

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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	<p>Initial Comments</p> <p>Annual Health Survey</p> <p>Complaint Investigations: 2393594/IL159325 2392782/IL158319 2395616/IL161788 2396149/IL162438</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>1 of 3</p> <p>300.610 a) 300.1210 b) 300.3210 t)</p> <p>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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>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</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633		
(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 1 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to protect the resident's right to be free from physical abuse by another resident; failed to initiate an investigation of an allegation of resident-to-resident abuse; failed to complete a thorough investigation; and failed to maintain documentation that an alleged violation was thoroughly investigated These failures affected one resident (R180) who was physically abused by (R215). As a result of this failure, R180 was taken to the hospital where he was treated for a right temporal sulcal subarachnoid hemorrhage and right temporal hemorrhagic contusion, and was admitted to neuro ICU for further evaluation. Findings include: R180 is a 63-year-old male, who has resided at the facility since 2020, with past medical history of weakness, unsteadiness on feet, difficulty walking, Schizophrenia, type 2 diabetes, and anemia. R215's Minimum Data Assessment (MDS), dated 5/16/2023, section G (functional) assessed R215	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>as requiring supervision for all Activities of daily Living (ADL), including walking in room and corridor.</p> <p>R215's Behavior assessment, dated 5/25/2023, documented behavioral symptoms of physical aggression towards self and others, wondering that affects others.</p> <p>R180's MDS assessment, dated 6/28/2023, assessed R180 as requiring staff supervision for all ADLs. Further review of his medical record did not show any documentation of physical aggression or inappropriate behavior towards staff and peers.</p> <p>R180's Abuse care plan, initiated 1/13/2020, states "Resident is at risk of potential abuse/neglect due to diagnosis. He presents behaviors such as being anchored in delusional thoughts, becoming easily agitated and anxious. Goal states Staff will monitor wellbeing of resident and others around him. Resident will have zero episode of being the recipient/aggressor of abuse and neglect throughout next review. Interventions include Assess resident for abuse and neglect upon admission and quarterly. Assure the resident that staff members are available to help and department heads maintain an open-door policy. Assure the resident that he/she is in a safe and secure environment with caring professionals. Explain that psychosocial adjustment is often facilitated by developing a trusting relationship with another person (i.e. social worker, nurse, CNA, peer) and by verbalizing thoughts, needs and feelings."</p> <p>Review of medical record for R215 show a physician progress note, dated 5/10/2023, which state resident was admitted from the hospital where he was sent to by another facility for</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
--	--

(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 3</p> <p>homicidal ideation after threatening to stab a peer with a sharp object. Nurses note, dated 5/24/2023 at 19:48 PM, reads, "Resident approached the nurse's station and started using inappropriate words on nurses, pushed the computer at the station, wanted to destroy the phone at the station, physically assaulted a resident in the hallway, walking in the hallway undressed, Resident was reassured through words/ phrases. PRN (as needed) medication was given but was not successful. Resident was placed on 1 on 1 monitor with the security. Progress note, dated 5/25/2023 at 14:01 PM, reads in part: "About 11:20 pm 5/24/23, resident was reported by previous shift of exhibiting aggressive behavior, destruction of property, using inappropriate words to staff and peers. All attempts to redirect/counsel resident was ineffective. PRN was given, not effective. 1:1 monitoring initiated until transport arrived. Writer called MD (Medical Doctor), order to send resident with Petition given and executed."</p> <p>Nurse's progress notes for R180, dated 7/18/2023 at 15:13:00, states, "Resident was observed to have a change in plane while walking through the annex hallway. Body assessment conducted and resident was noted with redness to the back of his head. He voiced minimal headache, physician was notified of this and ordered for Tylenol to be provided and for him to be transferred to the hospital for further evaluation."</p> <p>On 7/18/2023 at 21:03, progress note stated a follow-up call was made to the hospital to ascertain the update and his condition presently, stated that he had been evaluated and hospitalized. According to the receiver who picked up the phone call at 5:46 pm, the medical</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
--	--

