

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE</b> <b>ELMWOOD PARK, IL 60707</b>		
(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 Incident of 12/02/24/IL182827	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1210a) 300.1210d)3)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 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

01/03/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>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)</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>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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent and protect a resident (R1) from resident-to-resident physical abuse. This failure affected one (R1) resident out of four residents reviewed for abuse. As a result of this failure, R2 hit R1 in the face with a remote control resulting in R1 sustaining facial lacerations with bleeding, requiring medical attention.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>Findings include:</p> <p>Facility reported incident (FRI) dated 12/2/2024 documents: R1 reported to staff that he was involved in a physical altercation with his roommate R2.</p> <p>R1's face sheet dated 12/23/2024 documents that R1 is an 84-year-old resident with diagnoses including but not limited to: unspecified dementia, anxiety disorder, depression, and suicidal ideations.</p> <p>R1's Minimum Data Set (MDS) dated 11/12/2024 documents that R1 has a Brief Interview for Mental Status (BIMS) score of 10, which suggests R1 is moderately cognitively impaired.</p> <p>On 12/23/2024, at 10:50 AM, R1 stated, I argued with someone here, one of the residents. We did not hit each other but we argued. He came in my room, and he takes things. We did not hit each other. A lady came when we were arguing and stopped it from getting physical. It almost did get physical. I did not hit him, and he did not hit me. Since then, he has not come in my room when I am here. I do not know if he has come in when I am not here. I just want him to respect me and my room and my things. Resident was clean and well groomed. Resident was up walking in room. No foul odors noted.</p> <p>R1's nurses note dated 12/2/2024 documents: This resident came to the nurse's station and said his roommate was next to bed and was holding the remote control. There was a skin issue noted to bridge of nose and under chin. Area cleaned and bacitracin applied. Family notified.</p> <p>R2's face sheet dated 12/23/2024 documents that R2 is a 74-year-old resident with diagnoses</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>including but not limited to: Wernicke's encephalopathy, unspecified dementia, anxiety disorder, and alcohol abuse.</p> <p>R2's Minimum Data Set (MDS) dated 10/31/2024 documents that R2 has a Brief Interview for Mental Status (BIMS) score of 8, which suggests R1 is moderately cognitively impaired.</p> <p>R2's nursing progress note dated 12/2/2024 documents: Note Text: The resident had an exchange of words that allegedly ended in a physical altercation with co-peer as evidenced by the co-peer resident---- stating that the resident hit him in the face with the remote controller. -----Nurse practitioner notified. New order to send the resident to hospital for psychiatric evaluation. Orders placed in electronic medical record and carried out. Transport services called to escort the resident. Family notified. Director of nursing aware.</p> <p>R2's social service progress note dated 12/2/2024 documents: Note Text: WELL-BEING CHECK 1/3: Social Services met with R2, following an altercation with a co-peer. R2 stated that he was upset because his co-peer (R1) "unplugged his television." Social services offered to refer the resident (R2) for one-on-one counseling services; resident (R2) declined. Resident (R2) stated that they feel safe in the facility. Social Services will follow-up.</p> <p>R2's Petition for involuntary/judicial admission dated 12/2/2024 documents: R2 is a 74-year-old male who exhibited physical aggression towards another resident. It included striking the other resident with a remote resulting in medical intervention. Resident has a MHdx (mental health diagnosis) including dementia, anxiety disorder</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>and alcohol abuse. Due to the mention behaviors resident is placing himself in harm's way and others and requires involuntary psy (psychiatric) admission.</p> <p>On 12/23/2024, at 11:11 AM, V7 Certified Nursing Assistant (CNA) stated, I was here when R1 and R2 got into an argument. R1 had blood on his face. R2 had a remote control in his hand. I was at the nurse's station when that happened. The nurse assessed him, management came up here. R2 had the remote control in his hand and said he didn't do it. R2 got sent out to the hospital. I don't remember who the nurse was or when it was. It was probably a couple weeks ago. I am not sure if that was the only time they got into it. The rooms got changed that day. Social services, Director of Nursing, and Administrator all came up here.