(X6) DATE

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 20.22			
		IL6008270	B. WING		02/0	3/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND A' D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations: (1 of 2)				
	300.1210b) 300.1210d)3)					
	Section 300.1210 Nursing and Persor	General Requirements for nal 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 care needs of the resident.					
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	These regulations v	were not met as evidenced by:				
	Based on interview	s and record review, the				

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

02/17/25 **Electronically Signed**

TITLE

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Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. BOILBING.			
		IL6008270	B. WING		02/0	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND A' D PARK, IL			
(X4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE
S9999	Continued From pa	nge 1	S9999			
	facility failed to ens provided in accorda standards of practic experiencing a cha 4 (R61, R67, R79, for services provide standards in the sa resulted in R61's uphysical distress ar resident made arra hospital, where she pneumonia and infl Findings include: 1. R61 is a 60-year diagnoses listed in	ure care and services were ance with professional ce for a resident who was nge in condition for 1 (R61) of R149) of residents reviewed ed to meet professional mple of 58. This failure nnecessarily prolonged and anxiety lasting until the ngements to be taken to the e was diagnosed with				
	respiratory failure we due to identified no respiratory manifes obesity; and adjustion on 01/29/2025 at 1 01/12/2025, sometion began feeling bad, very drowsy and was making it hard for hithen, decided she room of the local here.	with hypoxia; asthma; influenza vel influenza A virus with other stations; narcolepsy; morbid ment disorder with anxiety. 1:30 AM, R61 said that on ime during the night, she physically. R61 said she felt as coughing a lot of phlegm, her to breath. R61 said she, needed to go to the emergency ospital; so, she asked the ill 911 on her behalf. R61 said				
	she did not remember spoke to, but the number going to call 911 for nothing wrong with at the facility. R61 amorning, she did not asked the same number told her, "No." R61	ber the name of the nurse she urse told her she was not r her because there was her, and she could get treated also said that the following ot feel any better; so, she urse to call 911, and, again, she added that the nurse told her ng medicine prescribed, so,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6008270	B. WING	_	02/0	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A' D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
\$9999	she would have to yo for her. R61 said she woke up, she let that she wanted to felt bad; so, she, even on 01/13/2025 and hospital. Lastly, R6 and spoke with V2 that V24 told her V2 that V24 told V24 V2 the facility but the node. On 01/29/2025 at 1 complaining of knew requested to go out medication. V2 said time, and that the facthe facility would be in the future. V2 said she stayed at the hospit for the flu while the medications prescribospital. V2 said she medical concerns for the flu while the medications prescribospital. V2 said she medical concerns for the flu while the medications prescribospital. V2 said she medical concerns for the flu while the medications prescribospital. On 01/29/2025 at 3 911 because she proposital. Per a progress note health record and