Illinois Department of Public Health

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		IL6001143	B. WING		12/2	1/2021
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BRIAR PLACE NURSING 6800 WE			T JOLIET			
INDIAN H		EAD PARK,	IL 60525			
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S 000	Initial Comments		S 000			
	THE COMMISSION					
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	A.F. award Infantion	Control SupravICOVID 40				
	Focused Survey	n Control Survey/COVID-19				
	rocused ourvey					
S9999	Final Observations		S9999			
20000	t mar Oboot valione					
	#1 Statement of L	icensure Violations:				
	300.610a)					
	300.1210b)					
	300.1210d)6)					
	300.1840d)					
	300.3240a)					
	Section 300.610 Re	esident Care Policies				
	a) The facility sha	II have written policies and				
	procedures, govern	ing all services provided by				
		all be formulated by a				
		cy Committee consisting of at				
	the medical advisor	ator, the advisory physician or				
		nursing and other services in				
		policies shall be in compliance				
		rules promulgated thereunder.				
		ies shall be followed in		a a second		
		y and shall be reviewed at				
		is committee, as evidenced by dated minutes of such a				
	meeting.	acce illiacce of buoli a				
		Seneral Requirements for				
	Nursing and Persor	nai Care		Attachment A		
	h) The facility	shall provide the necessary		Statement of Licensure Violations		
		o attain or maintain the highest				

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET BRIAR PLACE NURSING **INDIAN HEAD PARK, IL 60525** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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 shall include, at a minimum, the following procedures: 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: 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 300.1840 Retention and Transfer of Resident Records When a resident is transferred to another facility, the transferring facility shall send with the resident a reason for transfer, summary of treatment and results, laboratory findings, and orders for the immediate care of the resident. This information may be presented in a transfer form or an abstract of the resident's medical record. 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)

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		IL6001143	B. WING		12/2	21/2021
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BRIAR PLACE NURSING		EAD PARK,	IL 60525			
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	These Regulations by:	were not met as evidenced				
	failed to follow their by not communicati person of the receiv failed to forward me and discharge paper and failed to ensure accepted the reside medical and psychological and	, psychosis, and major				
	R1's Care Plan date risk for increasing of dementia. R1 also h and depression. An as reality orientation dated 8/23/21 docur due to medical and Care Plan dated 8/2 to access communit medical issues and dated 8/23/21 docur	d 8/19/18 documents R1 is at onfusion secondary to as a diagnosis of psychosis intervention is documented as needed. The Care Planments R1 is at risk for abuse psychological diagnosis. The 3/21 documents R1 is unable by independently due to ambulation. The Care Planments R1 has a diagnosis and ental illness. R1 has a				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET** BRIARPLACE NURSING **INDIAN HEAD PARK, IL 60525** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 Alzheimer's disease, and unspecified psychosis. An intervention is documented as provide psychiatric management to monitor psychoactive medication's, provide support and enhance structure. The Care Plan dated 8/24/21 documents R1 expressed a desire to be discharged to the community. R1 was given a reality orientation regarding R1 needing assistance and R1 agreed to be discharged to another nursing facility or back to the VA. An intervention is documented as review the residence medical record including medications and treatment recommendations. Discuss the resident's abilities and needs to the nurse and attending physician to determine what services the resident will need in the community. R1's OBRA Screening results dated 9/22/21 document indicated nursing facility services are appropriate. R1's Minimum Data Set (MDS) assessment dated 10/21/21 Section C documents: R1 does have a behavior of disorganized thinking where the severity comes and goes. The MDS Section E documents: R1 does have a behavior of delusions. The MDS Section G: documents R1 needs a two-person physical assist with bed mobility, transfer, walk in room, walk in corridor, locomotion on unit, local motion off unit, dressing, toilet use, and personal hygiene. R1 uses a

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wheelchair. The MDS Section I documents: R1 has a diagnosis of medically complex conditions

non-Alzheimer's dementia, depression, and

The Elopement Risk Review dated 10/6/21 documents R1 is not at risk for elopement at this

time however R1 does have a history of

such as: Alzheimer's disease and.

psychotic disorder.