(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>diagnosis is Subarachnoid hemorrhage.</p> <p>Hospital record, dated 7/18/2023, states in part, "(R180) is a 63-yr-old man with a past medical history of hypertension, dyslipidemia, chronic atrial fibrillation on anticoagulation etc, who was brought to the ER (Emergency Room) after a fall, he stated he was walking down the hallway when a resident put his foot out intra 10 {sic}, he fell hitting his head but reports no loss of consciousness. On arrival, CT (Computed tomography) head showed a right temporal sulcal subarachnoid hemorrhage and right temporal hemorrhagic contusion. He was given Kcentra for reversal of anticoagulation and admitted to neuro ICU (Intensive Care Unit) for further evaluation, neurosurgery was consulted. Upon arrival, patient reports intermittent dizziness, repeat CT head showed blossoming of right temporal and frontal orbital contusions."</p> <p>On 08/01/23 at 11:20AM, R180 was in his room, awake, alert, and oriented x 3. R180 stated the day he went to the hospital, he was walking down the hallway on the first floor, and another resident was sitting on the floor in the hallway in front of his room. The resident stuck out his leg and tripped him. R180 asked the resident what he was doing, and he stood up, grabbed him, and started punching him, threw him on the ground, and he hit his head. R180 said he is not sure if any staff was available, but a social worker came and helped him up, put him in a wheelchair and brought him back to his room. R180 added he was sent to the hospital where he spent a couple of days, and was told that he has a brain bleed.</p> <p>On 08/01/23 at 11:55AM, R215 stated the day of the incident, he was sitting on the floor, and a man almost fell. The man called R215 son of a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
--	--

(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>bi#@h, spat on him, and tried to hit him. R215 got up and hit him back, and slammed him on the floor, hitting his head. Staff came and separated them.</p> <p>On 08/01/23 at 12:03PM, V9 (Social worker), said he was not present when the incident occurred. V9 was going to the "annex", saw resident on the floor, asked him what happened, and he said he was having a physical altercation with another resident. R215 said he was going out to the patio to get some air, the resident (R215) stated he was sitting on the floor and R180 spat on him. V9 spoke to 2 other residents who confirmed R180 and R215 were involved in a physical altercation. V9 added he assisted R180 into a wheelchair and took him back to his room; R215 was counselled regarding sitting on the floor. V9 reported the incident to the Administrator; the nurses were also aware, because R180 was sent to the hospital.</p> <p>On 08/02/23 at 3:55PM, V1 (Administrator) said she is the abuse coordinator. when there is an allegation of abuse, she initiates an investigation, involving all the parties, residents, family, staff, and visitors, if applicable. The initial report is done in the first two hours, and then continue with the investigation, re-interview staff and residents, notify physician and family. If the resident needs to be sent out, they will do so with a physician's order. For a resident-to-resident altercation, the aggressor will be sent out if the doctor orders for them to be sent out for evaluation. V1 said the day of the incident, she asked R180 what happened, and he said he fell. R215 said he was on the floor and was trying to get up and R180 fell. R180 did not change his story when he came back from the hospital, but only admitted to it after the surveyor notified the facility, stating he</p>	S9999		
-------	--	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>was confused and embarrassed after the incident, that's why he did not report it. V1 added R215 also admitted to the altercation, but stated R180 hit him first, he did not admit to it earlier because he was scared.</p> <p>Facility abuse policy, dated 2/07/2017 with a revision date of 9/2017, states in part, "The facility affirms the right of residents to be free from abuse, neglect, exploitation, misappropriation of property or mistreatment. To to do so, the facility has established a resident sensitive and resident secure environments." The same document goes further to state, "The facility is committed to protecting residents from abuse, neglect, ----- and mistreatment by anyone including, but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies, etc."</p> <p>Under section VII. "Internal investigation states in part that all incidents will be documented, whether or not an abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect -----, will result in an investigation."</p> <p>(A)</p> <p>2 or 3</p> <p>300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)5)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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</p> <p>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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to prevent the development and worsening of wound, failed to implement pressure ulcer interventions, and failed to maintain the appropriate amount of linens for incontinence management. These failures affected one (R93), of four residents in the sample of 66, and resulted in R93 re-developing a Stage 4 pressure ulcer to left ischium.