linois Department of Public Health		FORM APPROVEI					
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005474		(X2) MULTIF	PLE CONSTRUCTION	T/Y2) DATE	010101		
		A. BUILDING		(X3) DATE COMP	PLETED		
		10.00	**************************************		3		
		B. WING		C 07/07/2022			
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	1)	11.50	
RIA OF	BELLEVILLE		TH 27TH ST				
		BELLEV	LLE, IL 622	26			
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S 000	Initial Comments		S 000			3.5	
10 =3	Complaint # 22450	24/11 148427	100 - 101	5 4 M T K W	- 72	. 9 %	
50	Complaint # 22452	50/IL148705	- 6			57.63	
4			U.	27 Min 200 -	1 10 °C	S	
\$99 99	Final Observations	# # # # # # # # # # # # # # # # # # #	S9999	1. 15	111	# C	
cien.	Statement of Licens	sure Violations:	111	3		# W	
18	200 640-)		L.	# FEAV		54 P	
	300.610a) 300.1210b)		197		1-1 3/2	***	
•	300.1210d)2)			AND A STATE OF THE	em III	78 GA 18	
5 Y	300.1210d)5)	102	** *Z			111 22	
× =	Section 300.610 Re	esident Care Policies	198		£5	n n n	
200	a) The facility s	shall have written policies and		8			
	procedures governing	ng all services provided by the			0.0	1	
151	facility. The written	policies and procedures shall				20.0	
	Committee consisting	Resident Care Policy			85		
	administrator, the ac	lvisory physician or the					
	medical advisory cor	mmittee, and representatives			Part Color	· Pilliania	
100	of nursing and other	services in the facility. The			7 . No.		
	The written policies:	with the Act and this Part. shall be followed in operating]	for the second second	8 "	10 JU 8850	
	the facility and shall	be reviewed at least annually				-	
- 13	by this committee, do	ocumented by written, signed		29 M		100	
	and dated minutes o	the meeting.	W See		Mary Assessment	30 mg -	
	Section 300.1210 G	eneral Requirements for	}			72	
8	Nursing and Persona	al Care H SAMMAN TO THE CONTROL	1.5	S S Francisco Company	diffic What are of Eq.	698	
١,	The facility st	coll enough at a standard		w 12			
	care and services to	nall provide the necessary attain or maintain the highest			10	0.850	
F	practicable physical,	mental, and psychological	00				
[A	vell-being of the resi	dent, in accordance with	In.		23	-	
E CONTRACTOR	racii resident's comp nian Adequate and r	prehensive resident care properly supervised nursing		15 mm			
	are and personal ca	re shall be provided to each	ner estatulates senta taga i	Attachment A	يسهيد بهو د شود ار بخسوار شد	والمراجعة المتراجعة المراث المراجعة	
		# #	-2000	Statement of Licensure Violation	S		
Departm	ent of Public Health	2/01/02/15	-			4	
ATORY D	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNA	TURE	TITLE	(X6)	DATE	

