STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008270	A. BUILDING _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF ELMWOOD PARK	7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707

(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 Facility Reported Investigation of 12/9/2024/IL182828	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b)5) 300.1210d)6) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008270	A. BUILDING: _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF ELMWOOD PARK	7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707

(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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to follow their mechanical lift policy by not keeping the base in the widest/opened position when lowering/transferring a resident with the mechanical lift. This affected one of three residents (R3) reviewed for safety when using the mechanical lift for transfers. This failure resulted in R3 hitting his head hard on the floor sustaining an acute subdural hematoma . Findings include: R3 was diagnosed with morbid (severe) obesity and need for assistance with personal care. Care plan initiated on 11/15/2024 documents: R3 has inability to self-transfer related to decrease	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008270	A. BUILDING _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF ELMWOOD PARK	7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707

(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 muscle tone and comorbidities. R3 is a mechanical lift for transfers. Care plan initiated on 11/18/2024 documents: R3 is at risk for falls weakness/ discomfort when moving/ spasm of affected area/ poor motivation/ inactivity resulting from impaired cognition/neurological deficit. Nursing note dated 12/9/24 documents R3 fell on the chair while two certified nursing assistance (CNA) put him on the chair. R3 hit his head on the floor. On 1/2/25 at 12:43PM, V4 (cna) said, R3 was removed from bed via mechanical lift. There was not enough space in R3's room to put R3 into his dialysis chair. V4 said, V5 (cna) and herself rolled R3 to the hallway on the lift in order to put R3 in his dialysis chair. R3 was in the sling on the mechanical lift with his hand in his lap. V4 said, we lowered R3 to the chair. R3 started to fidget as he was being lowered. R3 did not keep his hands inside of the sling or on his lap. R3 hands was moving around like he was nervous. R3 was top heavy. R3 and his chair fell backwards. R3 hit his head hard on the floor. The mechanical lift legs were closed when R3 was being lowered to the chair. On 1/2/25 at 1:03PM, V2 (don) said, she saw R3 was on the floor with his body inside the mechanical lift sling with the machine on his side. V2 said, she could not recall if the machine was on the left or right side of R3. R3's buttock was in dialysis chair. R3's head was on the ground maybe by three inches above the back of the chair. R3 was assessed on the ground. R3 was on his back, denied pain, reported hitting the back of his head and denied loss of consciousness. A pillow was place under R3's head for comfort. 911 was called. The emergency medical techs couldn't get R3 up off the floor. They called the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008270	A. BUILDING: _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF ELMWOOD PARK	7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707

(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 fire department. It took seven people to get R3 off the ground. V2 said, the root cause of the fall was when R3 took his arms out of the sling, once his buttock hit the chair and attempted to scoot/push himself backwards while holding on to the sides of the chair. R3 was scooting left and right resulting in his chair falling backwards when staff was lowering him. On 1/2/25 at 1:55PM, V5 (cna) said, R3 was scared and nervous to go onto the mechanical lift. R3 kept jumping back. R3 was heavy. V5 said, as V4 and herself were lowering R3 down to the chair, positioning his body in the chair, R3 jumped a few times and R3 fell. The mechanical lift fell with R3. R3 hit the floor. V5 said, she can't recall if the legs on the lift were opened or closed. On 1/7/25 at 3:16pm, V2 (don) said, she expect her staff to follow the mechanical lift policy. Hospital paperwork dated 12/10/24 documents R3 presents after a fall with closed head trauma and has an acute subdural hematoma. Mechanical lift owner's manual documents: During lifting or lowering, whenever possible, always keep the base off the lift in the widest position. Mechanical lift policy dated 10/2024 documents: Spread the legs of the machine around the chair or under the bed. (A)	S9999		