STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057950	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF ELMWOOD PARK	**7733 WEST GRAND AVENUE , ELMWOOD PARK, Illinois, 60707**

(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
S0000	Initial Comments Complaint Investigation 25911257/2670723 25911407/2675437	S0000		12/22/2025
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)1)2)3) Section 300.610 Resident Care Policies a) 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 plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		12/22/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to ensure that a resident received care and services in accordance with professional standards of practice by failing to monitor potassium levels after initiation and continuation of potassium supplementation and by failing to recognize and act upon a critically abnormal laboratory value. The facility did not ensure timely laboratory monitoring for a resident receiving potassium and failed to notify the provider or initiate emergent medical intervention when a critically high potassium level of 8.4 mEq/L (normal range 3.5–5.1) was identified. These failures applied to one (R1) of three residents reviewed for nursing care and resulted in R1 not receiving medical intervention for critically high potassium level; R1 subsequently experienced cardiac arrest in the facility and expired four days after the laboratory result was obtained. Findings include:R1 was a 77-year-old female admitted to the facility in April 2025. R1 expired in the facility on 10/19/2025. R1 medical diagnoses included (but not limited to): chronic obstructive pulmonary disease, essential (primary) hypertension, hypertensive heart disease without heart failure, atherosclerotic heart disease of native coronary artery without angina pectoris, aneurysm of the descending thoracic aorta, without rupture, and aneurysm of the ascending aorta, without rupture. Review of R1's facility medical record show that R1 was being treated for low potassium levels (hypokalemia).	S9999		

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S9999	Continued from page 2 R1 lab report dated 09/01/25 documents potassium level of 3.0 mEq/L (normal range 3.5 – 5.1); report flagged as containing abnormal results. This lab report was reviewed by V4 (Licensed Practical Nurse) on 09/02/2025 12:34. Nurse progress note written by V4 dated 9/2/2025 12:36 reads: CBC and CMP reviewed by NP and new order given for Potassium 40 Meq p.o. 1 x, noted and carried out. Review of Medication Administration Record (MAR) for R1 for September 2025 does not include any documentation that this order was administered to R1. There is no documentation or order showing that labs were ordered to be repeated after this intervention. R1 lab report dated 10/01/25 documents potassium level of 2.0 mEq/L (normal range 3.5 – 5.1); report flagged as “critical.” This lab report was reviewed by V4 on 10/01/2025 23:02. Nurse progress note written by V4 on 10/1/2025 23:53 reads: Spoke to V5 (Nurse Practitioner) to relay abnormal lab K+ 2.0, new orders given for Potassium 40 Meq p.o. x 3 days, repeat BMP in a.m., and give 5% dextrose 0.45% sodium chloride at 75ml/hr x 500ML. Noted and carried out. Supervisor is aware. R1 lab report dated 10/02/25 documents potassium level of 2.5 mEq/L (normal range 3.5 – 5.1); report flagged as containing abnormal results. This lab report was reviewed by V6 (Registered Nurse) on 10/02/2025 14:51. There is no documentation that V6 took any actions after reviewing this lab report in regard to the abnormal lab value. 12/23/25 at 2:02PM V6 (RN) was asked if she recalled caring for R1 and reviewing R1’s lab values. While reviewing R1’s EMR (electronic medical record) with surveyor present, V6 said yes, that she was the one who reviewed R1’s labs on 10/2/25. V6 confirmed that she would have documented in the progress notes if there were any new orders regarding the lab results. V6 was asked if she communicated this low potassium level to the nurse practitioner and V6 said that she recalled V5 (nurse practitioner) being in the building that morning and that they briefly talked about R1’s labs but she didn’t recall getting any new orders or instructions related to R1 and potassium levels. V6 also said that she took over that morning for V4 (LPN) because V4 was the overnight nurse but that she did not get report from V4 that morning because she thought that V4 had already left at the time that V6 got to work that morning. V6 was asked if she asked the nurse practitioner if there should be any new orders with the low potassium and V6 said she didn’t since she assumed V5 was here and would have told her if she wanted any new orders. V6 confirmed that it is important to	S9999		