PRINTED: 02/14/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ IL6001143 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET BRIARPLACE NURSING **INDIAN HEAD PARK, IL 60525** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 wandering outside of previous nursing facility. There are signs of compromised delusional capacity and substantially impaired judgment and/or physical status limitations that would place the resident at risk in the community. The Community Survival Skills assessment dated 10/21/21 documents R1 does not appear to be capable of unsupervised outside past privilege at this time due to R1 not being able to move/navigate/negotiate safely on community streets and R1 does not know the facility address, location, and how to contact the facility in an emergency. 2. R1's Social Service note dated 11/9/21 documents R1 requested to be discharged to a VA (Veteran Affairs) facility but contact was not able to be made with anyone at the facility. A Social Service note dated 11/12/21 documents social services contacted the admission department at the VA facility and was informed the VA facility is a hospital not a Skilled Nursing facility. R1 is currently not seeking admission to a hospital. A Discharge note dated 11/16/21 at 9:31AM documents R1 will be discharged to the VA facility in the northern part of the city. R1 was registered into the facility/hospital by the admissions department and will be discharged with services in place. The VA admissions department took R1's information and found R1 in the system from a previous residency. R1 was made aware of the

discharge and the interdisciplinary team was made aware of the discharge plan as well.

ADischarge Summary Progress note at 11:03 AM dated 11/16/21 documents R1 was discharged to

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET BRIARPLACE NURSING **INDIAN HEAD PARK, IL 60525** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 5 S9999 the VA facility as anticipated. R1 denied needing any services in place due to the VA facility having services available. ADischarge Summary progress note dated 11/16/21 at 3:56 PM documents the transportation company contacted social services upon arrival to the VA facility. The transportation company informed social services that there had been no bed available for a R1 and was not able to find R1 in their computer. Social services then contacted the VA facility and was told there was a conversation with staff from the VA facility, but no other information is provided. R1 refused to return to the facility and an employee informed social services R1 would be taken over to the walk-in homeless center to which R1 agreed. A Social Service note dated 11/17/21 documents R1 was discharged to VA housing placement. Staff spoke with several representatives from the VA facility regarding this discharge and R1 being accepted as an appropriate placement. Social services explained to staff at the VA facility that there must have been a miscommunication on their part because R1 was provided a discharge date. The Discharge Instructions dated 11/12/21 document R1 will discharge with no services or referrals necessary. R1 is documented as being independent for dressing/grooming, transfer, and ambulation/mobility. 3. The VA Facility Hospital Records dated 11/16/21 documented: R1 was brought to the emergency room from a nursing home where R1 has been discharged. R1 does not want to go

back to this nursing home and does not want to go to any nursing home but does not have any

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET** BRIAR PLACE NURSING INDIAN HEAD PARK, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 other plan and is homeless at this point. When asked why he came to the VA facility today R1 responded "I told them to bring me here because I wanted to check the place out. It has been a while." R1 is alert and oriented to place in time but does not make safe and logical decisions when it comes to discussing R1's current situation and medical issues. R1 is noted with sort of flight of ideas and refers to seeing things. R1 says R1 wants to go get a car which is parked somewhere for past many months and then says R1 does not have a key or a driver's license. There is no specific complaint at this point. The admission diagnoses are documented as social issues/homelessness status and urinary tract infection. Social services came to evaluate R1 and are working on various options but currently recommend to admit to the medical floor in the hospital until further arrangements are made, R1 states he is taking blood pressure medication but cannot recall what it is or when it was taken. A review of previous records document R1 is on and antihypertensive medication from a note in 02/2021. No other paperwork was noted with R1. Amedication reconciliation was not able to be completed. On 11/30/21 at 1:11PM, V17 (VA facility Admissions) stated, "When people call here. I get them registered for care. There are registered for primary care appointments. We do have like a long-term area here and a homeless area but i don't register anyone for that. If they were trying to get over there, I would transfer them to that department. You have to be eligible for those areas though. I don't remember anyone by that name (R1) but if I did register them it wasn't for long term care. I don't remember talking to anyone from that facility."

