

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0051136		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 06/18/2025
NAME OF PROVIDER OR SUPPLIER BRIA OF PALOS HILLS		STREET ADDRESS, CITY, STATE, ZIP CODE 10426 SOUTH ROBERTS , PALOS HILLS, Illinois, 60465			
(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) COMPLETION DATE
S9999	Final Observations Complaint Investigation 2595331/IL194284 - 300.690a)b)c) Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement is NOT MET as evidenced by: Based on interview and record review, the facility		S9999		

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued from page 1</p> <p>failed to report a fall which prompted emergent transfer to the hospital for one (R1) of four residents reviewed for falls and change in condition.</p> <p>Findings include:</p> <p>R1 is a 57-year-old, male, admitted in the facility on 06/01/25 with the following diagnoses: Cardiogenic Shock; Presence of Automatic Cardiac Defibrillator; Acute on Chronic Systolic (Congestive) Heart Failure; Ischemic Cardiomyopathy; and Non-ST Elevation Myocardial Infarction. MDS (Minimum Data Set) dated 06/08/25 recorded R1's BIMS (Brief Interview for Mental Status) score of 15 which means intact cognition.</p> <p>Progress notes dated 06/10/25, R1 was observed on the floor, laying on his stomach. V5 (Licensed Practical Nurse, LPN) asked R1 if he was okay but he (R1) was moaning and exhibiting some body movements. V5 tried to turn him (R1) over but he cannot. Pulse and oxygen saturation were the only vitals taken due to his position, resulted to pulse of 67 and oxygen saturation at 98%. Paramedics were called, came and transferred him (R1) to stretcher and began performing cardiopulmonary resuscitation (CPR) and was transferred to the emergency room.</p> <p>Hospital records dated 06/10/25 documented R1 presents to the emergency room due to a fall and became pulseless. R1 was admitted to hospital with diagnosis of cardiac arrest.</p> <p>On 06/17/25 at 2:14 PM, V3 (Director of Nursing) was asked if R1's fall incident and hospital transfer was reported to local state agency. V3 replied, "We did not do a reportable because he does not have injury from the fall. The paramedics' call is for the fall."</p> <p>On 06/18/25 at 11:15 AM, V9 (Assistant Director of Nursing) was also asked regarding incident reports. V9 stated, "If there is a major injury like fractures, sutures or staple to a laceration, then we will report it to local state agency. Per V1, she did not do a reportable on R1's fall because there was no injury."</p> <p>Facility's policy titled "Reporting of Unusual Occurrences" dated 4/2024 documented in part but not</p>	S9999		

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S9999	<p>Continued from page 2 limited to the following:</p> <p>Purpose: To provide a process for the reporting and reviewing unusual occurrences.</p> <p>Facility's policy did not address reporting to local state agency.</p> <p>"C"</p>		S9999		