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S9999	Continued from page 3 monitor potassium because of its relationship to the heart so it needs to be monitored closely. Review of physician orders for R1 show the following orders: - Potassium Chloride Crys ER Oral Tablet Extended Release 20 MEQ (Potassium Chloride Microencapsulated Crystals ER) Give 2 tablets by mouth two times a day for hypokalemia (Order and Start Date 10/2/2025 with no End Date noted) - Potassium Oral Tablet (Potassium) Give 40 mEq by mouth one time a day for low K+ for 2 Days x 3 days (Order Date 10/2/2025, Start Date 10/3/2025, End Date 10/5/2025) - Potassium Oral Tablet (Potassium) Give 40 mEq by mouth one time a day for low K+ x 3 days (Order Date 10/1/2025, Start Date 10/2/2025, with no End Date noted) Medication Administration Record (MAR) for R1 October 2025 documents that R1 received Potassium Chloride Crys ER Oral Tablet Extended Release 20 MEQ (Potassium Chloride Microencapsulated Crystals ER) Give 2 tablet by mouth two times a day for hypokalemia -Order Date-10/02/2025 1435 -D/C Date-10/20/2025 1002; MAR shows that R1 was administered this medication on 10/2/25 and then twice daily (at 0800 and 1600) from 10/2/25 thru 10/18/25 and then in the morning on 10/19/2025. In total, R1 received 34 doses of this medication. 12/22/25 at 5:10PM V7 (Regional Consultant) confirmed that the nurse entered the order incorrectly, the resident was only supposed to get the potassium for 3 days but instead they kept giving it. Despite continued potassium supplementation, there was no documentation that the facility ensured ongoing and timely laboratory monitoring of potassium levels in accordance with professional standards of practice. There was no evidence that repeat potassium levels were obtained until 10/15/2025, 13 days later. Record review further revealed that a laboratory result dated 10/15/2025 indicated a critically elevated potassium level of 8.4 mEq/L (normal range 3.5–5.1); report flagged as “critical.” Under the potassium lab value, it also says, “SPECIMEN WAS CHECKED AND RESULT VERIFIED BY REPEAT TESTING.” This lab report was reviewed by V4 on 10/15/2025 20:56. Nurse progress note written by V4 10/15/2025 20:59:49 reads: Lab relayed to	S9999		

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S9999	Continued from page 4 NP (V5) via phone, awaiting return response. There is no other documentation that V4 took any actions after reviewing this lab report in regard to the abnormal lab value or that the provider was confirmed to be made aware of the critical lab value. Further, there was no evidence of nursing assessment or clinical intervention, and no initiation of emergent medical care in response to this critical potassium value. Employee disciplinary report for V4 documents – Discharge: Date of Incident: 10/15: Description of what happened: “Employee failed to contact MD regarding a critical lab. Employee should contact MD immediately for critical lab and receive respond [sic] before marking labs reviewed by Physician. Failure to adhere resulting in termination.” V1 (Administrator) confirmed that V4 was terminated on 10/31/2025. Job Description signed by V4 (LPN) on 8/8/17 include as part of Main Duties...P. Be responsible for well-being and nursing care of all residents assigned to his/her unit while on duty. Contact families regarding significant decline in resident's status or transfer to hospital documenting contact in the EMR…R. At all times abide by policies of the facility and ascertain that employees under his/her supervision do the same…W. Detect and correct situations that have a high probability of causing accidents or injuries to residents and/or staff…AF. Perform other related duties as directed by the DON, ADON, or Administrator. V4’s Orientation Checklist signed on 8/14/17 documents that employee was instructed on reporting change of resident condition. 12/19/25 at 1:52PM V9 (Licensed Practical Nurse/LPN) said that lab results come right to the dashboard (in the EMAR) and the nurse should print them out and notify the nurse practitioner (NP) right away. If it’s in the evening after 6pm, the nurses can call telehealth and they will give orders or send the resident to the hospital. V9 said, if I call the provider and they don’t respond and it’s been an hour, depending on the resident assessment, I will call 911 and notify the director of nursing. I can also call the medical director. In the meantime, I would be monitoring the resident by checking vitals frequently and updating the manager. V9 added that when there is a critical lab value the lab will also call the facility in addition to uploading the report. 12/19/25 at 12:42PM V10 (Registered Nurse) said that if	S9999		