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	Department of Public	Health			FORM	APPROVED
	ENT OF DEFICIENCIES IN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION	(X3) DAT	E SURVEY
		IDENTIFICATION NUMBER:	A. BUILDING	S:	COM	PLETED
		IL6005474	B. WING			C 07/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY.	STATE, ZIP CODE	1 0//	0112022
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. 35		BELLEVI	LLE, IL 622	26		
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S9999	Continued From pa	age 1	S9999	ii.		
na makini	resident to meet the care needs of the r	e total nursing and personal esident.		e Marie e e e e e e e e e e e e e e e e e e		= N
	d) Pursuant to	subsection (a), general		. 10 m		[]
7.5	nursing care shall in	nclude, at a minimum, the	V.	*		
\$17 E	following and shall	be practiced on a 24-hour.	ļ	74		s evil
	seven-day-a-week	basis:	18			engt engstaksken
10	2) All treatmen	its and procedures shall be	.02.	1.00	53	
n	administered as ord	dered by the physician.		**	*	
		=1	Al State	Tat 10	29	Fwa:
	5) A regular pr	ogram to prevent and treat		$\tilde{\mathbf{u}}(\zeta)$	11 (27)	
16	pressure sores, nea	at rashes or other skin practiced on a 24-hour,		0 25 25		2 4
	seven-day-a-week t	practiced on a 24-hour, pasis so that a resident who				12
	enters the facility wi	thout pressure sores does not		9 4 ES		
	develop pressure so	pres unless the individual's		. 55	01	111 8.0
	clinical condition del	monstrates that the pressure able. A resident having	16.5			50
	pressure sores shall	receive treatment and		- 4		
2.4. 2011 - 14.0.	services to promote	healing, prevent infection.				8,
	and prevent new pre	essure sores from developing.	9 = .		23	· · · · · · · · · · · · · · · · · · ·
i in (4. a	These requirements	are not met as evidenced by:	53 SE			= 1
	Based on observation	on, interview and record				
=	review, the Facility fa	ailed to prevent the			23	ļ
5 77 77	development of addi	tional pressure ulcers and	00.		- mm	e e
Ì	physician to prevent	er care as prescribed by the the worsening of pressure	}			9
SHANGE	ulcers for of 4 of 4 re	sidents (R1, R2, R3, and R4)			100 to	W
(2)	reviewed for pressur	e ulcers in the sample of 16.	1		C65 1.40	
į	I his failure resulted i	in R3 being hospitalized for	£ (%)			
= ,.	worsening pressure	a surgical wound consult for			10	
· 1, ·	TORREST TO		Wig	93	172	1
Character of the	Findings include:		31		All C	
Anna a said Anna a	1.Upon arrival to the Facility's Matrix, CMS	facility on 6/29/22, the 6 802, was reviewed and did	ar emining a dealers.	the control of the section of the control of the co	on mer appropriate	Annia Ana Series († 1997) 1
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G:	(X3) DATI	E SURVEY PLETED	
ar .	IL6005474		B. WING			C
NAME OF	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE			07/2022
BRIA OF	BELLEVILLE		TH 27TH S1			
	DELLE VILLE	BELLEV	ILLE, IL 622	226	*5	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pag	ge 2	S9999	V		[4]
8 4	not document that a had current pressure	ny residents at the Facility olders.	- 1:	Ta = 7 = 27		= =
8	On 6/29/2022 at 10:45 AM, V2, Director of Nursing (DON) stated, "We used to have a wound nurse, but she quit as wound nurse about 2 weeks ago. Now the floor nurses are					ä
6	responsible for the w	ounds."			T .	
#	5/21/22 documented acute care hospital w Observation docume	ion Observation, dated R3 was admitted from an vith a chronic wound. The nts that R3 had a wound to . The Observation did not these wounds.	: ∃		e Service de la companya de la comp	is a service
) ii	right knee will remain next review." R3's Ca	tion date of 5/23/22, coccyx, left buttock and stable/healed throughout are plan was updated on ed "In-house Stage II on left			day, on pray of the second	
0.0	R3's Facility's Skin & 5/23/22, did not docur	Wound Evaluation, dated ment R3 had a wound to her				OF UP
fi a ir tl	ocuments that R3 re- or bed mobility. It furtl idmitted with a stage	et (MDS) dated 5/28/2022 quires extensive assistance her documents that R3 was 3 pressure area (does not R3's MDS does not reflect ng and repositioning	in the state of th			
2	he Facility's Wound L 022 did not documen ounds/pressure ulcer	ine List for May and June t R3 had any	e version to the same district		\$3	
=	55	und Note dated 6/6/2022	* 1,000	and the second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section sec	e ethiologi attende ethiologi and an Organizari. La use	e ann a California Laborata a 1952

