Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010086	B. WING		C	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BRIA OF PALOS HILLS 10426 SOUTH ROBERTS						
PALOS HILLS, IL 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 SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
S 000	Initial Comments		S 000			
,	Facility reported inc	ident of 4/26/23/IL159539 ident of 5/1/23/IL159970 ident of 5/26/23/IL160634				
S9999	Final Observations		S9999			
	Statement of Licens	sure Findings (1 of 2):		· · · · · · · · · · · · · · · · · · ·		
	300.610a) 300.1210b) 300.1830a) 300.3210t)	34 ×				
	Section 300.610 Re	sident Care Policies				
e de la companya de l	procedures governi facility. The written be formulated by a Committee consisting administrator, the a medical advisory co of nursing and other policies shall complete.	shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the mmittee, and representatives a services in the facility. The y with the Act and this Part. shall be followed in operating				
,	Section 300.1210 G Nursing and Person	eneral Requirements for al Care	-			
	care and services to practicable physical well-being of the res each resident's com- plan. Adequate and care and personal of	shall provide the necessary attain or maintain the highest mental, and psychological sident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal		Attachment A Statement of Licensure Violation	ons	

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

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 06/09/2023 IL6010086 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Section 300.1830 Records Pertaining to Residents' Property The facility shall maintain a record of any resident's belongings, including money, valuables and personal property, accepted by the facility for safekeeping. This record shall be initiated at the time of admission and shall be updated on an ongoing basis and made part of the resident's record. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These requirements were not met as evidenced by: Based on interview, and record review the facility failed to lock and secure a resident's personal belongings after being sent to the hospital. This affects one (R7) of three residents reviewed for misappropriation of property. This failure resulted in R7 having his wallet and credit cards stolen. R7 expressed feelings of being violated, angry, and frustrated. Findings include: R7 was admitted on 4/7/23 with diagnosis listed in part to: End stage renal disease, Acute respiratory failure, Pressure ulcer of sacral region. R7 is alert and oriented x 3, able to verbalize needs to staff. Care plan indicated that

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R7 is at risk for abuse and neglect related to his

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 06/09/2023 IL6010086 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DEFICIENCY) S9999 Continued From page 2 S9999 medical diagnosis/condition. On 5/31/23 at 10:11am, observed R7 lying in bed. R7 is alert and oriented x 3, able to verbalize needs to staff. R7 said his wallet was stolen while he was in the hospital and fraudulent activities occurred in his credit cards. R7 said his former roommate took his wallet and distribute it to other residents and used it for their personal needs. R7 wanted to file a case against them, but the police and facility discouraged him. They said that these residents are old, indigent and they don't have anywhere to go. They said that R7 has poor chances of winning the case and advised R7 to go after the bank to refund his money and dispute the charges, R7 said he felt violated, angry, and frustrated. R7 said that he does not have lock drawer that he can keep his valuables. On 5/31/23 at 1:26pm, review of R7's incident report of misappropriation of property with V1 Administrator dated 5/1/23 indicated: Upon R7's returning to the facility from the hospital this afternoon, R7 stated that he is missing his wallet containing credit cards and insurance cards and a black cellphone. Facility searched R7's room and did not locate the items. Facility assisted resident with contacting credit card companies to lock cards and alert for fraudulent activities. Facility initiated investigated. Local police department called and reported incident to Officer. No police report was generated. Reported to IDPH and Ombudsman. It was discovered fraudulent charges were incurred while R7 was at the hospital. R7 is not sure if there is a connection between his wallet and phone missing because he believed the phone may have been misplaced while he was being provided incontinent care.

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Follow up investigation:

Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 06/09/2023 IL6010086 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10426 SOUTH ROBERTS **BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 Alleged Perpetrator: 1. R11 - R11 stated that R11 got the wallet (R7's) because he thought the resident (R7) was not returning from the hospital. R11 then gave the cards to 3 other residents (R8, R9 and R10) to purchase items for him. R11 stated that other residents used the cards for their own items, and he did not tell them to do that. When he heard that R7 returned from the hospital, he asked the other residents for the cards back and informed SW of the wallet's location. R11 apologized and stated the situation got out of hand. 2. R8 - R8 stated R8 was asked by R11 to go to the store on 4/30/23 using the cards that R8 thought was given to R11 by R11's family. R8 ran the errands and purchased the items for R11 and gave R11 back the cards. R8 stated that on 5/1/23 people in the facility were talking about missing cards and R8 realized he used credit cards that did not belong to R11' R8 asked R11 why R11 would give R8 cards that weren't his (R11) or his (R11) family's. R8 apologized and stated he wouldn't have used the cards if R11 told him it didn't belong to R11's family. 3. R9 - R9 stated R9 was given credits cards by R11, and R11 asked R9 to run errands for R11. R9 stated R11 gave R9 the cards again to order items from Amazon for R10. R9 stated R11 asked R9 to use the cards again to order pizza. R9 stated R9 had no idea where the cards came from until 5/2/23 when R9 heard the facility is looking for missing credit cards. R9 was apologetic and wanted to make a personal apology to R7 for using his cards. 4. R10 - R10 stated that R9 came to the room

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and got the cards. R10 stated R10 ordered a shirt for R10 but cancelled the order. R10 stated R9

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FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 06/09/2023 IL6010086 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **10426 SOUTH ROBERTS BRIA OF PALOS HILLS** PALOS HILLS, IL 60465 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 4 \$9999 tried to give R10 the cards but R10 refused since R10 did not know how to use the cards. Staff on the units were interviewed and stated they did not hear or witness anyone who may have taken the items from the resident's room while R7 was in the hospital. On 6/7/23 at 9:58am, review of R7's Police Report with V1 Administrator indicated: Police report dated 5/1/23. Nature: Citizen assist. Theft, Called by V1 Administrator. Wallet and cell phone missing. Spoke with subject (R7) who explained that his wallet and black cellphone were stolen between 4/21/23 to 5/1/23. His wallet contained 3 credit cards, Illinois driver's license and a link card. There was no cash inside the wallet, His credit one credit card had 4 fraudulent charges in the sum of approximately \$1000.00. He (R7) contacted all 3 credit cards companies and cancelled all his accounts. No complaint wants to be signed. He (R7) just wants his incident documented for now. V1 has launched an internal investigation regarding this matter. Nothing further. A couple days after this incident the facility contacted me and advised me that they located the subjects missing items with another resident. The items have been returned to the subject. 5/10/23. The subject (R7) contacted me and left me a voice message explaining he wanted to sign complaints against the resident that had his items. 5/11/23, I called the subject back and advised him (R7) that since his items have returned and the

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credit card companies will eventually reimburse him for the fraudulent charges, charges should not be filed at the time. Advised subject to call me back if a problem occurs with the credit card