</p> <p>Findings include:</p> <p>R93 is a 79-year-old, female, admitted in the facility on 02/05/2018, with diagnoses of Vascular Dementia, Unspecified Severity, with Agitation and Pressure Ulcer of Other site, Stage 4 (04/29/19).</p> <p>Per facility's list of residents with pressure ulcers - facility acquired, R93 is on the list. R93 has a Stage 4 pressure ulcer on the left ischium.</p> <p>R93's POS, dated 12/14/19, documented: Daily skin assessment everyday shift for standard care.</p> <p>R93's current POS (Physician Order Sheet) documented: 07/24/23 - Cleanse left ischium with normal saline, skin prep the periwound apply Alginate AG (silver) and cover with a gauze island with border dressing every 24 hours as needed for wound care for 30 days 07/25/23 - Single use (Wound doctor to apply)</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>negative pressure wound therapy (NPWT) dressing to left posterior ischium every seven days. Wound nurse and floor nurse may reinforce as needed for sealing leaks. Wound nurse may reapply new NPWT apparatus as needed every day shift every seven days for wound care for 30 days.</p> <p>R93's Wound Evaluation and Management Summary recorded: 12/07/20 - Stage 4 pressure wound of the left ischium for at least 961 days duration, measurements of 1.5 cm (centimeter) x 1.4 cm x 0.1 cm. 07/31 23 - Stage 4 pressure wound of the left ischium full thickness, measurements of 3.3 cm x 7.4 cm x 0.1 cm.</p> <p>Further review of R93's Wound Evaluation on Stage 4 pressure wound of the left ischium also documented: 04/24/23 - 4.1 cm x 8.2 cm x 0.1 cm; wound progress - no change 05/01/23 - 4.7 cm X 8.0 cm x 0.1 cm; wound progress - deteriorated 05/08/23 - 5.0 cm x 8.8 cm x 0.1 cm; wound progress - deteriorated 05/22/23 - 5.0 cm x 8.5 cm x 0.1 cm; wound progress - improved evidenced by decreased surface area. 06/05/23 - 4.7 cm x 9.3 cm x 0.1 cm; wound progress - deteriorated due to maceration 06/12/23 - 4.5 cm x 11.2 cm x 0.1 cm; wound progress - deteriorated due to maceration</p> <p>On 08/01/23 at 10:00 AM, V14 (Treatment Nurse) was asked if surveyor could see R93's pressure ulcer and observe wound care. V14 stated she (R93) is on NPWT dressing and done every</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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</p> <p>Monday during wound rounds.</p> <p>On 08/01/23 at 10:55 AM, R93 was observed in bed, in supine position. R93 was asked regarding her pressure ulcer. R93 stated, "I got this wound while in facility, but I have no idea how I got the pressure sores." It was also observed she (R93) was using an air loss mattress. The mattress was covered with a flat sheet. On top of the flat sheet were two cloth incontinence pads. R93 was not wearing incontinence brief, and was laying on the incontinence pads and flat sheet. V14 was asked regarding the number of sheets used for an air mattress. V14 replied, "There should be one pad and a flat sheet. Multiple pads disrupt the therapeutic purpose of the mattress." V18 (Certified Nurse Assistant, CNA) verbalized when interviewed regarding air mattress, "We put two incontinence pads on top of a blanket." A small machine like a vacuum taped on R93's upper anterior left thigh was observed flashing. V14 and V18 turned R93 to her right side and observed a crumpled transparent dressing covering the wound and tubing from the machine. The dressing appeared broken and the seal was no longer effective. R93 has a Stage 4 pressure ulcer on the left ischium, currently treated with NPWT every seven days. V14 stated NPWT dressing pulls air from the skin and create a negative pressure while absorbing fluids leaking from the wound. V14 added, "We started last May 2023 and her wound is significantly smaller now. I monitor the seal daily when I'm here and nurses does it when I am not working. CNAs report to nurses if they find the seal is broken. I wasn't here when she got the pressure ulcer, I don't know the cause. Right now, her seal is broken. I will do the dressing again with Alginate and will cover it with dry dressing. I don't have another NPWT dressing, it comes with Wound Doctor</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
--	--

(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>(V20) and she orders it. She brings it with her during wound rounds on Mondays. So, I will apply NPWT dressing on Monday." V14 did wound care as ordered. Her (R93) pressure ulcer on the left ischium appeared like an irregular pear-shaped wound, with irregular sides, 100% granulation with scar tissue around area.</p> <p>On 08/02/23 at 9:54 AM, V2 (Director of Nursing) was asked regarding R93's pressure ulcer. V2 stated, "I couldn't tell you about her pressure ulcers but (V20, Wound Doctor) can tell you what happened."</p> <p>On 08/02/23 at 2:13 PM, V20 was interviewed regarding R93. V20 verbalized, "She has a Stage 4 left ischium pressure ulcer on 02/14/18 it did heal and reopened. I cannot give any information about her wounds; I was not there, and I didn't know how it happened. I don't know about prevention. The Wound team is working on the wound treatment. When I go to the facility, they give me a list of residents that I will see."