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6005474 **B. WING** 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIAOF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION 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 DATE DEFICIENCY) S9999 Continued From page 3 S9999 documents that R3 was evaluated by (Wound Consultant Company) and it was noted that R3 had a "New area to left buttock." There was no documented description of R3's pressure ulcer including size, wound bed description, peri-wound description and if exudate was present. R3's Treatment Administration Record (TAR) dated June 2022 documents, "Start date 6/8/2022- cleanse wound to left buttock with wound cleanser. Apply Santyl and dry dressing daily and PRN (as needed). Monitor for s/s (signs and symptoms) of infection if present notify MD (medical doctor)." R3's (Wound Consultant Company) Note, dated 6/13/22, documents "location left buttock noted 6/6/22." The Note documents R3 had an unstageable pressure ulcer/injury measuring 4.5 centimeter (cm) x 1.5 cm x UTD (undetermined). The Note documented that 50% of the wound bed was necrotic. R3's Initial Would Evaluation and Management Summary from (Consultant Wound Physician) dated 6/20/2022 documents, "Stage 4 wound of the left buttock-full thickness. Wound size 3 by 2 by 0.5 cm with moderate serous exudate. Dressing Treatment Plan- Alginate Calcium apply once daily for 30 days. Collagen powder apply once daily for 30 days. Silver Sulfadiazine apply once daily for 30 days." R3's June 2022 TAR does not include the treatment orders recommended on the Initial Would Evaluation and Management Summary dated 6/20/2022. There was no documentation R3 received this treatment. R3's Nursing Note dated 6/28/2022 documents,

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED C IL6005474 **B. WING** 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 4 S9999 "Resident admitted to (local hospital) with diagnosis of Sepsis." R3's Hospital Evaluation-Suspected Abuse/Neglect Form, dated 6/28/2022, documents that R3 was admitted to the local hospital with multiple wounds. It further documents that the wound was a deep, stage four pressure ulcer to the mid-line sacrum and was described "to have foul, purulent drainage" and measured 8 centimeters (cm) in length, 3 cm in width, and 3 cm in depth. The Form documents "also are eschar left buttock 9 (cm) x 3 (cm) x 0 with undermining all around, deepest at 7'oclock 6 cm. Eschar covering the wound bed at 100%." On 6/30/2022 at 12:20, V7 Licensed Practical Nurse (LPN) stated that she took care of R3 before she went to hospital for sepsis. V7 stated that R3 had a coccyx wound and as the treatment was to apply Santyl and pack the wound. V7 added that R3 was compliant with care. On 7/5/2022 at 1:35 PM, V13, Hospital Social Worker, stated, "The odor was so bad, even though (V22's, Hospital Wound Nurse) masked she was still struggling not to vomit, and she is used to dealing with wounds. She (V22) couldn't believe no one at the facility had addressed it. The wound was unstageable and will require debridement surgery." 2. R2's Face Sheet dated 6/30/2022 documents that R2 was hospitalized from 6/14/2022 until 6/24/2022. R2's MDS, dated 6/14/2022, documents that R2 has one stage 2 pressure ulcer and is totally dependent on staff for bed mobility.

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AND PL	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G:	(X3) DAT	E SURVEY	_
		IL6005474	B. WING		25	C	
NAME 0	F PROVIDER OR SUPPLIER		DDRESS CITY	, STATE, ZIP CODE	07/	07/2022	_
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	- DELCEAILLE		LLE, IL 622				
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S999	Continued From page	ge 5	S9999			101	7
22	ulcer to R2's coccyx	ist of wounds dated documents R2's pressure was last evaluated 6/13/2022 entimeters (cm) by 8.1 cm by	-			= 3 ²⁴ = 11	
	R2's Order Summar	y Report dated 6/30/2022, wound to coccyx with ply wound gel and dry RN (as needed)."			10.20 20.20 20.00		
	(IAR) documents the completed on 6/15/2 wasn't present at the that this treatment to	atment Administration Record at the treatment above was 022 and 6/16/2022, when R2 facility. It further documents R2's coccyx was completed 2, 6/26/2022, 6/27/2022, 2022.			## ##		
- cosw	Assistant (CNA) and Nurse (LPN) entered At this time V8 stated has a pressure area.' dressing was partially to R2's coccyx. The recovered by the dressi	V4, Licensed Practical R2's room for a skin check. I, "I forgot to tell you, (R2) At this time, a foam covering the pressure ulcer est of the wound was not ing and R2 had a small ent to the surrounding skin.					364
100 g	confirmed by V8. At the should remove the dredon't know. I've been anything to replace the time, V4 was asked to	ent to the surrounding skin. red 6/24/22. This date was his time V8 asked if she ressing and V4 stated, "I respectively of the surrounding skin. The surro	-		Heri taras	v 8	
n Tarahan melangan	On 6/29/2022 at 3:30 to get this surveyor for	PM, V4 still had not come the dressing change.	specific in a second	and the second s	- The state of the analysis of the species of	en vertical and so	
i	3 R1's Face Sheet da	ted 6/30/2022 do aven a -t-				107	

