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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145864 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/22/2020 |
| NAME OF PROVIDER OF SUPPLIER BRIA OF FOREST EDGE | | STREET ADDRESS, CITY, STATE, ZIP 8001 SOUTH WESTERN AVENUE CHICAGO, IL 60620 | |
| 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 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow its staff monitoring policy and universal mask policy by staff (V6) not wearing a face mask. This has the potential to affect all residents in the facility. Findings include: On 7/21/20 at 8:55 AM, upon entrance to the facility, observed V6 (security guard) entering the lobby area (front desk reception area) from inside building without wearing a face mask. A few minutes later, V6 went to another area in the building and came back again to the lobby area without wearing a mask. On 7/21/2020 at 11:20 AM, V2 (DON) and V3 (infection control nurse) stated, Our staff and residents are supposed to wear face masks. We have a mask at the front desk, and whoever doesn't have any mask can have a face mask from the front desk during COVID-19 screening. V6 should have to wear a mask. On 7/21/20 at 9:00 AM upon entrance to the facility, observed front desk personal screening incoming staff and offering masks to the employees. Facility presented staff monitoring policy document: 9. All employees will follow the facility's universal mask policy Record review on Universal Mask Policy dated on 4/20/20 document 1. A procedural face mask will be issued to each staff member for their use | | |
| F 0921 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to ensure a comfortable environment by not regulating room temperature. This failure has the potential to affect residents on two (2nd and 4th floor) of six floors in the facility. Findings include: On 7/21/2020 at 10:35 AM, observed R3 on the hallway sitting in his wheelchair wearing a jacket. In response to the staff's request (in the presence of V2-DON) to take off his jacket, R3 stated, I am fu--in cold. I don't want to take it off. On 7/21/2020 at 10:50 AM, observed V4 (Maintenance Director) checking room temperatures as per surveyor request. Observed room [ROOM NUMBER] with a temp of 63F, 403 with a temp of 64.2, 419 with a temp of 69.6, 210 with a temp of 64.2, and room [ROOM NUMBER] with a temp of 64.2. On 7/21/2020 at 11:00 AM, V4 stated, I am checking room temps every day, and nobody reported any issues with their room temp. I will close the air conditioning vent close to those colder rooms. Our policy doesn't reflect the optimal temp range. But we follow IDPH (Illinois Department of Public Health) guidelines, and it should be between 71 to 81F. We will call local HVAC (Heating, ventilation, and air conditioning) company to fix any air conditioner problems. | | |

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