</p> <p>On 12/23/2024, at 11:24 AM V10 Psychiatric rehabilitation services coordinator stated, I was in the building when R2 and R1 got into an argument. Based off what both individuals stated, it was ultimately an argument over the TV in their bedroom. R2 stated, R1 unplugged the television. R1 stated, R2 unplugged the television. It ultimately got physical. There was an altercation and one resident got sent out to hospital. R2 used the remote to hit R1. R1 had blood on his face, it was cleaned up by the time I seen R1. R2 got sent out. Wound care nurse took care of R1's face. I had to have V3 (Social Service Director) here to translate for R1.</p> <p>On 12/23/2024, at 11:32 AM, V11 Licensed Practical Nurse (LPN)/wound care nurse stated, when R1 and R2 got in an altercation, I assisted with wound care on R1's face. R1 was bleeding from the nose. R1 had two small marks one on</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>bridge of nose and one above left eyebrow. I just cleaned it up. It stopped bleeding right away. There was no need for a dressing. There was no need to send R1 out to the hospital. R1 did not tell me what happened. R1 told me the guy (R2) was upset about the tv but did not describe how R1 was bleeding. I have never observed any altercations between R1 and R2 before.</p> <p>On 12/23/2024, at 11:44 AM, V12 Licensed Practical Nurse (LPN) stated, I was here on floor orientation the day R1 and R2 had an altercation. I recall that R1 came to the desk and had blood on his face. He really didn't say anything at first. We got the interpreter V3 (Social Service Director) and encouraged R1 to speak about it, and R1 said his roommate (R2) hit him in the face with the remote control. We kept them away from each other, notified the Director of Nursing (DON) who came right up, and treatment nurse came up and cleaned up R1's face. R2 got sent out to the hospital.</p> <p>On 12/23/2024, at 11:49 AM, V3 Social Service Director stated, I was here the day R1 and R2 got into an argument. It did go from verbal argument to altercation with a remote control. R1 got hit in the face with a TV remote from R2. I did interpret for R1. R1 said he got hit by a microphone. I was not present when R1 was bleeding from the face. We sent R2 out for psychiatric evaluation.</p> <p>On 12/23/2024, at 2:18 PM V2 Director of Nursing (DON) stated, Regarding R2 and R1, I was in the building the day of altercation. My understanding of what happened is that the TV was too loud and one of the residents was trying to get the remote from the other resident to turn the TV down. The certified nursing assistant or nurse heard it and broke it up immediately. Social</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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>services were notified and did an immediate petition for R2. I think R2 was trying to get the remote away from R1 and remote hit R1 in the face. R1 had a little scratch on his face, we called the wound care down and she cleaned R1's face and she put bacitracin on it. When surveyor asked V2 if there was anything that could have been done to prevent this from happening V2 stated, we encourage residents to come out to activities. Sometimes they like to take a nap in the afternoons. Sometimes they refuse so we try to do person centered care. I mean education could have been done regarding TV's to possibly prevent this. Education on TV volume level. I think education was done, maybe reinforcement of education could have been done. I know we always encourage them to come out of room for activities.</p> <p>Abuse policy and prevention program 2022 dated 10-22 documents: Abuse policy This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. In order to do so, the facility has attempted to establish a resident sensitive and resident secure environment. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This will be done by: - Orienting and training employees on how to deal with stress and difficult situations, and how to recognize and report occurrences of abuse,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</b>		
(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 7  neglect, exploitation, and misappropriation of property. - Establishing an environment that promotes resident sensitivity, resident security and prevention of mistreatment. The facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention (77 Ill. Adm. Code 300.330). Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment (42 CFR 483.12 Interpretive Guidelines)  (B)	S9999			