

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 C 08/01/2024
--	--	---	---

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	Initial Comments Complaint Investigation Survey 2495434/ IL175423 2495774/ IL175880	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1010h) 300.1210c) 300.1210d)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such	S9999		

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

TITLE

(X6) DATE
08/13/24

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 C 08/01/2024
--	--	---	---

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 1</p> <p>accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to 1) identify emergency care was needed for one resident who exhibited a change in physical and mental status. These failures applied to one (R1) of four residents reviewed for nursing care and resulted in R1 experiencing a delay in care of two hours before emergency services were called, after being assessed with high blood pressure and mental status change.</p> <p>Findings include:</p> <p>R1 was a 65 year old male who admitted to the facility on 1/6/23 with diagnoses that included history of cerebral infarction, type II diabetes and Dementia. According to the Minimum Data Set, R1 demonstrated mild cognitive impairment, but</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 C 08/01/2024
--	--	---	---

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>was able to make needs known to staff.</p> <p>Per nurses notes effective 7/18/24 at 5:14pm, R1 was found in his room vomiting. The nurse on duty (V4 Registered Nurse) assessed vital signs which included abnormal blood pressure (177/94) and decreased oxygen saturation (87%) on room air. V4 administered supplemental oxygen via nasal cannula at two liters. No further vital signs were available for review. V4 documented that R1 had four episodes of vomiting within the hour, looked pale and was confused. In the same note, V4 wrote that R1's physician was notified of R1's condition and received orders to send R1 to the emergency room for evaluation.</p> <p>911 ambulance run sheet of 7/18/24 indicated that a call was placed from the facility at 7:13pm (two hours after V4 initially assessed R1) and arrived at R1's bedside at 7:25pm. Per the report, paramedics assessed R1 who was alert and "complaining of shortness of breath with no relief from O2 (oxygen) via nursing home." Paramedics removed the nasal cannula which at that time was delivering three liters of oxygen and assessed R1 to have 88% oxygen saturation on room air. They then applied a non-rebreather face mask with 15 liters of oxygen which increased saturation to 100%. Blood pressures taken were 175/86 at 7:35pm and 175/97 at 7:40PM.</p> <p>Per Emergency Room reports, R1 underwent a CT head scan and was diagnosed with a large subdural hematoma (blood in brain) with midline shift. Results of the scan recommended "emergent neurosurgical consultation." R1 was discharged and air lifted to an associated hospital for advanced care and treatment. R1 expired in the hospital on 7/21/24. As of 8/1/24, cause of death continues to be investigated and is not</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 C 08/01/2024
--	--	---	---

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>available at this time.</p> <p>On 7/31/24 at 2:45pm V12 R1's Physician was interviewed and said that subdural hematomas can be a result of high blood pressure, especially to someone with chronic hypertension (high blood pressure). V12 said, these patients, as they age are at higher risk of developing brain bleeds and strokes and the risk is increased depending on other medical issues the patient may have. V12 said if a patient is experiencing an increase of blood pressure such as the 170's or higher, it is important to assess mental status. If the mental status has decreased from baseline, it is an emergency and the patient should be rushed to the emergency room via 911 to rule out a stroke, brain bleed or hypertensive encephalopathy. Uncontrolled, the increased blood pressure can cause an increase of any bleeding in the brain leading to a shift from the midline. If that happens, the patient will need to see a neurosurgeon right away to evacuate the bleed and the prognosis is usually poor. V12 said they did not receive any notification from staff regarding R1's condition prior to hospitalization and received notification via text on 7/18/24 at 7:10pm that R1 was hospitalized.</p> <p>Review of R1's care plan for hypertension initiated 1/27/23 states in part: Monitor/document/report to Medical Doctor as needed any signs/symptoms of malignant hypertension such as headache, visual problems, confusion, disorientation, lethargy, nausea and vomiting, irritability, seizure activity, difficulty breathing (Dyspnea).</p> <p>(A)</p> <p>2 of 2</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 C 08/01/2024
--	--	---	---

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>300.610a) 300.1010h) 300.1210c) 300.1210d)3)</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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, 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 C 08/01/2024
--	--	---	---

