

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BRIAR PLACE NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET INDIAN HEAD PARK, IL 60525		
(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 Certification Complaint Investigation 2498982/IL180307	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3) 300.610a) 300.1210a) 300.1210b) 300.1210c) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/06/24

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S9999	Continued From page 1 the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. 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 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	S9999		

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S9999	<p>Continued From page 2</p> <p>and assistance to prevent accidents.</p> <p>These Requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide one resident (R85) with adequate supervision during a shower. This resulted in R85 experiencing a seizure which led to her arm getting stuck in the handrail causing her to fracture her humerus.</p> <p>Findings Include:</p> <p>R85 is a 62-year-old female who originally admitted to the facility on 2/13/2023 and continues to reside in the facility. R85 has multiple diagnoses including but not limited to the following: Epilepsy, right humerus fracture, bipolar disorder, paranoid schizophrenia, mood disorder, anxiety, pain, and depression.</p> <p>Facility Reported Incident with date of 10/9/24 states in part but not limited to the following: R85 noted in shower room with right arm between shower rail and wall, R85 noted with pain, shortening, and abnormal rotation to right arm. R85 transferred to hospital for further evaluation and treatment.</p> <p>Hospital records dated 10/10/24 shows R85 arrived at the hospital from facility after an unwitnessed seizure in the shower. R85 complaining of pain after she fell to the right shoulder that showed deformity and fracture.</p> <p>On 11/18/2024 at 10:40AM, R85 was interviewed regarding incident on 10/9/24. It is to be noted that R85 was noted to be in bathroom by herself.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R85 stated, On 10/9/24, I was taking a shower independently in the shower room when I had a seizure. R85 said I felt the seizure coming on but I could not get to the call light as it was across the shower. I could not sit down because the shower chair was broken and not safe to sit on. I always take showers independently with no supervision. My arm got caught in the handrail while I was seizing. I had to be there seizing for at least 20 minutes before V11 (Registered Nurse) came to check on me. My entire body was bruised and black and blue. V32 (Maintenance Director) had to come and take the handrail off the wall because my arm was so wedged into the rail. I had fractured my right upper arm and must wear an immobilizer.</p> <p>It is to be noted that R85 was alone in her room and dressed herself independently after this interview.</p> <p>At 10:55AM, V11 was interviewed regarding R85's incident on 10/9/24. V11 said the shower rooms are always locked. The staff must let the residents into the shower room to ensure they are aware of who is in there.</p> <p>V11 said I was at the nurses' station talking to a family member when I heard crying and whimpering coming from the shower room. R85 was in the shower room for about 20 minutes before I heard R85 crying. R85 always showers independently. When I entered the shower room, I saw R85 in the shower closest to the door on the left. Her arm was wedged in between the handrail. We had to call maintenance to take the side rail out to get her arm out. We immobilized her arm and sent her to the hospital.</p> <p>Progress notes written by V11 on 10/9/2024 were</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>reviewed and correlates to what V11 said in interview.</p> <p>Per Minimum Data Set dated 10/9/2024 shows R85 required supervision/touching assistance while showering. R85 care plan states in part but not limited to the following: R85 has a self-care deficit in ADLs/mobility related to epilepsy, seizures, etc. Interventions include supervise in shower for safety, dated 3/20/2024.</p> <p>On 11/20/24 V35 (Medical Director/Attending Physician) was interviewed. V35 said a resident with a diagnosis of epilepsy and uncontrolled seizures, meaning the resident has had seizures within the last six months, should be supervised in the shower for safety.</p> <p>Prior to incident on 10/9/2024, it is to be noted that per progress notes, R85 has had seizures on 9/20/2024, 9/9/2024, 8/1/2024, 7/13/2024, 6/28/2024, 6/27/2024, 6/3/2024, and 5/2/2024.</p> <p>Facility Policy titled Resident Supervision dated 01/2024 states in part but not limited to the following: Supervision is followed per the plan of care in accordance with individualized resident focused approach. (B)</p> <p>Statement of Licensure violations (2 of 3)</p> <p>300.610a) 300.1210b) 300.1610a)1)</p> <p>Section 300.610 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>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</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>Section 300.1610 Medication Policies and Procedures</p> <p>a) Development of Medication Policies</p> <p>1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>local laws.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interviews, and record review the facility failed to follow their pain management program when they failed to accurately assess R182's pain level and to ensure R182's pain was managed in a timely manner, four days after neck surgery to repair herniated discs. This failure resulted in R182 not receiving effective pain medication while experiencing severe and unbearable pain for an extended period of time, 9/10 on a pain scale of 0-10, in addition to suffering through periods of uncontrolled anxiety as a result of the prolonged severe pain.