STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145784	A. BUILDING _____ B. WING _____	**07/24/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BRIAR PLACE NURSING	**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 0600 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.** Based on interview and record review the facility failed to develop interventions to address potential for abuse in one resident (R13) reviewed for abuse. This failure resulted in R13 striking another resident (R2) in the facility. Findings include: 5/14/2020 at 8:00 AM, The progress notes for R13 read, the resident was lying in her bed when she stood up and walked over to the peer's chair and hit her (R14) because the peer laughed at her. The State Report of Abuse dated 5/21/2020 reads, on May 14th (R14) reported to staff that she was sitting in her room when (R13) hit her. Current care plan reviewed for R13, did not include any interventions developed after the incident of physical aggression by R13. 7/14/2020 at 6:05 AM, The progress notes for R13 reads, this writer went to residents room after resident was removed from room by CNA (Certified Nursing Assistant) after CNA witnessed her striking her roommate (R2) in the right knee and her roommate scratched both of her arms. The State Report of Abuse dated 7/17/2020 reads, on 7/14/2020 (R13) became angry at (R2) due to yelling out and went over to her bed and it her. R13 reported that she could not handle (R2) due to yelling out and went over to her bed and hit her. The care plan for R13 does not include any interventions developed after the incident of physical aggression by R13. 7/23/2020 at 2:00 PM, V10 (Psychiatric Services Rehabilitation Coordinator) said, R13 should have interventions added after each incident of physical aggression. Interventions should be updated upon each physical aggression. The PRSC assesses the residents within 24 hours of the incident and updates the care plan. If the PRSC assigned to the resident is not available then another PRSC completes the assessment and update. 7/23/2020 at 2:40 PM, V11 (Psychiatric Services Rehabilitation Director) said, the PRSC is responsible for reviewing the care plan and updating the interventions. The care plan should be updated the next day. The PRSC is assigned a buddy to follow up if the assigned PRSC is not available. R13's care plan should have been updated after each report of an altercation. The Abuse Prevention Program Facility Policy and Procedure reads, through the care planning process, staff will identify any problems, goals and approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents.
F 0625 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.** Based on interview and record review the facility failed to provide a Notice of Bed Hold to three (R8, R9, and R10) of three residents reviewed for discharge procedures. Findings include: 7/9/2020 at 12:35 PM, R8's Progress Note reads, resident alert and oriented, able to make needs known to staff. Resident denies pain or discomfort when asked. Resident transferred to hospital, condition stable. 7/9/2020 at 3:00 PM, R9's Progress Note reads, the resident was transferred to emergency room via ambulance. 7/9/2020 at 11:39 AM, R10's Progress Note reads, NP (Nurse Practitioner) here on unit and assessed resident. Heart rate=140. Blood pressure 180/110, O2 (oxygen) saturation =98% room air. D/T (Due to) elevated HR (heart rate) will transfer resident to emergency department for evaluation. On 7/22/2020 at 1:45 PM, V12 (LPN) said, when a resident is transferred to the hospital we notify the Power of Attorney, Director of Nursing, and the Administrator. The Notice of Bed Hold is usually given to the paramedics. I did not give it to the resident (R10). On 7/22/2020 at 2:50 PM, V7 (LPN-Licensed Practical Nurse) said, it was hectic and I may not have charted that the Notice of Bed Hold was sent with (R9) when he was sent to the hospital. On 7/22/2020 at 3:45 PM, V1 (Administrator) said, if a resident is alert and oriented the Notice of Bed Hold is given to them. If the resident is not coherent the patient copy and the hospital copy is given to the paramedics. Social workers should follow up if the patient is admitted to the hospital. We have not been able to follow up at the hospitals since the Covid-19 restrictions were put in place. A policy titled Discharge/Transfer of Resident reads, 11. Document discharge summary. Include notes on specific instructions given (medications, dressings, etc.) to resident and responsible parties in lay terminology.

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.