concerns for the flu while the medical concerns for the fl	wait until the doctor ordered it he, then, fell asleep, and when het V24 (Family Member) know go to the hospital because she wentually, called 911, herself, was taken to the local 1 said V24 called the facility, (Director of Nursing), adding 2 didn't know what to say, and 2 would speak to the nurses at turses did what they wanted to 1:01 PM, V2 said R61 was be pain on 01/13/2025 and 1:02 said R61 was given pain 1:03 that R61 called 911 all the acility was warned R61, and 1:04 cited and fined for line abuse 1:05 that when R61 called 911 on 1:05 was no reason for her to be 1:06 did not know how long R61 was no reason for her to be 1:06 did not know how long R61 was unaware of any other or R61, other than having the was unaware of any other or R61, other than having the was unaware of any other or R61, other than having the 1:05 the facility staff did not share on R61 had on 01/13/2025 with the facility staff did not share on R61 had on 01/13/2025 with the facility staff did not share on R61 had on 01/13/2025 with R61 called of body pain; V19 nophen 650 mg at 6:30 PM; at PM, staff notified V19 that	\$9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6008270	B. WING		02/0	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND AND PARK, IL			
040.15	CUMMA DV CTA				TION	0.(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
	the fire department paperwork was give alert times four; R6	room on the phone with 911; arrived at 6:50 PM; proper en to the team lead; R61 was 1 was being transferred to the stretcher; and V19 informed or on duty.				
	Per progress note found in R61's electronic health record and dated 01/14/2025 at 7:16 AM, by V25 (LPN), V25 noted to have spoken with a staff member at the local hospital where R61 was taken to the hospital, and was told R61 had been admitted with pneumonia due to infectious organisms and had tested positive for the flu. Per a progress note found in R61's electronic health record and dated 01/15/2025 at 10:36 PM, R61 arrived back to the facility in stable condition via a private ambulance and was placed on isolation precautions for influenza.					
	assessment perform 01/12/2025 or 01/13 documentation of R on 01/13/2025, as so only documentation	head-to-toe physical med on R61, either on 3/2025 was found. Also, no 861 complaining of knee pain stated by V2, was found. The 1 found of an R61 complaint tote by V19 on 01/13/2025 that				
	01/15/2025, two ne prescribed for R61 Cefuroxime 500 mg two times daily for f mg capsule, one ca hours for four days medication adminis	discharge documents dated w medications were at the hospital; the antibiotic g tablet, one tablet by mouth ive days; and Oseltamivir 75 apsule by mouth every twelve Per R61's January 2025 tration record, Cefuroxime to R61 twice per day from				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008270	B. WING		02/0	3/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND A D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	01/16/2025 to 01/20/2025 and Oseltamivir 75 mg was given to R61 twice per day from 01/16/2025 to 01/19/2025.					
	Nurse" job descripti Duties: Recognize s	ered Nurse/Licensed Practical ion reads in part, "Essential significant changes in the its and take necessary action."				
	(A) Statement of Licens	sure Violations: (2 of 2)				
	300.1210b) 300.1210d)3) 300.1630a)					
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each te total nursing and personal esident.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the				

