. V50 stated R4 called the police that she was raped and then came to V50 to make V50 aware R4 had called the police. V50 stated V4 said, "They (police) are on their way to the facility and asked me to go with her. That is when she (R4) said she called because she was raped. I asked her (R4) why she did not tell me sooner before the call to the police. She (R4) then said, I told someone else, the administrator. The police came and R4 then stepped outside with the police officer, I really don't know what she told the police, but the police spoke with the assistant administrator". V50 stated a police report was taken and R4 was monitored to make sure she was safe. V50 stated, R4 told (V3) Assistant Administrator that it happened about a month ago in (R5)'s room. V50 stated R4 said she was ashamed and embarrassed to talk about it because she went into R5's room not knowing she would be raped.</p> <p>On 6/22/23 at 3:58pm, V3 (Assistant</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000954	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF FOREST EDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 21 Administrator) stated, "Yes, I'm familiar with R4 and R6. I was not present when (R4) called the police department but I was made aware when the police got to the facility. I saw her (R4) talking to the police officer. The police officer informed me (R4) called alleging she was sexually abused. A report number (#JG274566) was given to me, and they said an investigator will come to the facility to investigate". V3 stated the investigator has not come yet to investigate. V3 stated R4 said it happened about a month ago on the 2nd floor between herself and (R5). V3 stated V3 believes R4 told V50 (PRSC (Psychiatrist Rehabilitation service coordinator) just before the police came. V3 stated, prior to that day V3 was not aware of the abuse and that immediately the facility investigation started and was reported to IDPH. V3 stated R4 was sent to the local hospital for treatment and was admitted. The facility abuse policy defined abuse as any physical or mental injury or sexual assault inflicted upon resident other than by accidental means. Physical abuse includes but not limited to hitting slapping. Sexual abuse includes but not limited to sexual assault, or sexual coercion non-consensual sexual contact of any type with a resident. Mental abuse includes but is not limited to humiliation. The facility policy on abuse documented in part the facility affirms the right of the facility residents to be free from abuse therefore prohibits abuse. The purpose of the policy is to assure the facility is doing all within its control to prevent occurrences of abuse includes mistreatment of residents. (A)	S9999		