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S9999	Continued from page 5 there is a critical lab result, the lab will call and speak to the nurse and she would assess her patient and call the doctor right away. If it's after 5pm, she would call telehealth if she can't get a hold of the provider after 30 minutes. V10 added that for an elevated potassium, she would also hold any potassium supplements the resident is currently receiving and follow this up with the provider. V10 said that elevated potassium can cause arrythmias if it's over 5.0 and she would send the resident to the hospital due to the risk of fatal arrythmia. V10 added that the facility has recently provided in-service on reporting of critical lab values. 12/20/2025 at 1:46pm V3 (Assistant Director of Nursing /ADON) said, after the resident coded, I was auditing the chart and I noticed that there was a critical lab and didn't see that there was any action or follow up done on that lab. I reported it to V2 (DON). After that, we talked to V4 and corporate did as well. She said that she text-ed or left a voicemail to the NP or the doctor but there was no response so she cleared it and then she left. As a nurse, if I see an 8.4 potassium, I understand that this is life threatening and something has to be done. By any means, I would have to reach the doctor. I would not leave without talking to the doctor. The NP said she didn't get any voice or text message. We also have telehealth. V4 used to work mornings and didn't normally work PM shift. Our afternoon nurses always know that after 5pm they can contact telehealth. They also know that they can contact the medical director. Just as a nurse, I would expect her to know that that was a serious lab value. On top of that she cleared it, so then no one else would have picked it up. They know that before the end of the shift they need to have all of their labs relayed and cleared so it's not left for the next shift. The expectation is that they will handle the complete action and document it. Since then, every week we go back to the labs and I check on a sample of labs. At least 3-4 times a week I go back and make sure that the full cycle has been completed with the labs. In the morning before morning meeting, I read the notes to see if they've documented that labs were relayed to the MD, etc. We in-service staff to know that they have to report critical labs immediately and if the doctor doesn't respond, they have been told to contact the medical director. 12/20/2025 at 1:15PM V2 (Director of Nursing) said, I first found out from the Assistant Director of Nursing (ADON). She said labs weren't being relayed. We immediately in-serviced the staff about relaying critical results and waiting for the provider response.	S9999		

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S9999	Continued from page 6 I was told that V4 (LPN) relayed the lab. She (V4) told me that she took a screenshot of the lab and sent it to the NP (nurse practitioner V5). V5 (NP) used to be in the building but she's not here anymore. V4 said that she sent a screenshot to V5 and then forgot about it. I called V5 to confirm that and she said that she couldn't see it clearly. We get the labs via "results" in (electronic medical record). The providers all have access to the EMR to see the results as well. My expectation is that the nurses should call the provider and get a response and document it. If it's a critical lab I would expect them to get a response as soon as possible, at least by the end of their shift, or contact the medical director. The medical director's information is on the face sheet so the nurses know how to contact her. She is always available when we call her. The lab will call here directly when it's a critical lab value. All the lab values get automatically uploaded into (the EMAR). With a potassium of 8.4 I would have expected V4 to talk to someone to give her a directive of what to do - either send R1 out or something. She could have used her personal judgment to send the patient out because an 8.4 is a very high potassium. She could have contacted telehealth or the medical director because I don't think the NP works that late, it was night shift. With an 8.4 the resident was at risk of cardiac issues with a potassium that high. Since then, every week I am looking at everyone that is on potassium and making sure that labs get put in and ordered. I do a weekly audit to make sure that labs are being addressed and done timely. If critical, I make sure that labs are being relayed. I have not had any issues come up related since then. 12/22/2025 at 12:50PM V8 (Medical Director) said, they (facility) told me about the incident after (R1) passed. Then I found out from the DON that (R1)'s potassium was elevated. I guess the nurse said she notified the NP. If there are any concerns regarding critical patients or abnormal labs the NP will contact me. The problem is that sometimes our labs aren't accurate but they should repeat the labs. When correcting potassium, after treatment, I would have checked it the next day because potassium responds pretty quickly; or at least within a week or so. Potassium less than 2.5 would have been appropriate for hospitalization so they could administer IV. A value of 3.0 is reasonable to give oral potassium supplement and then recheck. I would have expected the NP to call me or send the patient to the hospital. When the NP ordered the supplement, I would have told her to recheck it the same day, a few hours after or at least the next day early morning. I did do a talk with the	S9999		

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S9999	Continued from page 7 NP's after this happened and discussed what are critical labs and when to repeat. It also depends on the facility capabilities for labs, I don't know what the facility capabilities are some can give IV and some can't. If we need to recheck labs then that can play a role in the management as well. I have not been aware of this issue for any other residents. I don't remember if the NP called me about this resident in particular. I would have definitely remembered a potassium of 2.0. I know she has called me before. One of the problems is sending text messaging and then the other thing I advised is if it's a critical lab they need to call me or they can also call telehealth after hours. I recommended educating nursing to understand what is meaning of critical lab values. If we had been following her, we would have seen the potassium trending up and intervened. The main concern with a potassium of 8.4 is the risk of arrhythmia (irregular or abnormal heart rhythm). Record review showed that R1 was found unresponsive in the facility on 10/19/2025, four days after the facility obtained the critically abnormal potassium result. Nurse Progress Note dated 10/19/2025 17:25:39 reads: “@2:35pm Nurse is completing final rounds noted resident unresponsive. Code blue initiated with 911 being called and immediately begins CPR. With in minutes crash cart and live saving devices are utilized. @arouund 2:40pm Paramedics arrived and take control. @ around 3:30pm Paramedics pronounce resident as expired. Resident is clean and remain in room with door closed @ around 4pm Nurse place call to resident responsibility party (family). Nurse informs (family) that resident has expired. (Family) states that he has little to no money and they did not have a plan in place for this situation. Family does agree to have resident cremated. @ around 4:30pm Call placed to (Donor Services). Nurse speaks with (rep) who states they will give (family) a call and further assist in the process. Nurse informs on coming Nurse of situation who will await further instruction from (Donor Services)." R1’s death certificate lists date of death as 10/19/2025 and includes cause of death as cardiopulmonary arrest with other comorbidities. Per the American Academy of Family Physicians: “As with hypokalemia (low potassium), the immediate danger of hyperkalemia (high potassium) is its effect on cardiac conduction and muscle strength, and initial	S9999		

