Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6001283 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIA OF RIVER OAKS BURNHAM, IL. 60633** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigations 2297882/IL151833 and 2298029/IL152017 S9999 **Final Observations** S9999 Statment of Licensure Violations: 300.610 a) 300.1210 b) 300.3210 t) 300.3240 a) Section 300.610 Resident Care Policies 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 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 Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal

Illinois Department of Public Health

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

TITLE

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6001283 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIA OF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Section 300.3210 General The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or nealect a resident. These regulations are not met as evidenced by: Based on interview and record review, the facility failed to follow their abuse policy by not ensuring resident are free from verbal and physical abuse. This affected 2 of 3 (R1, R5) residents reviewed for abuse. These failures resulted in R1 having items snatched from his hand and being velled at by facility staff, and R1 admitting he feels vulnerable, unsafe, with the inability to protect himself; and R5 being attacked by a peer and R5 sustaining a laceration to the scalp. Findings include: 1. The facility's incident report, dated 10/5/2022, regarding R1, documents the following: "It was reported on 10/5/2022, around 1:30 PM that resident reported an allegation of abuse where he was involved in an incident with staff (V8)." R1's face sheet documents at 50 year old male with history including: hemiplegia and hemiparesis following cerebral infarction affecting

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C **B. WING** IL6001283 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIA OF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 left dominant side, partial traumatic amputation of right foot, depression, acute hematogenous osteomyelitis, multiple sites, Polyneuropathy, and peripheral vascular disease. R1's Minimum Data Sheet (MDS), dated 8/10/2022 section C, documents R1's mental status is intact, as noted in the Brief Interview for Mental Status (BIMS) score of 15 out of 15. R1's MDS Section G documents R1 requires extensive assist and two+ person's physical assist with Activities of Daily Living On 10/5/2022 at 1:07 PM, surveyor heard loud screaming/arguing and hollering like someone screaming "Ohhh", coming from a residents room; sounded like at least 2 male voices. On 10/5/2022 at 1:09 PM, surveyor heard V8 (Social Service Director) scream something (perhaps, "you okay now!") at the door way of R1's room; then V8 walked towards surveyor. On 10/5/2022 at 1:10 PM, R1 states V8 (Social Service Director) hurt his arm when he grabbed him and snatched money out of his hand. V8 had asked him if he ordered food yesterday and didn't pay for it. R1 was trying to explain that "CNA (Certified Nursing Assistant) had my money for the food and the delivery guy did not take the money because I usually pay with a card and the delivery people thought is was paid." Surveyor stated to R1, "I heard some hollering." V8 stated, "I hollered because it hurt." R1 stated he did not give V8 his money. V8 "snatched" R1's money out of R1's hand. On 10/5/2022 at 1:12 PM, V6 (Certified Nursing

Assistant/CNA) was at the nurses station, with a direct view into R1's room, and stated she saw

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED C B. WING IL6001283 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIA OF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 V8, "He grabbed at (R1)", and demonstrated what she saw V8 do to R1 (she acted out a reaching down and snatching back motion). V6 stated V8 grabbed at R1 "very aggressively." On 10/5/2022 at 1:13 PM, V7 (CNA) was at the nurses station, with direct view into R1 room, and stated she saw V8 grab at R1, and "it was very aggressive." V6 and V7 state they saw V8 leaving the room with money in his hand. On 10/6/22 at 11:52 AM, R14 (Alert and oriented x3 roommate of R1, and in the room at the time of incident) stated, "I heard (V8) and (R1) arguing. (V8) was loud and mean to (R1). I would not want (V8) to talk to me in that tone." On 10/6/22 at 11:43 AM, R1 said, "I can't protect myself. I felt vulnerable. V8 was veiling at me. which put me at a defense. I didn't know who (V8) was. I thought (V8) was a well-dressed resident. (V8) demanded that I give him the money from a restaurant order I placed yesterday. The restaurant dropped off the food and forgot to get my money. The food was at the front desk, I normally pay with a credit card. I called the restaurant to report they forgot to get the money." R1 stated he told V8 he, " didn't know who he was and I wasn't giving him sh*t. Then (V8) grabbed me on the collar." R1 demonstrated being grabbed on the collar by placing his right hand on the top of his t-shirt, closing his hand to a fist, grabbing his shirt and balling/twisting the shirt around the neck. "While holding my shirt around the collar, (V8) snatched my money out of my left paralyzed hand, and pulled my arm by accident." R1 stated, "I felt intimidated." R1 stated, V8 "treated me like a kid and antagonized me by sticking out his tongue when leaving my room.'