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STATE FORM 5899 Z1UO11 If continuation sheet 5 of 18

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6008270	B. WING		02/0	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	a) All medication by personnel who a medications, in accolicensing requirements and medications are shall have succourse in pharmaccy year's full-time superadministering medicification their duties including residents. These regulations with their duties including residents. These regulations with their duties including residents. These regulations with the facility facertified respiratory to perform respir	Administration of Medication ons shall be administered only re licensed to administer ordance with their respective ents. Licensed practical uccessfully completed a ology or have at least one ervised experience in cations in a health care setting e administering medications to were not met as evidenced by: ons, interviews, and record ailed to provide a credentialed staff, as required by state law, ory assessment, treatment, residents requiring respiratory 17, R79, R149) residents atory care in the sample of 58.	S9999			
	part, "Tracheostom	ler dated 10/06/2024 reads in y tube Portex 6." ler dated 12/04/2024 reads in				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6008270		B. WING		02/0	3/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A			
	Г		D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	part, "Oxygen: TP/	ГС 40% FiO2."				
	on 10/01/2024 with limited to Chronic F Hypoxia, Dysphasia Tracheostomy Stati	eneralized Anxiety Disorder,				
	R79's physician order dated 12/13/2024 reads in part, "TRACH: Other: Flex cuffless, SIZE: 6."					
	R79's physician ord part, "Oxygen: Trac	ler dated 12/13/2024 reads in th collar 40%."				
	R149 is a 56 year old male admitted to the facility on 12/10/2024 with diagnosis including but not limited to Respiratory Failure, Chronic Obstructive Respiratory Disease, Heart Failure, Epilepsy, Tracheostomy Status, and Anemia.					
	R149's physician or part, "Trach: Shiley	rder dated 01/24/2025 reads in , Size: 6 FLEX."				
	part, VENTILATOR	rder dated 01/24/2025 reads in SETTINGS: Mode: A/C, Rate: 50, PEEP: 5, FIO2: 40,				
	Therapy Director) s she's a student, wo unit). There are 20 assessed as needin attention. V5 (Resp not a student, but s our tasks, respirato suctioning, tracheo.	13 AM V4 (Respiratory aid, "It's me and another staff, rking today (on the respiratory residents, 19 have been ng respiratory therapist iratory Technician/Student) is he is not certified yet. Some of ry therapist, include stomy care, ventilator checks, onding to respiratory				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6008270	B. WING		02/0	3/2025
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	dependent resident On 01/27/25 at 12:0 (Respiratory Techni providing tracheoste (Respiratory Techni interview, "I have 10 today, in rooms 310 technician, I do ass I check vital signs, a On 01/27/25 at 01:3 (Respiratory Techni tracheostomy care going into R79's roo R79's room, V5 said tracheostomy care breathing treatment On 01/27/25 at 01:4 Technician/Student interview, "I've beer January of 2022. At respiratory therapis experience; howeve independently since been a full-time em changes, essentiall residents on the res initially hired (Janua have to finish respir period. The facility a to push me to finish to graduate in June register for the Cert (CRT) test that will a	ransporting tracheostomy is to the dialysis." 77 PM Surveyor observed V5 cian/Student) independently omy care to R149. V5 cian/Student) said upon 0 residents assigned to me 0-322. As a respiratory essments, tracheostomy care, and I also give medications." 87 PM Surveyor observed V5 cian/Student) gathering supplies and independently om. Shortly after, upon leaving d, "I just finish R79's and will be giving medications, it, to R67 next." 10 PM V5 (Respiratory) said in the follow up in working in the facility since of first, I was shadowing that to get my clinical er, I have been working er, I have	\$9999			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008270	B. WING		02/03/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		ST GRAND A' D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	On 01/27/25 at 01:45 PM Surveyor observed V5 (Respiratory Technician/Student) independently administer medications consisted of breathing treatment to R67.					
	part, "IPRATR/ALB ml via trach every 8	ler dated 12/04/2024 reads in UT 0.5MG-3MG/3ML NEB 3 3 hours related to CHRONIC ILURE, UNSPECIFIED HYPOXIA OR				
	Therapy Director) s "The condition give Technician/Student the credentials to g it is not documente the facility as a resp active license. V5 h I think she finished December of 2024 2025, so there is not that. There are no I can perform as a re can do everything t therapist job descri tracheostomy care, administration. V5 h	29 PM V4 (Respiratory aid in the follow up interview, in to V5 (Respiratory) was 6 to 12 months to obtain et respiratory certification, but d. The requirement to work in piratory therapist, is to have an easn't obtained her license yet, the respiratory program in but won't graduate until May of a documentation to confirm imitations as to what tasks V5 espiratory staff at this point, V5 that's listed under respiratory ption, such as assessments, and medication works independently and does sion while completing her				