</p> <p>V2, V14, and V20 were unable to provide information regarding R93's Stage 4 pressure ulcer on the left ischium. Facility was asked to present wound notes, dated 2018 to 2019, for R93 but none were provided during course of this survey.</p> <p>R93's care plan recorded: Care plan on Incontinent of the bowel/bladder and at risk for further complications (05/05/20) - Interventions: Observe skin during incontinence changes, notify MD of abnormal findings; Check and change incontinence pad at frequent intervals throughout the shift Care plan on at risk for skin complications (02/06/18) - Interventions: Notify MD (Medical</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>Doctor) of abnormal findings; Observe and assess regularly</p> <p>Facility's policy titled "Skin Management: Pressure Injury Treatment/General Wound Treatment" review date 1/2023 stated in part but not limited to the following: General Guidelines: Implement prevention protocol according to resident needs General Treatment Guidelines: 10. The staff nurse will notify the Wound Care Nurse upon identification of skin impairment. If the Wound nurse is not available, the staff nurse should document the open area on a skin screen form and alert the Health care provider for treatment orders.</p> <p>Manufacturer's guidelines for the air mattress stated in part but not limited to the following: Installation Step 2 - Cover with a cotton sheet to avoid direct skin contact and reduce friction. The manufacturer's guidelines did not mention use of multiple pads on the air mattress.</p> <p>(B)</p> <p>3 of 3</p> <p>300.610 a) 300.1210 b) 300.1210 d)6)</p> <p>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</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
--	--

(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>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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</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>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to properly monitor two cognitively impaired residents (R190, R224) to prevent harm or injury; failed to identify, evaluate, and follow their facility's policy for an injury investigation by not initiating an investigation or assessment of R190's hematoma to her left</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>elbow; and failed to provide adequate supervision for a resident (R224) with gait/and balance impairment. These failures applies to two of five residents (R190, R224) reviewed for falls and/or injury and resulted in R190 sustaining a hematoma to the left elbow, and R224 sustaining bruises to both knees.</p> <p>Findings include:</p> <p>1. R190's medical record indicates she has a past medical history not limited to: dementia, conversion disorder with seizures or convulsions, schizophrenia, weakness, unsteadiness on feet, overactive bladder, extrapyramidal and movement disorder.</p> <p>R190's Minimum Data Set Section C-Cognitive Patterns that showed resident's Brief Interview for Mental Status score, dated 06/20/2023, was "12" from a total score of 00-15 which indicates mild cognitive impairment. Section G-Functional Status, dated 07/03/2023, showed resident is a one-person physical assist for: bed mobility, transfer, walk in room/corridor, locomotion on/off unit, dressing, toilet use and personal hygiene.</p> <p>R190's care plan, with last completion date of 07/31/2023, reads in part: has lower extremity muscle weakness, is at high risk for falls related to schizophrenia disorder, seizure disorder, unsteady gait; requires the use of an assistive device; at risk for skin complications related to limited mobility, osteoarthritis, friction and fragile skin. No documentation of bruising found.</p> <p>On 07/31/23 at 11:43 AM, R190 was lying in bed. Noted a large purple-blue colored hematoma to resident's left elbow area. R190 said "I don't know</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>what happened". When asked if resident had a fall, R190 said "I don't know". Resident had slight facial grimacing with movement of her left arm.</p> <p>On 07/31/23 at 1:20 PM, in the third floor dining room, R134 asked, "Did you see that big bruise or her arm?" while pointing at R190, who was seated a table in this same dining room. Staff were present at this time.</p> <p>R190's physician's note, dated 8/2/2023 at 12:44 reads in part: "Date of Service: Aug 2, 2023. Diagnoses Billable for this Encounter S50.02XA - Contusion of left elbow, initial encounter. Progress Note: Was notified this morning patient had bruises to her left elbow, with source unknown. Received patient in her room while sitting on her bed. Patient confirmed she fell in the bathroom and hit her elbow on the wall. Observed localized bruises to her left elbow. At this point fracture is not a possibility but will request an x-ray to completely rule it out. Nursing will continue to assess her for pain every shift and medicate accordingly." Electronically signed by: V27 (Nurse Practitioner) on 08/02/2023 at 12:43 PM. No other progress notes regarding R190's injury were documented in resident's medical record at this time.</p> <p>On 08/02/2023 at 2:57 PM, V2 (Director of Nursing) said when the nurse manger (V3) came into work today, "he interviewed (R190) who said she fell, an investigation has been initiated, a fall event was recorded, and she was seen by the Nurse Practitioner today".