

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145784	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER BRIAR PLACE NURSING		STREET ADDRESS, CITY, STATE, ZIP 6800 WEST JOLIET INDIAN HEAD PARK, IL 60525	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0584 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. Based on observation, interview, and record review the facility failed to maintain water in the third floor shower room at a comfortable temperature for bathing . This has the potential to affect all 77 residents who currently reside on the third floor and use the third floor showers. Findings include: 9-29-2020 at 11:00am, R4 said, the water temperature is too cold in the third floor I told V1 (Administrator). I cannot shower as I would like to because the water is too cold. 9-29-2020 at 1:20pm, R1 said the water is cold in the third floor shower room, sometimes we need to let it run for over one hour; sometimes it does not get warm. I told V4 (Maintenance Director) many times, I cannot take a shower every day because the water is too cold. 9-29-2020 at 2:00pm, R2 said the water is not hot in the third floor shower room, I cannot take my daily showers because the water is too cold. I told V4 and V1 about it for the last few months. Sometimes I need to go down to the other floors to take a shower because the water is too cold on the 3rd floor. 9-29-2020 at 10:58am, in the 3rd floor shower room, V4 said, we have one shower room per floor and in each room we have four individual shower stalls, shower stall #1 is out of service. V4 took the temperatures in the shower stall #2 the temperature was 77 degrees Fahrenheit; shower stall #3 the temperature was 92 degree Fahrenheit; shower #4 temperature was 100 degree Fahrenheit. V4 said the temperature in all stalls should be at least 100 degrees Fahrenheit. 9-29-2020 at 2:30 pm, V1 said the temperature of the hot water needs to be higher than what it is.		
F 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to document administration of antipsychotic medication as ordered for three (R5, R12 and R13) out of eight residents reviewed for documentation of medication administration. Findings include: R5 is a [AGE] year old male originally admitted on [DATE] with [DIAGNOSES REDACTED]. R5 Medication Administration Record [REDACTED]. On 9-30-2020, R5 said sometimes I do not get my medications. R12 is a [AGE] year old male originally admitted on [DATE] with [DIAGNOSES REDACTED]. R13 is a [AGE] year old male originally admitted on [DATE] with [DIAGNOSES REDACTED]. R13 Medication Administration Record [REDACTED]. 9-30-2020 at 10:15 am, V2 (Director of Nursing) said, I expect the nurses to follow the doctor's orders and give the medications to the patients as ordered. If the MAR indicated [REDACTED]. 9-30-2020 at 1:10pm, V12 (Advanced Nurse Practitioner) said, I expect the nurses to follow the doctor's orders and give the medications timely and properly documented in the MAR. Policy titled, Administration of Medication (dated 1-1-2020) reads: to ensure safe and effective administration of medications in accordance with physician orders, the individual administering the medication shall initial the resident's Medication Administration Record [REDACTED]		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.