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S9999	Continued from page 8 efforts should focus on determining the need for urgent intervention...The absence of symptoms does not exclude severe hyperkalemia, because hyperkalemia is often asymptomatic...Severe hyperkalemia (more than 6.5 mEq per L [6.5 mmol per L]) can cause muscle weakness, ascending paralysis, heart palpitations, and paresthesias. Chronic kidney disease, diabetes, heart failure, and liver disease all increase the risk of hyperkalemia…The physical examination should include assessment of blood pressure and intravascular volume status to identify potential causes of kidney hypoperfusion, which can lead to hyperkalemia. Neurologic signs of hypokalemia include generalized weakness and decreased deep tendon reflexes. LABORATORY ANALYSIS AND ECG Repeat measurement of serum potassium can help identify pseudohyperkalemia, which is common and typically results from potassium moving out of cells during or after sample collection. Other laboratory studies include measurement of serum blood urea nitrogen and creatinine, measurement of urine electrolytes and creatinine, and assessment of acid-base status. Further evaluation may include measurement of serum glucose to evaluate for hyperglycemia, and measurement of serum renin, aldosterone, and cortisol to further investigate kidney and adrenal function. ECG should be considered if the potassium level is greater than 6 mEq per L; if there are symptoms of hyperkalemia; if there is suspicion of rapid-onset hyperkalemia; or among patients with underlying kidney disease, heart disease, or cirrhosis who have a new case of hyperkalemia…Hyperkalemia-induced arrhythmias include sinus bradycardia, sinus arrest, ventricular tachycardia, ventricular fibrillation, and asystole. Treatment of Hyperkalemia GENERAL PRINCIPLES The goals of acute treatment are to prevent potentially life-threatening cardiac conduction and neuromuscular disturbances, shift potassium into cells, eliminate excess potassium, and resolve the underlying disturbance...Indications for prompt intervention are symptoms of hyperkalemia, changes on ECG, severe hyperkalemia (greater than 6.5 mEq per L), rapid-onset hyperkalemia, or underlying heart disease, cirrhosis, or kidney disease. Potassium should be monitored often because patients are at risk of redeveloping hyperkalemia until the underlying disorder is corrected and excess potassium is eliminated…"	S9999		

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S9999	Continued from page 9 Facility policy for Critical Lab Result Reporting (Review Date 9/2022) reads: DEFINITIONS: Critical Test Results are those results that fall significantly outside the normal range and/or may represent life-threatening values, even from routine tests and that require rapid communication of results to the responsible licensed practitioner. Licensed Practitioners/Providers are Physicians, Physician Assistants, and Nurse Practitioners. RESPONSIBLE PARTY: DON, Nursing Supervisors, RN, LPN GUIDELINE: The facility will communicate the results of tests considered critical to patient care to the responsible licensed caregiver in a timely and reliable manner according to established guidelines. PROCEDURE: 1. The acceptable length of time between identifying the critical result and notification of a licensed practitioner will be within one hour unless: a. The provider documents specific diagnostic notification range values in the medical record b. The critical value is improved from a previous value and the provider is aware of the previous value. 2. Any critical Lab value will be communicated to facility nursing staff by the Laboratory via phone. 3. Critical Lab results will not be faxed to facility from the Laboratory. 4. Facility nursing staff will not communicate Critical Lab results to the responsible licensed practitioner using fax machine. 5. Facility nursing staff will communicate Critical Lab Results either in person or via telephone. 6. The nursing staff member who is notified by Laboratory of the critical lab result is accountable for communication to the responsible licensed practitioner.	S9999		

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S9999	Continued from page 10 7. In the event that the patient's provider cannot be reached and/or does not respond to call/page, the call will be repeated every 15 minutes until one hour has been reached. 8. If successful contact with the patient's licensed provider cannot be established, the medical director will be paged. (AA)	S9999		