</p> <p>Findings include:</p> <p>R182 is a 53-year-old resident of the facility with medical diagnosis listed in part, but not limited to idiopathic peripheral autonomic neuropathy, hypertension, type 2 diabetes, hyperglycemia, and bipolar disorder.</p> <p>Per a progress note dated 10/21/2024 at 7:36 PM by V25 (Nurse Practitioner), R182 was hospitalized from 10/15/2024 to 10/19/2024 for a C3-C7 decompressive laminectomy and posterior cervical fusion to repair herniated discs.</p> <p>On 11/19/2024 at 12:57 PM, R182 said when he returned from the hospital on Saturday, 10/19/2024 at around 6:30 PM following neck surgery, he was in excruciating pain, 9/10 on a scale of 0-10. R182 said V23 (Licensed Practical Nurse) told him she could not find a prescription for his pain medicine, Oxycodone, in his</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>paperwork from the hospital. R182 said V23 gave him acetaminophen at around 7:30 PM for his excessive pain and he tried his best to fall asleep but was not able to because the pain medication was not effective. R182 said the night shift nurse told him they could not do anything as far as a prescription for the stronger pain medication, Oxycodone, was concerned, and he would need to wait until Sunday morning when they would try to get a hold of a physician or practitioner to get his order. R182 said on Sunday, 10/20/2024, he was still getting only acetaminophen for pain relief. R182 said he asked the morning nurse for an update, and the nurse said they were still trying to get a hold of either the surgeon's team or the facility doctor. R182 said he felt like everything kept getting passed over to the next shift. R182 said by Monday, 10/21/2024, the facility nurses had still not contacted any physician that could fill out his Oxycodone prescription, so he asked a nurse for help in getting an ambulance to take him back to the hospital due to his unbearable pain, but his request was not given. R182 also said after three straight days without pain relief, he became very anxious and was worried his high blood pressure and high blood sugar would also be affected. R182 said his Oxycodone order finally arrived in the early hours of 10/22/2024. Lastly, R182 said after his original prescription of Oxycodone ran out on 10/28/2024, the facility did not re-fill his prescription until 10/31/2024, forcing him to suffer through three additional days of severe pain.</p> <p>On 11/18/2024 at 1:45 PM, V25 (Nurse Practitioner) said she filled a prescription on Monday, 10/21/2024 for Oxycodone 5 mg, 30 tablets, every four hours, as needed, for pain, which was enough medication to last five days. V25 said she gave him another 30 tablets of</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>Oxycodone on 10/30/2024 for delivery on 10/31/2024, with the intent to begin weaning him off the medication.</p> <p>Per a progress note dated 10/22/2024 at 1:40 AM by V22 (Licensed Practical Nurse), R182's order for Oxycodone HCl Oral Tablet 5 MG for pain, arrived 10/22/2024, three days after R182 had returned to the facility from neck surgery.</p> <p>On 11/20/2024 at 10:20 AM, V21 (Licensed Practical Nurse) said when a resident returns to the facility with a narcotics order, they usually come back with a prescription, and if not, the facility nurses have to follow up with the facility primary care physician or nurse practitioner in order to get the medication. V21 said R182 shouldn't have waited that long for his Oxycodone pain medication because he was suffering, and the facility should not have waited more than eight hours before filling the prescription order. V21 said she was not aware R182 was in so much pain, but if she would have been, she probably would have sent him back to the hospital.</p> <p>On 11/20/2024 at 11:00 AM, V2 (Director of Nursing) said the facility protocol was for the nursing staff to exhaust all possibilities to reach the hospital physician in order to obtain a pain medication prescription for a resident. V2 said if the nurses were unable to reach the hospital physician, they were to call the facility physician and explain the situation, who would, then, decide what form of medication they would provide until they personally assessed the resident. V2 said she could not recall if she was made aware that R182 was in excessive pain, but the facility nurse should have sent R182 back to the hospital if he was in any excruciating pain because that is what</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>she would have recommended.</p> <p>On 11/20/2024 at 1:47 PM, V35 (Medical Director) said if a resident would need medication for severe pain following cervical fusion surgery, and returned to the facility without a prescription for pain medication from the hospital, the facility would need to check for any medications in stock, and if there was nothing that would alleviate the pain, then the staff should call the attending facility physician or the pharmacy the next morning.</p> <p>On 11/19/2024 at 12:57 PM, R182 said the weekend of 10/19/2024, was the worst for him because his pain level was 9/10 when he returned from the hospital. However, R182's pain assessment in his October 2024 medication administration record (MAR) showed no pain scores recorded for the evening and night shifts of 10/19/2024. R182's MAR pain scores for the date of 10/20/2024 were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift. In a progress note dated 10/21/2024 at 7:36 PM, V25 stated R182 reported 10/10 pain. However, R182's MAR pain scores for the date of 10/21/2024 were 0/10 for the day shift, "NA" for the evening shift, and 0/10 for the night shift. R182 said he began taking Oxycodone on 10/22/2024, but after his Oxycodone ran out on 10/28/2024, he had to endure another three days of severe pain and anxiety until his next order arrived on 10/31/2024. Yet, R182's MAR pain scores for 10/29/2024 were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift, and for 10/30/2024 they were 0/10 for the day shift, 0/10 for the evening shift, and 0/10 for the night shift.