Illinois Department of Public Health

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	IL6001143	B. WING	12/21/2021	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BRIAR PLACE NURSING

6800 WEST JOLIET
INDIAN HEAD PARK, IL 60525

BRIARP	LACE NURSING IN	IDIAN HEAD PARK, II	L 60525	
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	On 12/1/21 at 11:49AM, V13 (Patient Advocated, "On November 16th, R1 showed up transporter at the main entrance and asked where to go. The transporter told me the fat told the transporter to just drop R1 off here called V12 (PRSC/ psychiatric rehabilitative service coordinator) and V12 had no idea of R1 was supposed to go. V12 told me R1 facilitated the discharge by himself. V12 was basically blaming R1 for not knowing where should be. V12 told me R1 called registration they registered R1. I explained to V12 that only for primary care and to find a doctor many admission here. No one over there conwhere R1 was going. They just sent R1 here then refused to go back so I sent them over emergency room to get a place to stay."	o with a discility acility aci		
	On 12/1/21 at 3:40PM, V15 (VA facility Soc Worker) stated, R1 called me at the end of October, November 3rd, and November 5tl spoke with R1 on the 5th and R1 reported wanting new placement. I suggested to R1 through the facility he was at currently and couldn't help R1 because R1 is not current homeless. I spoke with V5 (Social Services Director) also that day. I told V5 R1 was interested in finding new placement but the no mention of R1 coming here. V5 describe as having dementia and Alzheimer's, and F thought he could physically do more than h	to go we ly s ere was ed R1 R1		
	capable. I explained to V5 due to R1's war wounds not being severe enough, R1 could qualify for our long-term program here. I alsexplained for the homeless shelter R1 was capable to be admitted because R1 was in wheelchair. We do more assisted living placements. We don't have an actual shelt here. There are no nurses or other staff to for people here. It's just an office. I wrote a	d not so not a er care		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PERFORMANCE		IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		IL6001143	B. WING		12/21/2021	
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***	in my note on the 5 know R1 registered V17 told R1, he was set to come for prin diagnosis and migh differently. During the would need to asset	th when I spoke with V5. I I with V17 from admissions. Is all set to come and R1 was nary care. R1 has a dementia at have understood that the admission process, we less R1's physical and mental qualified here and none of that				
	Based on the information above the facility made no arrangement to retrieve R1 from the acute care facility and R1 refused to be sent back to the facility. The VA acute care facility staff had to make arrangement for R1 to be taken to the emergency room and later to be transferred to the VA homeless shelter.					
	"The resident came wanted to be dischacalled on his own p was asking question was registered and never seen a dischabis own transportation. When R1 got there know who R1 was and R1 was taken to think. Normally, we need to the facility a assess them or talk and then they give anything over becauthe system already. I thought R1 knew a acted like they didn	cast and the state of the state				