R1 reported how he felt like crying. R1 states, "I

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(X3) DATE SURVEY COMPLETED

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE BURNHAM, IL 60633							
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S9999	3:06 PM, document reported an alleged Incident reported procedures. Reside shoulder, PRN med R1's Social Worker 10/5/2022 at 4:08 Following: It was restated that he and a	ess note, dated 10/5/2022 at ts the following: Resident I incident with a staff member. er facility policies and ent c/o pain to his left dications given per orders. The progress note, dated PM by V42, documents the ported that resident allegedly a staff member were in an staff member was aggressive	S9999	# # # # # # # # # # # # # # # # # # #			
	10/5/2022 at 4:27 F following: Staff me with him after the ir wellbeing. R1 appetime. Writer assure and encouraged him	progress note, dated PM by V42, documents the t with R1 on 1:1 to follow up neident and to check on his ears stable and calm at this ed the resident of his safety m to always seek for staff concern. Staff will continue to ment as needed.		(A)		П	
	stated regarding 10 front desk and a ve for food R1 purchas R1, and he wasn't is smoking." V8 state and saw Human Rethe vendor. V8 state and he (R1) was be asked R1 what hap pay for it. V8 stated and put it on his tab CNA brought mone	1:15 AM, via telephone, V8 0/5/2022 with R1, he was at the endor came asked for money sed. V8 stated he looked for in his room, "maybe he was ed then he went downstairs esources give the money to ed he went to resident's room ack in his room. V8 stated he opened with food, and he didn't IR1 said "this is the money" ole. V8 stated, R1 said the by back to him. V8 stated R1 the restaurant to have guy				N 3	

Illinois Department of Public Health STATEMENT OF DEFICIENCIES

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
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		IL6001283	B. WING		C 10/13/2022			
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BRIA OF RIVER OAKS 14500 SOUTH MANISTEE BURNHAM, IL 60633								
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£	Human Resources would give the mon reimburse them. Su say. V8 states, "(Rokay." V8 stated, h	noney. V8 stated he told R1 paid already, and he (V8) ey to Human Resources to rveyor asked what did R1 1) did not say anything, just he then took the money off the stated he told R1 he must						
	raised his voice at n wants to call his mo screamed at him or he never grabbed o stated, "He (R1) wa him. All he said is	raised my voice. (R1) never ne, and (R1) just said he ther." V8 stated R1 never raised his voice. V8 stated r touched R1 in any way. V8 sn't upset when I was with he wanted to call his mother." walked outside the room and						
2 N 2 N 8	talked to R1 on 10/5 restaurant called hir smoking. (R1) said back. (R1) said he h (V8)." V1 stated R1 words, then V8 snat now was feeling pai "heard (V8) and (R1 offended about wha screaming at a resic something out of res	e Coordinator) stated she id/2022, and "he said the me when he came back from CNA gave him his money and money and showed it to said he and V8 did exchange ched money from him and in his arm. V1 stated R22) yelling." V1 stated R1 felt		46				
iii	,documents. Discou	ort incident, dated 10/5/2022 Irteous behavior. Employee Ir service training before he						

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(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

10 1 PRINTED: 11/03/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001283 B. WING 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIAOF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 2. R5's Brief Interview for Mental Status, dated 10/1/22, documents a score of 13, which indicates cognitively intact. R5's Care plan, dated 9/28/22, documents: R5 is at risk for potential abuse and neglect due to the diagnosis of Bipolar disorder. Incident report, dated 9/28/22, documents: R5 reports another resident (R6) hit him with something. R5 was observed with blood on R5's head. Injury: Laceration top of scalp. R5 statements documents: "I was heading to the dining room when this guy (R6) cursed me out and hit me for nothing. He (R6) seemed angry. He (R6) hit me on the head." R6's Behavior Assessment, dated 9/28/22, documents: Physically aggression toward self/other. Verbally aggression. Resident (R6) was involved in an altercation with a fellow peer (R5). Final Investigation, dated 10/3/22 ,documents: R5 stated he was on his way downstairs, when R6 began making derogatory remarks. R5 responded. Then R6 became physically aggressive. On 10/6/22 at 5:15 PM, R5 said, "I don't want to talk about it." R5 refused to elaborate about the incident dated 9/28/22.

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On 10/7/22 at 4:44 PM, V27 (Nurse) said, "(R5)

On 10/7/22 at 5:04 PM, V29 (Treatment Nurse) said, "(R5) had a laceration measuring 1cm x 0.2cm x 0.0cm (no depth). I applied steri-strips to

was hit by (R6) in the head."

PRINTED: '11/03/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6001283 B. WING 10/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIA OF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 8 (R5's) head after the altercation with (R6)." On 10/11/22 at 12:25 PM, V40 (Nurse Practitioner) said, "(R5) had an altercation with (R6). I saw (R5) with a small portion of the top of (R5's) head shaved with a new dressing on top." On 10/12/22 at 10:55 AM, V43 (Social Service) said, "(R5) said something to (R6). (R5) would not report what was said during our interview. (R6) became physical aggressive with (R5). (R6) hit (R5) on the head causing an injury that required steri- strips." The facility's Abuse police documents the following: This facility affirms the right of our residents to be free from abuse, neglect. exploitation, misappropriation of property or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. Physical abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention (whether or not actually given). Physical abuse includes hitting, slapping, pinching, kicking and controlling behavior through corporal punishment (B)

Illinois Department of Public Health