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>following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to 1) identify emergency care was needed for one resident who exhibited a change in physical and mental status. These failures applied to one (R2) of four residents reviewed for nursing care and resulted in R2 going into cardiac arrest approximately two hours after the nurse assessed R2 with low blood sugar.</p> <p>Findings include: R2 was a 61 year old male admitted to the facility 2/16/24 with diagnoses that included type II diabetes, chronic kidney disease and hypertension.</p> <p>V7 RN (Registered Nurse) was interviewed via phone on 7/25/24 at 5:20PM and said that they worked the 7am-3pm and 3pm-11pm shifts on 4/18/24 and was the primary nurse caring for R2 during that time. V7 said, during evening (9pm) medication pass, R2 was noted with symptoms related to low blood sugar. V7 assessed the blood sugar to be "70 something" which was considered to be low. V7 gave R2 two packets of sugar and two ounces of "orange pop" to increase the blood sugar and monitored for changes. V7 did not offer R2 any food to eat at</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 C 08/01/2024
--	--	---	---

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>that time. V7 said that about 15 minutes after, R2's blood sugar was checked again and was lower- "60 something". V7 gave an emergency glucagon injection which was "borrowed" from another resident on a different unit. V7 was questioned further and said that they couldn't remember exactly what happened and the times in which they checked on R2. V7 referred the Surveyor to "check the chart" because everything they did was documented accurately.</p> <p>Per nursing notes recorded by V7 RN on 4/13/24, at approximately 9:15pm, R2 was assessed with symptoms of low blood sugar including "sweating and slow with speech". Blood sugar was documented in the note at 9:15PM to be 73. At 9:40pm the next blood sugar documented in the notes was 62. At 9:40pm V7 noted that an emergency medication commonly used to treat severe low blood sugar (glucagon) was administered. At 10:00pm vital signs were taken and recorded in the progress notes by V7 which included a blood sugar result of 107, and V7 wrote "states he feels better". R2 was placed back to bed as he wanted to lie down. At 10:56pm, V7 observed R2 in bed slow to respond, and left to retrieve equipment to take vital signs. When V7 returned at 11:00pm R2 was found unresponsive, not breathing and without a pulse. CPR was initiated and at 11:02pm 911 was called.</p> <p>Per the ambulance report, paramedics were called at 11:03pm and facility staff informed dispatch that R2 was last seen well at 10:50pm before going into cardiac arrest. Paramedics arrived at the bedside at 11:11pm, administered lifesaving interventions which included dextrose (sugar) to an intraosseous (bone marrow) catheter, CPR and intubation. Blood sugar</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 C 08/01/2024
--	--	---	---

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>checked during CPR at 11:27 was 45. R2 was revived by paramedics prior to reaching the hospital. Per hospital emergency room reports, R2 was transported to the nearest emergency room and was treated for diagnoses of hypoglycemia (low blood sugar), respiratory distress, and cardiac arrest. R2 was treated and discharged from the hospital 4/18/24 to home hospice. Certificate of death reads that R2 expired under care of home hospice on 4/23/24 and listed cause of death "Hypoxic Brain Injury".</p> <p>Care plan initiated 3/14/24 stated in part: R2 is at risk for hypo/hyperglycemia related to having a diagnosis of diabetes. Blood sugars and other lab values will be within acceptable parameters according to the physician through next review.</p> <p>On 7/31/24 at 2:45pm V12 R2's Physician was interviewed and said that when it was established that R2 was having symptoms of low blood sugar, the best thing to do would have been to give R2 something to eat. Blood sugars should range typically from 70-120 for people with diabetes. Although juice and sugar will quickly cause the blood sugar to increase, the result is only temporary and does not address the underlying issue. R2 should have quickly gone out to the emergency room after the nurse determined the blood sugar was critically low and a glucagon injection was needed in order to prevent further lowering of the blood sugar. If the blood sugar gets too low, as in the case of R2 and the patient can stop breathing, the brain loses oxygen and can lead to fatality.</p> <p>R5 is a 67 year old male who admitted to the facility 5/10/24 with diagnoses that included type II diabetes, hypertension (high blood pressure) and epilepsy (seizures).</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 C 08/01/2024
--	--	---	---