tilinois Department of Public Health STATE FORM

Illinois Department of Public Health

FCORRECTION	IDENTIFICATION NUMBER:	A DUILDING			
AND 1 DAY OF GOTT TOTAL ON TROUBER.		A. BUILDING:		COMPLETED	
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Director) stated, "Vidischarge but I know representatives from the come back over. Said they weren't awas taken to the hey told me on the confirm the location are getting ready to appointments if nee he admission coord aperwork depending the request anythic back then and they cound a place for Rashelter has nurses a nameless shelter to have community acressed the placement after with placement after permanent place for the community acressed the placement after permanent place for the community acressed the placement after permanent place for the community acressed the placement after permanent place for the community acressed the placement after permanent place for the community acressed the placement after permanent place for the community acressed the placement after placement place	I2 was overseeing the w V12 spoke with two in the VA, and they cleared R1. Then when R1 got there they ware R1 was coming. I know is homeless shelter from what phone. For discharges, we is, date, and time when they go. We set up any follow up ided. We normally talk with dinator. We send overing on what they request. They ing. R1 didn't want to come ended up telling me they I to go. I think the homeless and aides there at the help the people. R1 didn't cess when R1 was here. R1 get around out there alone. I less shelter was going to assist in R1 got there. That wasn't a in R1 to stay. R1 does have a				**
R1 has a diagnosis depressive disorder emember being not but another doctor court another doctor of during my questioning everity of R1's own at the VA, so I know amount of paperwork omeone from the residents. I would he	of psychosis, major, and dementia. I do not tified about R1's discharge could have been. R1 was a was not being forthcominging. R1 was minimizing the mental illness. I used to work you have to submit a stupid k to get in there. I also know a comes out to evaluate the ope R1 would be placed in the				
Other Care the Care of the Car	irector) stated, "Vischarge but I know expresentatives from processive discovering the processive discovering the processive depending the processive discovering the processive discovering the processive discovering my questioning term or mental	In 12/1/21 at 12:51PM, V5 (Social Services irector) stated, "V12 was overseeing the ischarge but I know V12 spoke with two expresentatives from the VA, and they cleared R1 to come back over. Then when R1 got there they aid they weren't aware R1 was coming. I know they are taken to the homeless shelter from what they told me on the phone. For discharges, we confirm the location, date, and time when they are getting ready to go. We set up any follow up the prointments if needed. We normally talk with the admission coordinator. We send over aperwork depending on what they request. They don't request anything. R1 didn't want to come that has nurses and aides there at the comeless shelter to help the people. R1 didn't aver community access when R1 was here. R1 couldn't be able to get around out there alone. I as told the homeless shelter was going to assist a tith placement after R1 got there. That wasn't a termanent place for R1 to stay. R1 does have a last history of homelessness." In 12/2/21 at 12:46PM, V16 (Psychiatrist) stated, R1 has a diagnosis of psychosis, major expressive disorder, and dementia. I do not summber being notified about R1's discharge at another doctor could have been. R1 was a corr historian and was not being forthcoming auring my questioning. R1 was minimizing the exercity of R1's own mental illness. I used to work the VA, so I know you have to submit a stupid mount of paperwork to get in there. I also know the sidents. I would hope R1 would be placed in the larger are going to a submit a stupid mount of paperwork to get in there. I also know the sidents. 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30000		i	09999			
		at the long-term area. Their				
	intention was good.	, but someone screwed up				
		here. The civilian world doesn't				
	Understand you jus	st can't walk in there."				
	On 12/3/21 at 2:19	PM, V9 (Nurse) stated, "Social				
		es the discharge. Nursing just				.,
		ork, prints out the medication				
		eet, get all their belongings and				
		er, and we document how they		1 (ii		
		going to the VA facility, but I	i l			
	don't know where. I	I didn't know what was going				
		s being discharged that day as				
		out it. I didn't call to give nurse				
		ways have with all other				
		Services told me everything				=
		so I didn't call. They usually				
	give me a number a	and name to call report."				
	On 12/7/21 at 9:45	AM, V18 (Nurse Practitioner)				
		er being called to discharge R1.				
		ng to the VA, but I didn't know				
		he facility does the discharge			ļ	
	and then will call us	s when they are ready to			!	
	discharge. I would j	just expect them to follow				
	whatever their polic	cy says on discharging. I didn't			!	
		homeless shelter. I was told	i l			
		anted to go and R1 worked	1			
	with social services	s to plan the discharge."		S.	,	
	0-40/7/04 at 4:450	Ott 1/40 (Orimon, Dhyminian)		.a.t	1	
		PM, V19 (Primary Physician) ges are mainly done by social	[
		l us when the resident is ready	.			[
		nber them telling me R1 was			!	et .
1		ess shelter but if that is where	.		!	[]
		nd R1 was persistent enough			1	
		% of the people that discharge			i	
		rs leave against medical	1		1	

advice (AMA). They aren't a safe place for anyone. It has to be a safe discharge, or they

PRINTED: 02/14/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ IL6001143 B. WING_ 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET** BRIARPLACE NURSING INDIAN HEAD PARK, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 need to sign out AMA." The policy titled, "Discharge/Transfer of Resident," that is not dated documents, "1, Review and adhere to current federal regulations as found in Resident Rights and Transfer and Discharge Policies. 6. Complete Transfer Form accurately and completely including vital signs. Ensure that resident's current physical and psycho/social assessments, medications, and current treatment is completely described and available to the receiving facility upon transfer. 9. Notify family and receiving facility when being transferred to acute care facility." (A) #2 Statement of Licensure Violations: 300.696a) 300.696c) 300.1020a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.696 Infection Control Each facility shall establish and follow policies and procedures for investigating. controlling, and preventing infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code.

