STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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	Initial Comments Annual Licensure and Certifcation Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.1220)b)3) 300.3240a) 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with 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. Restorative measures	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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 shall include, at a minimum, the following procedures: 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: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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 plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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 2	S9999		

These requirements were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide interventions to assist a resident to ambulate safely and to update the care plan with a new intervention after a fall to prevent fall and injury. This applies to one resident (R32) out of 7 reviewed for falls in a sample of 35.

This failure resulted in R32 falling and sustaining a subdural hematoma and nasal bone fracture.

Findings Include:

R32's diagnoses include, but are not limited to, epilepsy, generalized osteoarthritis, and paranoid schizophrenia. R32's room is on the third floor.

7//7/18 A Social Service note for R32 reads "Resident is able to propel self independently in wheelchair, but needs assistance for transfers."

07/10/18 11:03AM R32 was in elevator with surveyor. R32 did not have a wheelchair or staff present to assist to her. R32 was standing in front of surveyor. When elevator door opened on first floor R32 turned to the right and walked past nurse's station and therapy department. When surveyor turned corner past therapy department, R32 was on the floor face down in hall. Staff in immediate area called for nurse to assist resident. V8 responded and completed report.

7/10/18 at 1:08PM Nursing note written by V8 (Licensed Practical Nurse) said, "R32 was walking and stumbled over her feet. R32 was bleeding from nose and swelling developed to nose. R32 voiced facial pain. Physician was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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 3	S9999		

notified of complaints of pain and physician ordered R32 be sent to emergency room for evaluation."

7/11/18 at 6:41AM Progress Note from nurse reads at 3:30AM facility was notified that resident was admitted to hospital for subdural hematoma and nasal bone fracture.

7/11/18 at 12:59PM Interview with V17 (Restorative Nurse) in first floor hall included the following: "R32 is on a transfer program because at times she gets dizzy. If R32 walks by pushing her wheelchair in front of her, she will transfer on her own. I have seen R32 several times walking independently. R32 needs reminders to get her wheel chair."

7/11/18 at 1:28PM Interview was conducted with V2 (Director of Nursing) in hall way. Per V2, R32's investigation is ongoing. Evidence of notification of fall with injury faxed to IDPH on 7/11/18 at 8:08AM. V2 said the report, written by V8 (Licensed Practical Nurse) said R32 had been pushing her wheelchair in front of her before she fell. V2 said R32 is more safe in wheelchair.

7/11/18 Interview with V8 (Licensed Practical Nurse) at 1:35PM on 2nd floor hallway included: V8 said she was called to the first floor when R32 was reported on the floor. V8 said after R32 was assessed for injury she was placed in a wheelchair and returned to her room. V8 could not say with certainty if the wheel chair was R32's wheelchair. V8 said R32 needs reminders to use her wheelchair, because she forgets it. V8 said R32 is safe to walk the length of the second floor hall, get on the elevator, and walk the first floor independently. Surveyor asked V8 if R32's wheelchair is in resident's room. V8 said all of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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 4	S9999		

R32's belongings are packed up and put in storage, for safety. Surveyor went to R32's room and all belongings were still in her room and no wheel chair was in room for R32. V8 said they hadn't packed up the room yet.

7/12/18 2:20PM Phone Interview with V19 (Physician) said he received notification that R32 had fallen on 7/10/18 and V19 gave the order to send resident to emergency room. V19 said R32 was not supposed to be walking by herself. V19 said, " I don't know why she was not monitored."

Records do no indicate that V8 needed reminders to use wheel chair.

R32 fell 8/25/17; 12/4/17; 5/30/18; and 7/10/18. April 2018 Minimum Data Set for R32 has resident coded as limited assist with ambulation.

Care plan reads: R32 is at risk for falls due to seizure disorder, generalized osteoarthritis, psyche medication use, wheel chair primary mode of locomotion. Care plan refers to falls caused by R32 ambulating or transferring independently without assistive devices. Interventions for the falls include: assist as needed, "observe for gait unsteadiness," and restorative programs. The restorative transfer program identifies R32 has weakness to lower extremities, impaired ambulation, and poor balance. Restorative program identifies R32 is at "Increased risk for falls."

Fall list reviewed for R32. R32's care plan does not identify a fall on 5/30/18 or a new intervention after fell on 5/30/18.

Facility policy reads:
4. Care plan to be updated with new intervention

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001283	A. BUILDING: _____ B. WING _____	07/13/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF RIVER OAKS	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 5 based on root cause analysis after each occurrence. (B)	S9999		