</p> <p>On 08/02/2023 at 3:50 PM, V1 (Administrator) said, "For an injury of unknown origin, we investigate, follow up with physician and carry out any orders." When asked why R190's injury was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>not found or documented on by staff until after surveyor inquired, V1 said, "At this time I can't tell you why it was not noticed previously".</p> <p>On 08/02/23 at 3:59 PM, V3 (Nursing Supervisor) said he was informed of R190's bruise to her left elbow when he came in today, "about 2 hours ago". V3 said he then went to assess R190 and talked to her nurse who said, "it happened on Sunday". V3 added when he talked to R190, she said she had transferred herself to the bathroom, but didn't call or tell anyone about the fall. V3 (Nursing Supervisor) said he then put in a risk management/fall incident report and initiated 72-hour charting after talking to resident and floor nurse. (No 72-hour progress notes were documented in R190's medical record at this time). At 4:05 PM, V3 added R190 can ambulate independently in her room and toilet herself, requires daily assistance for grooming/dressing and receives medications daily. When asked is staff should have seen the injury to R190's elbow during one of these daily encounters and prior to surveyor informing staff of the injury on 08/02/2023, V3 said, "Yes, we noticed it Sunday".</p> <p>On 08/02/2023 at 5:07 PM, facility provided an incident report for R190's alleged fall incident, with completion date not clearly visible, that indicates an aide observed redness to R109's left elbow during care and resident self-reported falling. The report continues with "MD notified and gave order for resident to be monitored" and daughter (Power of Attorney) were notified both documented under immediate action taken. Under notes section of same report, it is documented that NP (Nurse Practitioner) was notified on 07/30/2023 at 17:07, POA notified at 17:08. No documentation found at this time in R190's medical record regarding resident's fall</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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 17</p> <p>incident prior to the physician's note, dated 08/02/2023 at 12:44, nor of any documentation of staff monitoring resident and/or injury as ordered.</p> <p>R190's skin assessment provided by V1 (Administrator) on 08/02/2023 at 9:57 PM, dated 07/30/2023, and indicated bruising to resident's left elbow area. No documentation on assessment indicating resident family or physician were notified of this finding. No progress note was found in R190's medical record indicating this finding on 07/30/2023, or of resident's family and/or physician being notified about this finding.</p> <p>On 08/03/2023 at 09:44 AM, V1 (Administrator) provided R190'2 x-ray to left elbow results dated 08/03/2023 at 01:52 AM that reads in part, "soft tissue swelling with no evidence of recent fracture or dislocation".</p> <p>Reviewed R190's progress notes at this time that showed the following:</p> <p>Late entry that reads, "7/31/2023 09:34: Late Entry: Physician's Note: Follow up note to 08/02/2023 note: Note Text: Patient was seen following a complaint of fall in the bathroom over the weekend. Patient is stable and is not in pain at this time. Noted with bruises to her left elbow. Nursing staff will continue to assess her for pain and medicate accordingly. Will continue to monitor her condition" with created date of 8/2/2023 17:38:22 (5:38 PM). Also noted a "Late Entry/Fall Follow Up" note with minimal resident information that is dated for 7/30/2023 17:11 but has a date created of 8/2/2023 17:19:53 (05:19 PM).</p> <p>On 08/03/2023 at 12:56 PM and 1:11 PM,</p>	S9999		
-------	---	-------	--	--

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>surveyor attempted to call R190's daughter with no answer, message left. At 1:25 PM, supervisor contacted R190's daughter who said that she "did not receive a call on 07/30/2023 from the facility". As of this time, no progress notes found in R109's medical record indicating staff are continuously monitoring resident and/or injury to left elbow.</p> <p>Injury investigation policy, last reviewed 09/2022, reads in part: "It is the policy of the facility to investigate any unexplained resident injuries. When any staff member notices an unexplained resident injury, it is immediately reported to the DON, administrator and/or designee. If the injury requires treatment at a hospital, or the source of the injury was not observed by any person, or the source of injury could not be explained by the resident and the injury is suspicious because of the extent of the injury or the location of the injury or the number of injuries observed at a point in time, then investigation will immediately begin. Occurrences of serious injury must be reported."</p> <p>2. R224 is a 70-year-old male with a diagnoses history of Bipolar Disorder, Schizoaffective Disorder, Exrapyramidal and Movement Disorder, and Conversion Disorder with Seizures and Convulsions, who was admitted to the facility 01/03/2023.</p> <p>On 07/31/23 11:31 AM, R224 had both knees scabbed. R224 was incoherent with speech and had confused communication.