Illinois Department of Public Health

and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and

procedures are followed.

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

	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001143	B. WING		12/2	21/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIARPI ACE NURSING			ST JOLIET EAD PARK, I	IL 60525		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		SENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		D BF	(X5) COMPLETE DATE
S9999	Continued From pa	ge 12	S9999			
	guidelines and toolk Diseases, Centers of Prevention, United S Department of Heal Agency for Healthca Section 300.340):	shall adhere to the following cits of the Center for Infectious for Disease Control and States Public Health Service, th and Human Services, and are Research and Quality (see communicable Disease		3 X		
	a) The facility shal	I comply with the Control of eases Code (77 III. Adm. Code				
	Section 300.1210 G Nursing and Person	eneral Requirements for al Care				
	care and services to practicable physical well-being of the res each resident's com plan. Adequate and care and personal c resident to meet the care needs of the re	ide, at a minimum, the			**	
	nursing care shall in	subsection (a), general clude, at a minimum, the practiced on a 24-hour, asis:				94
	to assure that the re as free of accident h nursing personnel sl	y precautions shall be taken sidents' environment remains nazards as possible. All hall evaluate residents to see eceives adequate supervision				

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET** BRIAR PLACE NURSING INDIAN HEAD PARK, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 and assistance to prevent accidents. 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) These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to vaccinate a resident during two vaccine clinics and failed to allow family to take this resident out of the building to be vaccinated for 1 (R8) resident reviewed for immunizations. This failure resulted in R8 developing severe symptoms, and was transported to the local hospital, where R8 was admitted to the hospital for Covid 19 complications. Findings Include: R8 is a 38 year with the following diagnosis: cerebral palsy, quadriplegia, and pressure ulcer of the sacral region. R8 admitted to the facility on 9/15/21. A Nursing note dated 11/9/21 documents the administrator called R8's power of attorney to discuss concerns. The power of attorney wanted to know why family is not allowed in the facility and why R8 has not been COVID-19 vaccinated yet. The administrator educated the power of attorney that during an outbreak no one is able to come into the facility and all outdoor and indoor visits are canceled. The power of attorney was

Illinois Department of Public Health

also informed visits will return when the facility is

no longer in outbreak status.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6001143 B. WING 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET **BRIAR PLACE NURSING** INDIAN HEAD PARK, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 14 S9999 ANursing note dated 11/20/21 documents R8 was noted to be positive for COVID-19 and isolation protocol was initiated. The family for R8 was notified around 11 PM of R8's status. ANursing note dated 11/21/21 at 6:08PM documents R8's power of attorney was called and informed that R8's wound to the sacrum was getting worse. The power of attorney was also notified that the wound physician changed treatments and R8 is refusing to eat much. ANursing note dated 11/21/21 at 6:40PM documents R8's face is flushed. R8 is warm to touch and congested. R8 is febrile with a temperature of 102, a heart rate of 138, and a low oxygen level at 80%. R8 was started on 4L of oxygen per nasal cannula and 911 was called. R8 was transferred to the hospital for evaluation. On 11/23/21 at 9:55AM, V29 (Family Member) stated, "R8 was sent there in September and we wanted R8 to have the vaccine in a place like that around everyone. We would constantly call and check to see why she wasn't vaccinated yet, but no one could give us an answer. I know my wife got the consent signed in October. I don't remember the date but R8 never ended up getting vaccinated. They called us and told us R8 had COVID on November 20th. A couple days after that R8 was being sent to the hospital for trouble breathing from COVID. R8 is on a COVID unit right now and has to have oxygen on all the time. The one time when we called, we were told that they only have the booster shots available right now. I offered to come get R8 to take R8 to a local drugstore or someplace I could find the vaccine since they couldn't give it, but they kept telling us we couldn't take R8 out because there was an outbreak. I even asked if I could have