	Director) said, "I factorientation, employ actions in the facilit checks and check I make sure to make active licenses but	52 AM V6 (Human Resources cilitate process of new hire ee relations, and corrective y. I also run background icenses (upon hire only) to sure new hired staff gave don't check after the initial ere when V5 (Respiratory				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008270	B. WING		02/0	3/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A			
ELMWOO		ELMWOO	D PARK, IL	60707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
\$9999	Continued From particles and the sure she's not therapist duties if she therapist." On 01/28/2025 at 1 Respiratory Technic respiratory Program (Respiratory Technic respiratory therapy hired as a student. She's completing he licensed respiratory duty, she has not but There is never a time A licensed respiratory duty, she has not but There is never a time A licensed respiratory duty, she has not but There is never a time A licensed respiratory duty, she has not but There is never a time A licensed respiratory duty, she has not but There is never a time A licensed respiratory duty, she has not but There is never a time to bottain her licensed respiratory does routine restime to obtain her licensed respiratory does routine restime to obtain her licensed respiratory does routine restime to obtain her licensed respiratory does routine resp		\$9999			
	approximately two y responsibility is res not allowed to do ve changes to ventilate therapist job descri	d supervising V5 for years now. V5's job piratory therapist job, but she's entilator set up, testing, and or setting. The respiratory ption doesn't differentiate imited to respiratory				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6008270	B. WING		02/0	3/2025
NAME OF PRO	VIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 02.0	0.2020
BRIA OF EL	BRIA OF ELMWOOD PARK 7733 WE ELMWOO					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
Or saa W av sh sta he tin the Or int we ho re: Or Re up co rai the by sta lic the co su ped dir ide sa un mi	aid, "Respiratory of then I started (October 1 started (October 2 started) and be supervised aff. Licensed resper on the same under the school and obtain 01/28/2025 at 1 terview V1 (Admired 1 need two respiratory therapisms of the company the spiratory therapisms of the company, but and ard for that. It is not 1/28/2025 at 0 and of the company, but and ard for that. It is not 1/28/2025 at 0 and of the company, but and ard for that. It is not 1/28/2025 at 0 and of the company, but and ard for that. It is not 1/28/2025 at 0 and of the second in order to be a second in order to be a second in order to the second in the second i	1:24 AM V1 (Administrator) lepartment is new to me. tober 2024), I was made addent working and that she ed by a licensed respiratory piratory staff has to work with lit. I don't know the acceptable ensed personnel to complete ain their license." 1:27 PM In the follow up inistration) said, "I was told that actory therapists for each 12 unted as one of the two its needed on the shift." 1:55 PM V7 (Regional in Director) said in the follow is no particular calculation to ratory therapist to resident at under 1:14, so 1 respiratory dents. The ratio was created at there is no federal or state seems reasonable." 1:56 PM V9 (Medical Director) ent care staff have to be provide patient care. Unless for direct patient care staff they should be directly upervisor's presence, when less. Students cannot provide selves. Students cannot provide selves. Students should as a student. The resident er one concerns if care by yen licensed staff makes	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6008270	B. WING		02/0	3/2025
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
	7733 WES	T GRAND A	VENUE		
BRIA OF ELMWOOD PARK	ELMWOO	D PARK, IL	60707		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES AUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
after, V6 (HR Director V10 (Respiratory Tecl "V10 was hired under and does not have a read of the very should be checking of when licenses are dulicenses should be in agreement was to have credentials upon grad and June 2025 for V5 is three years I think, program is two years. school." Surveyor clar competent to complet acute care decisions (Regional Respiratory had 1 on 1 orientation competence checks at the facility, and direct (Respiratory Therapy to define student approved to define student approved tracheal suctioning assessment that includevels, responding to emergencies, providing which consist of clear changing the dressing changes to the therap works with them. V5 a set up, testing and ch	censes for all active working in the facility. Shortly r) brought everyone's but hnician/Student) and said, r the same conditions as V5 respiratory therapy license." 42 AM V7 (Regional, "V6 (Human Resource spiratory Therapy Director) credentials every 2 years to be renewed, and active an employee file. The ve V5 and V10 obtain their duation, Dec 2024 for V10 obtain the respiratory program normally, the respiratory setting, V7 y Director) said, "V5 and V10 obtain the respiratory setting, V7 y Director)." Surveyor asked ropriate respiratory tasks, atory Director) said, "V5 and s, are their responsibilities rvision and consist of: oraling, general resident udes vital signs, oxygen alarms, responding on care to tracheal stoma, ning stoma site, and	S9999	DEFICIENCY)		