</p> <p>R224's quarterly Minimum Data Set assessment, dated 07/12/2023, documents he has a Brief Interview for Mental Status score of one, and requires limited one person physical assistance with walking activities.</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>R224's Current Care Plan, initiated 01/31/2023, documents he is at high risk for falls related to Seizures, Psych Medication Use, Schizoaffective Disorder, Hypertension, Cataracts, Recurrent Major Depressive Disorder, and Unsteady gait with interventions including Monitor for changes in gait or ability to ambulate.</p> <p>Incident log from August 2022 - July 2023 documents R224 had an incident 07/29/2023, logged at 1:21 PM</p> <p>R224's progress note, dated 7/17/2023, documents R224 is alert and oriented to people and place with disorientation to time. R224 has a Brief Interview for Mental Status score of 10/15, which indicates he has a moderate cognitive deficiency.</p> <p>R224's progress note, dated 7/28/2023, documents he was noted to have unsteady gait/balance presently.</p> <p>R224's progress note, dated 7/29/2023 1:46 PM, documents he was observed with unsteady gait, poor balance. Upon assessment, writer observed bruises on the resident right bilateral back, and reddened right and left knee. R224 unable to state what happened, when and how it happened, resident not coherent in speech.</p> <p>R224's risk management report, dated 07/29/2023, documents immediate action taken after accident/incident includes resident able to ambulate independently with close supervision; mental status at time of incident includes confusion, forgetfulness, and orientation to person only; predisposing psychological factors include confusion, gait imbalance, and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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>noncompliance with safety guidance; fall incident was not witnessed.</p> <p>On 08/02/23 at 01:07 PM, V3 (Licensed Practical Nurse/Nurse Manager) stated V25 (Registered Nurse) called him on the date of his incident, 07/29/2023, and reported he noticed R224 with bruises on back and knees. V3 stated R224 was in his room when these observations were made. V3 stated he then conducted a head-to-toe assessment of R224, and reported R224's redness on back and knee to the physician. V3 stated he then requested a risk management assessment for falls to be performed by V25 immediately and begin neuro checks because his fall was unwitnessed. V3 stated he reported recommended an x-ray be performed based on the observations of R224. V3 stated R224 was still within his baseline of range of motion and mobility after the incident. V3 stated R224 has an unsteady gait. V3 stated R224 requires close monitoring, which includes being aware of his whereabouts. V3 stated he cannot explain why R224 had an unwitnessed fall if staff should be aware of his whereabouts. V3 stated close monitoring involves 2 hour rounding and something could happened during the time the nurse is passing medications and the certified nursing aides are tending to other residents. V3 stated R224 likes to move around, walk back and forth to the dining area and often goes to the nurses station. V3 stated R224 does have a communication deficit and when speaking with him the day of his fall and he was rambling and could not provide a clear answer for what happened to him. V26 stated R224 is confused at times and when speaking with him about his fall he could not provide clear feedback. V3 stated if R224's quarterly minimum dataset documents he requires limited one-person physical assistance it</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001283	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/03/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF RIVER OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633
---	--

(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 21</p> <p>means he probably needs someone to walk with him when he's walking around. V3 stated a risk management report includes detailed information regarding fall risk factors, fall circumstances and prevention.</p> <p>On 08/02/23 at 2:08 PM, V25 (Registered Nurse) stated R224 has an unsteady gait. V25 stated prior to R224's fall on 07/29/202,3 he was attempting to walk to the dining area when prompted by staff and his gait/balance was very unsteady. V25 therefore he requested R224 to sit down in a chair and eat his meal. V25 stated when assisting R224 with being seated for his meal he observed R224 with bruised knees and asked him what happened. V25 stated R224 is incoherent most of the time and could not explain what happened to him. V25 stated R224 can sometimes walk with a steady gait/balance but also has times where he suddenly loses his balance. V25 stated, therefore, he requests staff to monitor R224 when he is walking and R224 should have someone by his side when he is walking.</p> <p>The facility's Fall Prevention and Management Policy reviewed 08/03/2023 states: "The facility will facilitate as safe an environment as possible." "Residents at risk for falls will have fall risk identified on the interim plan of care with interventions implemented to minimize fall risk."</p> <p>(B)</p>	S9999		