	Illinois Department of Public Health FORM APPROVED						
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY	
AND FOR	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		IL6001143	B. WING		12	21/2021	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET A			STATE, ZIP CODE		21/2021	
BBIADE	M ACE AUIDONIO		ST JOLIET	TATE, ZIF CODE			
DRIARE	PLACE NURSING		IEAD PARK,	IL 60525			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION	414-11	
PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETE	
			TAG	CROSS-REFERENCED TO THE APPR DEFICIENCY)	OPRIATE	DATE	
S9999	Continued From pa	ge 15	20000			+	
		•	S9999				
1	someone from R8's	doctor office or anyone I					
	said no again."	o give the vaccine and they	1				
	Said 110 agairt.						
	On 12/14/21 at 11:5	66AM, V1 (Administrator)	1				
	stated, "All resident	s are screened on admission	í !				
	to see if they are va	ccinated or not. If they aren't.					
	we ask them if they	want the vaccine or not. If	i				
	vaccine when we be	et put on the list to get the	1 1				
	another pharmacy	ave another clinic come by or Right now, we just had a	1				
	Grocery Chain Store	come out yesterday and)				
	vaccinate people. W	e usually have people come	98				
	out about once a me	onth. We have them sign a	! (i l	
	consent or their PO	A before to make sure it's	1				
1	ready. I remember o	getting a call from the family we had just gone into	l 1				
1	lockdown then We	don't have someone come					
	out just to vaccinate	one person. I was having					
1	staff walk people over	er to (large department store)	214				
	right before the lock	down happened to get their					
	shot if they wanted o	one. We couldn't get R8 over					
	to (large department	store) before the outbreak n I couldn't let R8 go out or			9		
	let anyone else com	e in. I don't remember the					
	dates the clinics wer	e held before that. The					
	pharmacist schedule	es them. Then she ended up	÷ ÷				
	getting COVID and b	eing sent out, so we never	i i				
	got the chance, but s	she was scheduled to get it					
k	when they were here admitted in Septemb	yesterday. She was				200	
ŀ	admitted in Septemb	ei.	1				
1	On 12/14/21 at 2:51	PM, V20 (Pharmacist) stated,					
	"I work with places to	schedule vaccines for the					
5	residents. We either	have the vaccines delivered					
	here and run the clin	ic through (name of Provider)					
	or we source through	another pharmacy that will				1	
	come out, we nave t	peen in the facility about th doing them. We do the first				1	
		vup with the second dose					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6001143 12/21/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET** BRIAR PLACE NURSING INDIAN HEAD PARK, IL 60525 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 16 S9999 about 21 days later. We held vaccines through Grocery Chain Store yesterday. The Chain Store was also scheduled on 10/19. The last clinic day through (name of Provider) was on 10/7. If R8 was admitted in September, I was there twice in October so R8 should have been seen if R8 was on the list. I can't tell you how they get the people on the list. I just know to bring a certain amount of vaccines for the number that is needed. I don't know why R8 wasn't vaccinated if R8 wanted to be. We try to educate as best as possible for people to get vaccinated especially living in areas where there are a lot of people. Being vaccinated in a facility has shown us that the number of hospitalizations for COVID complications have decreased if there is an outbreak." The Care Plan dated 9/16/21 documents R8 is at risk for potential exposure to COVID-19 and/or potential risk to spread to others. The COVID-19 Vaccine Consent Form dated 10/27/21 documents R8 has not been vaccinated and R8's power of attorney has given permission for R8 to be vaccinated. The laboratory report dated 11/20/21 documents R8 was positive for COVID-19. COVID-19 monitoring form dated 11/2021 and 11/21/21 documents R8 was monitored every four hours for a change in symptoms and vital signs. R8's vital signs for 11/21/21 are as follows: heart rate at this time is documented as 138 beats per minute (normal is 60-100 beats per minute), the respiratory rate is documented as 22 breaths per minute (normal is 12-16 breaths per minute), the temperature is documented as 102 degrees Fahrenheit (normal is 97-99 degrees Fahrenheit), and the oxygen level is documented as 80% on

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