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6008270	B. WING		02/	03/2025	
	PROVIDER OR SUPPLIER	7733 WE	DDRESS, CITY, ST ST GRAND AV DD PARK, IL (/ENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	V10 do ventilator se ventilator setting, V Director) said, "I kn question"; however question. V5's (Respiratory To recent competency most recent in-serv training differentiate V10's (Respiratory recent competency most recent in-serv training differentiate R67's ventilator adr 01/01/2025 to 01/20 Technician/Student Technician/Student assessment, treatm times within the about R79's ventilator adr 01/01/2025 to 01/30 Technician/Student assessment, treatm times within the about R149's ventilator adr 01/01/2025 to 01/30 Observed tracheost 01/27/25 at 12:07 FTechnician/Student Per electronic mediare "vc99", V10's in R67's ventilator/aer	et up, testing, and changes to 7 (Regional Respiratory ow the answer to your refused to answer the echnician/Student) most check done 09/23/2022 and ice done 03/16/2024. Neither es V5 as a student. Technician/Student) most check done 01/25/2024 and ice done 03/08/2024. Neither es V10 as a student. Ininistration record dated 7/2025 shows V5 (Respiratory ent, and monitoring multiple ove time interval. Ininistration record dated 0/2025 shows V5 (Respiratory ent, and monitoring multiple ove time interval. Ininistration record dated 0/2025 shows V5 (Respiratory ent, and monitoring multiple ove time interval. Idministration record dated 0/2025 does not show omy care performed on ent by V5 (Respiratory ent). Ininistration record dated 0/2025 does not show omy care performed on ent by V5 (Respiratory ent).					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	IL6008270		B. WING		02/03/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	ELMWOOD PARK		T GRAND A D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	01/16/2025, 01/19/2 and 01/27/2025 shot Technician/Student checks, providing the respiratory assessor R67's ventilator/aer 01/10/2025, 01/11/2 01/24/2025 show V Technician/Student checks, providing the respiratory assessor R79's ventilator/aer 01/01/2025, 01/05/2 01/18/2025, and 01 (Respiratory Technician/Student ventilator setting characteristic care, completing resuctioning. R79's ventilator/aer 01/10/2025, 01/11/2 01/24/2025 show V Technician/Student checks, providing the respiratory assessor R149's ventilator/aer 01/01/2025, 01/04/2 01/10/2025, and 01 (Respiratory Technician/Student checks, providing the respiratory assessor R149's ventilator/aer 01/01/2025, 01/04/2 01/10/2025, and 01 (Respiratory Technical ventilator setting characteristic care, completing resuctioning.	2025, 01/21/2025, 01/24/2025, ow V5 (Respiratory c) performing ventilator setting racheostomy care, completing ment, and suctioning. Tosol flowsheets dated 2025, 01/18/2025, and (10 (Respiratory care, completing ment, and suctioning. Tosol flowsheets dated 2025, 01/18/2025, and (10 (Respiratory care, completing ment, and suctioning. Tosol flowsheets dated 2025, 01/13/2025, 01/16/2025, 01/21/2025, 01/24/2025, 01/27/2025 show V5 ician/Student) performing mecks, providing tracheostomy espiratory assessment, and (10 (Respiratory care, completing ment, and suctioning. Tosol flowsheets dated 2025, 01/18/2025, and (10 (Respiratory care, completing ment, and suctioning. Tosol flowsheets dated 2025, 01/05/2025, 01/07/2025, 01/05/2025, 01/07/2025, 2025, 01/16/2025, 01/25/2025, 01/125/2025, 01	S9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	IL6008270		B. WING		02/03/2025	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
BRIA OF	ELMWOOD PARK		T GRAND A D PARK, IL			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
\$9999	V10 (Respiratory Toventilator setting chare, completing resuctioning. August 2024 - Januschedule lists V5 (Fechnician/Student Technician/Student no assigned precepstudent designation. The facility assessment shows, "Respiratory Therapist 7p-7a - 2 Staff list provided be both V5 (Respiratory Therapist 7v) (Respiratory Therapist 7v) (Respiratory Therapist 7v) (Respiratory Therapist to patient the respiratory therapist to patient the respiratory therapist to patient the respiratory therapist (Respiratory Therapist V5's (Respiratory T6's (Respir	echnician/Student) performing tecks, providing tracheostomy spiratory assessment, and lary 2025 respiratory therapy Respiratory (Respiratory) and V10 (Respiratory) as respiratory therapists with otor and no indication of n. ment "Overall Staffing Needs" of Therapist Director 7a-7p - 1, ist 7a-7p - 1, and Respiratory " by the facility misrepresents, ry Technician/Student) and echnician/Student) and echnician/Student) as ists. facility does not ensure ed certified respiratory ratio by including students in apy schedule. echnician/Student) healthcare ov 5 as "Technical, Unlicensed nnel. Technician/Student) registry lists V10 as "Technical, re	\$9999			