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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: A. BUILDING: COMPLETED C IL6005474 **B. WING** 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 R1 was admitted to the facility on 6/20/2022. R1's Admission Observation, dated 6/20/22, documents "Sacrum Ulcer" and does not include any measurements. R1's Care Plan dated 6/29/2022 documents, "(R1) was admitted with a Stage IV to her coccyx, unstageable wound to her right heel and two scabbed areas behind both knees." R1's TAR and Order Summary Report dated June 2022, documents that treatments to R1's wounds were not initiated until 6/24/2022. This was four days after her admission. On 6/29/2022 at 1:11 PM, R1's coccyx dressing was observed to be completely saturated with drainage and falling off the wound. R1's adult brief also had drainage in it from the wound. On 6/30/2022 at 10:45 AM, V1, Director of Nursing (DON) stated, "I would expect the dressing to be changed if saturated as ordered and as needed." On 6/30/2022 at 11:05 AM, V2, DON, stated, "(R1) isn't on there on there (pressure log). She'll get on there." 4. On 6/30/2022 at 11:15 AM, R4 was observed to have two dressings to R4's bilateral thighs. R4's Skin Screen dated 6/30/2022 does not document any open areas. The Facility's Wound Log was reviewed and there was no documentation that R4 had a pressure ulcer.

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Illinois Department of Public Health **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6005474 **B. WING** 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (X5) COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 On 7/6/2022 at 10:15 AM, R4's skin was observed. R4 had an opened pressure ulcer to R4's left posterior gluteal fold. There was no dressing to this area. At this time, V19, Certified Nursing Assistant (CNA) stated, "I would say the open area is about 1.5 inches." On 7/6/2022 at 12:15 PM, R4 stated, "I have a sore down there. They ain't done nothing to it for about 5 days. They said they didn't have what they wanted to put on it. They talked about some kind of cream." R4's Progress Notes dated 7/6/2022 documents, "New open area noted under residents R (right) gluteal fold." On 7/7/2022 at 11:07 AM V3, Assistant Director of Nursing (ADON) stated, "Skin assessments should be completed the day of admission. It is included in the admission observation. Ideally Monday through Friday the wound nurse would do in house wound evaluation as soon as possible. If someone came to the facility with an open area, I would expect the hospital to send orders. I would expect if a resident had a skin issue that it be on the wound log. I would expect if a resident is seeing a wound specialist that those orders would be done as ordered." The Facility's Policy "Skin Care Prevention" dated 5/2015 documents, "All residents will receive appropriate care to decrease the risk of skin breakdown." It further continues to document that the nursing department will review all new admission and put a plan in place for prevention. It further documents that all residents will be evaluated for changes in their skin condition and all residents unable to reposition themselves will

be every two hours. It also documents that the is Department of Public Health

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If continuation sheet 9 of 9

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED		
IL6005474			B. WING			
NAME OF	PROVIDER OR SUPPLIER				07/0	7/2022
1,00				STATE, ZIP CODE		
BRIAOF	BELLEVILLE		RTH 27TH ST ILLE, IL 622			
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