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>2. Based on observation, interview, and record review, facility staff failed to monitor blood sugar levels for two residents who received diabetic medications daily. These failures applied to two (R5, R6) of four residents reviewed for nursing care and resulted in R5 being assessed with severe low blood sugar and mental status decline requiring emergency treatment after not having orders for blood sugar monitoring; and R6 failed to have any documented blood sugars for two weeks.</p> <p>Findings include:</p> <p>1. At 2:45pm, V11 CNA said on 7/23/24, they were assigned to provide continuous observation for R5 and their roommates. V11 relieved a CNA and believed R5 to be sleeping which was unusual. When V11 went to arouse R5, V11 noticed R5 was not verbally responding as expected and had white foam coming from his nose and mouth. V11 immediately called the nurse for assistance who was passing medications at the end of the hall. On 7/25/24 at 2:09pm V8 LPN (Licensed Practical Nurse) was interviewed and said that on 7/23/24, towards the beginning of the morning shift, they were called to R5's room. R5 was found to be staring and not responding to verbal cues. V8 took vital signs and noted that R5's blood sugar was really low. V8 said they had not seen or assessed R5 prior to being called to the room, and it was unknown how long R5 had been in that state. V8 said they gave the glucagon injection to R5 and called 911 because R5 was also having difficulty breathing and had a low oxygen saturation. V8 could not determine when R5's blood sugar was last checked prior to this incident. V8 said they were aware that R5 received medications for diabetes but was unaware of when blood sugars were scheduled to be checked for R5.</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 C 08/01/2024
--	--	---	---

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>Per nurses note on 7/23/24 at 8:12AM R5 was observed in bed with white foam and blood oozing from the nose. Blood glucose checked by nurse was 48. The nurse administered emergency glucagon and called 911. According to vital signs documented in the electronic health record, the last documented blood sugar checked for R5 was on 6/17/24.</p> <p>Physician order sheet active prior to R5's hospitalization included orders for Metformin 1000 mg (milligrams) twice daily, and Insulin glargine (long acting) 30 units once every night. No orders were noted for scheduled blood glucose monitoring.</p> <p>According to hospital emergency room report of 7/23/24, R5 was treated for hypoglycemia (low blood sugar), encephalopathy (brain dysfunction) likely due to hypoglycemia and sepsis. R5 returned to the facility 7/27/24. Orders were placed for blood glucose (sugar) checks to be completed twice daily, in the morning and evening, and were also reflected on the Medication Administration Record. On 7/31/24 insulin glargine was reduced from 28 units to 5 units every night.</p> <p>V3 ADON (Assistant Director of Nursing) was interviewed on 7/31/24 at 11:18am and said that every resident who is receiving insulin should have their blood sugar checked and monitored at least once daily to prevent and treat hypoglycemia.</p> <p>R5's nursing care plan was reviewed and did not include a plan for diabetes management.</p> <p>2. R6 is a 61 year old male admitted to the facility</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 C 08/01/2024
--	--	---	---

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>6/14/23 and had diagnoses that include encephalopathy, type II diabetes and cognitive communication deficit.</p> <p>R6 was observed in bed on 7/25/24 at 2:30pm, alert but not coherent. R6 was receiving continuous gastric feeding and had a Safety Sitter (Certified Nursing Assistant) at the bedside.</p> <p>At 2:45pm, V11 CNA said that they had been sitting in the room since the morning shift began at 7am and V11 had not noted R6 to have their blood sugar checked when the nurse (V8) administered morning medication.</p> <p>At 2:50pm, V8 said R6 was given medication for diabetes in the morning, that all charting and documentation had been completed for the shift and was unable to determine when R6 last had a blood sugar check.</p> <p>R6's electronic health record indicated that no blood sugars had been documented for R6 since 7/10/24.</p> <p>Physician order sheet dated 7/10/24 included an order for blood glucose checks twice daily at 9am and 5pm for type II diabetes.</p> <p>Care Plan initiated 4/17/23 states in part; stated in part: R6 is at risk for hypo/hyperglycemia related to having a diagnosis of diabetes. Blood sugars and other lab values will be within acceptable parameters according to the physician through next review. [Blood glucose checks] as ordered.</p> <p>The facility was unable to provide a policy related to managing diabetes upon request.</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 C 08/01/2024
--	--	---	---

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 11 (A)	S9999		