Illinois Department of Public Health

STATE FORM 5899 Z1UO11 If continuation sheet 15 of 18

Illinois Department of Public Health

T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IL6008270		B. WING		02/0	02/03/2025	
PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	TATE ZIP CODE			
NOVIDEN ON OUT FIEN						
ELMWOOD PARK						
SLIMMARY STA				ION	(VE)	
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE	(X5) COMPLETE DATE	
Continued From pa	ge 15	S9999				
listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing."						
signed by V10 (Res 04/27/2022 reads in Graduate of an acc program; 2. Respiration listed as Respirator	piratory Technician) on n part, "Qualification: 1. redited Respiratory Therapy atory Therapist certification is y Care Practitioner in the					
The purpose of the the public by setting education, training, seek to obtain a lice respiratory care prastandards of profes licensed to practice of Illinois, and to proun professional compractice respiratory which is required to respiratory care pra "Proximate supervise which an individual actions of another in physically close endineeded, by the super "Respiratory care ended, by the super "Respiratory care ended an evaluation of constandardized testing standardized testing educations."	Act is to protect and benefit a standards of qualifications, and experience for those who ense and hold the title of ctitioner, to promote high sional performance for those respiratory care in the State otect the public from duct by persons licensed to care. "Licensed" means that hold oneself out as a ctitioner as defined in this Act. sion" means a situation in is responsible for directing the individual in the facility and is ough to be readily available, if ervised individual. ducation program" means a study leading to eligibility for on in respiratory care. The proved by an accrediting by the Board and shall include in mechanism that is					
	Continued From palisted as Respirator State of Illinois; 3. Caranding." The facility "Respirator State of Illinois; 3. Caranding." The facility "Respirator State of Illinois; 3. Caranding." The facility "Respirator State of Illinois; 3. Caranding." "Respiratory Care For The purpose of the the public by setting education, training, seek to obtain a lice respiratory care prastandards of professional conception of the the public by setting education, training, seek to obtain a lice respiratory care prastandards of professional conception of the the public by setting education, training, seek to obtain a lice respiratory care prastandards of professional conception of the the public by setting education, training, seek to obtain a lice respiratory care prastandards of professional conception of the the public by setting education of constandards of another in physically close encorporation of another in physically close encorporations of another in physically close encorpor	ELMWOOD PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." The facility "Respiratory Therapist" job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, "Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practice Act" reads in part, "The purpose of the Act is to protect and benefit the public by setting standards of qualifications, education, training, and experience for those who seek to obtain a license and hold the title of respiratory care practitioner, to promote high standards of professional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care. "Licensed" means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. "Proximate supervision" means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. "Respiratory care education program" means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and	IL6008270 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, S 7733 WEST GRAND AY ELMWOOD PARK, IL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." 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The facility "Respiratory Therapist" job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, "Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practice Act" reads in part, " The purpose of the Act is to protect and benefit the public by setting standards of qualifications, education, training, and experience for those who seek to obtain a license and hold the title of respiratory care practitioner, to promote high standards of professional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. "Proximate supervision" means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. "Respiratory care education program" means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and	ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE T733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 15 Islated as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." The facility "Respiratory Therapist" job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, "Qualification: 1. Graduate of an accredited Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing." "Respiratory Care Practitioner in the State of Illinois, and to protect the public by setting standards of qualifications, education, training, and experience for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care in the State of Illinois, and to protect means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. "Proximate supervision" means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. "Respiratory care education program" means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board to be both valid and	

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6008270						
		B. WING		02/03/2025		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
	ELMWOOD DARK	7733 WES	T GRAND A	VENUE		
DRIA UF	ELWWOOD PARK	ELMWOO	D PARK, IL	60707		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

Illinois Department of Public Health

her that the license has been denied. No

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED			
		IL6008270	B. WING		02/0	3/2025	
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BRIA OF	BRIA OF ELMWOOD PARK 7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
S9999	applicant for licensu provisions of this su professional respira direct supervision o professional or auth no instance shall ar	ge 17 ure practicing under the absection (c) shall practice atory care except under the f a licensed health care norized licensed personnel. In my such applicant practice or supervisory capacity."	S9999				

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