</p> <p>Per the facility's Pain Management Program,</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>dated November 2014, the program's purpose is to "establish a program that can effectively manage pain in order to remove adverse physiologic and psychologic effects of unrelieved pain." The program also states, "The resident's descriptive words regarding the quality, duration, and location of pain will be used to evaluate the pain and to identify changes in pain." The program lists as one of its components, "Accurate and complete documentation of pain assessment and monitoring." Lastly, the program states, "The resident's physician will be notified of the resident's complaints of pain which are not relieved by comfort measures, including pain medication." (B)</p> <p>Statement of Licensure violations (3 of 3)</p> <p>300.615f)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to conduct the Illinois sex offender registry checks and the Illinois Department of Corrections background checks on new admissions to the</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>responsible for doing all the background checks."</p> <p>Review of R213's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 11/18/24 and not within 24 hours of R213's admission by V33 Admissions Director."</p> <p>On 11/19/24 at 01:15 PM, V19 was inquired of R174's background checks. V19 said, "V33 is responsible for doing all the background checks."</p> <p>Review of R174's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 11/18/24 and not within 24 hours of R174's admission by V33 Admissions Director."</p> <p>On 11/19/24 at 02:08 PM, V19 was inquired of R179's background checks. V19 said, "V33 is responsible for doing all the background checks."</p> <p>Review of R179's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 11/18/24 and not within 24 hours of R179's admission by V33 Admissions Director."</p> <p>On 11/19/24 at 02:25 PM, V33 Admissions Director was inquired of the identified offender's admission background checks being completed and retained. V33 said, "I did run them, but I thought I only had to upload the CHIRP (criminal history information response process). I didn't upload the offender registry checks. I do them when I get the referrals from the hospital. I wasn't trained well. I only keep the registry for offenders that have a hit on their CHIRP. I just ran all the offenders yesterday and today."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BRIAR PLACE NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET INDIAN HEAD PARK, IL 60525		
(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>On 11/19/24 at 02:32 PM, V19 was inquired of R121's background checks. V19 said, "V33 is responsible for doing all the background checks."</p> <p>Review of R121's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 11/18/24 and not within 24 hours of R121's admission by V33 Admissions Director."</p> <p>On 11/19/24 at 02:39 PM, V19 was inquired of R195's background checks. V19 said, "V33 is responsible for doing all the background checks."</p> <p>Review of R195's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 10/23/24 and not within 24 hours of R195's admission by V33 Admissions Director."</p> <p>On 11/19/24 at 02:43 PM, V19 was inquired of R192's background checks. V19 said, "V33 is responsible for doing all the background checks."</p> <p>Review of R192's background checks the Illinois Sex Offender Registry and Illinois Department of Corrections were completed today on 10/23/24 and not within 24 hours of R192's admission by V33 Admissions Director."</p> <p>On 11/20/24 at 01:14 PM, V1 Administrator was inquired of conducting background checks on new admission residents. V1 said, "The sex offender registry's and IDOC (Illinois Department of Corrections) checks should be done within 24hours of admission. They should be uploaded into PCC (Point Click Care- electronic medical record) for each resident as confirmation that they were done."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001143	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER BRIAR PLACE NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 6800 WEST JOLIET INDIAN HEAD PARK, IL 60525		
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S9999	<p>Continued From page 14</p> <p>The 09/14 Identified Offender Policy & Procedure states in part: Policy statement It is the policy of this facility to establish a resident sensitive and resident secure environment. In accordance with the provisions of the Nursing Home Care Act, this facility shall check the criminal history background on any resident seeking admission to the facility in order to identify previous criminal convictions.</p> <p>Definition The following definition is based on the federal and state laws, regulations and interpretive guidelines.</p> <p>Identified Offender: Any person who has been convicted of, found guilty of, adjudicated delinquent for, found not guilty by reason of insanity for, or found unfit to stand trial for, any of the statute citation numbers listed in the Identified Offender Conviction List or any of the statute citation numbers listed in the Sex Offense List of the IDPH Identified Offenders Program attached to this procedure.</p> <p>Identified Offenders 1. Check for the resident's name on the Illinois Sex Offender Registration Website. www.isp.state.il.us. 2. Check for the resident's name on the Illinois Department of Corrections sex registrant search page. www.idoc.state.il.us. (C)</p>	S9999		