

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2022
--------------------------------------------------	----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BRIA OF COLUMBIA	STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236
-------------------------------------------------------------	---------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 d)2) 300.1210 d)5) 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 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: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---------------------------------------------------------------------------------------------------------------	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/13/2022
--------------------------------------------------	----------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER BRIA OF COLUMBIA	STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236
-------------------------------------------------------------	---------------------------------------------------------------------------------------------

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>This Requirement is NOT MET as evidence by:</p> <p>Based on observation, interview, and record review, the facility failed to complete physician ordered treatments to wound/pressure ulcers in 2 of 2 residents (R1 and R7) reviewed for wound/pressure ulcer care in the sample of 7.</p> <p>Findings include:</p> <p>1. R1's Face Sheet, undated, documents R1 has a diagnoses of Absence of Left Toes, Peripheral Vascular Disease, Congestive Heart Failure and Hypertension.</p> <p>R1's Minimum Data Set (MDS), dated 11/15/22, documents R1 is cognitively intact.</p> <p>R1's Care Plan, dated 3/7/21, documents R1 is at risk for skin impairment due to a diagnosis of Peripheral Vascular Disease.</p> <p>R1's Progress Note, dated 11/2/22 at 11:04 AM, documents R1 has an arterial wound to the left distal plantar foot measuring 2 centimeters (cm) by 1.8 cm by 0.2 cm with moderate serous exudate, 100% wet necrotic tissue. No change in the wound area, was derided via surgical technique. Tolerated well.</p> <p>R1's December 2022 Physician Order Sheet (POS), documents an order, dated 10/11/22, for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2022
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER
BRIA OF COLUMBIA

STREET ADDRESS, CITY, STATE, ZIP CODE
**253 BRADINGTON DRIVE
COLUMBIA, IL 62236**

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>Gentamicin ointment 1%, apply to left dorsal foot daily, cleanse with wound cleanser, apply gentamicin ointment, collagen powder, calcium alginate and wrap with gauze dressing.</p> <p>R1's Treatment Administration Records (TARs) documented R1 did not received treatment to the left foot 12 times in November 2022 (11/5-11/8, 11/12-11/13, 11/19, 11/23 and 11/25-11/27/22) and 3 times (12/1,12/2 and 12/7/22) in December 2022.</p> <p>On 12/9/22 at 9:20 AM, R1 stated she has a wound on the bottom of her left foot and the dressing is supposed to be changed daily, but sometimes it's not done for 2 or 3 days.</p> <p>On 12/9/22 at 11:20 AM, wound care was observed with V5, Registered Nurse (RN). R1 was observed with a dressing, undated, with dried brownish-tan drainage to the dressing. The dressing was removed by V5, and R1 was observed with an arterial ulcer to the bottom of the left foot, wound bed appeared clean and without signs and symptoms of infection. V5 stated R1 is to have dressing changes daily and as needed. V5 stated the facility had a treatment nurse, but they no longer do, so the nurses on the floor are to do the dressing changes and she helps when she can.</p> <p>2. R7 Admission Record, print date 12/13/22, documents R7 was admitted to the facility on 9/29/2022. R7's Admission Record documents R7 was admitted to the facility with a stage 2 pressure ulcer to the left buttocks.</p> <p>R7's Physician Order Sheet (POS), dated November 2022, documents R7 has a Pressure</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2022
--------------------------------------------------	---------------------------------------------------------------------	-----------------------------------------------------------------------	----------------------------------------------

NAME OF PROVIDER OR SUPPLIER BRIA OF COLUMBIA	STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236
------------------------------------------------------	-------------------------------------------------------------------------------------

(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) COMPLETE DATE
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	--------------------

S9999	<p>Continued From page 3</p> <p>Ulcer of the left buttock, stage 2 (date 9/29/2022). The POS also documents an order for Santyl Ointment 250 UNIT/GM (Collagenase), apply to sacrum topically every day shift for stage 4 sacrum cleanse with normal saline apply Santyl, calcium alginate with a border foam gauze dressing. R7's POS documents Silver sulfadiazine (SSD) Cream 1 %, Apply to right buttock topically every day, every shift for MASD of left buttock cleanse with wound cleanser apply silver sulfadiazine, collagen powder, calcium alginate with a border foam dressing qd (every day) and prn (as needed). Start Date-10/12/2022. R7 also had an order with a start date of 11/18/2022 for Silver Sulfadiazine, apply to left outer ankle topically every day shift for wound cleanse left out ankle with wound cleanser, apply SSD Calcium Alginate and dressing daily. R7's POS document Nystatin Powder 100000 UNIT/GM, apply to right groin and chest topically, every shift for rash for 30 Days apply until healed then dc (discontinue).</p> <p>R7's November 2022 TAR documents R7 did not receive the treatment of Santyl Ointment 250 UNIT/GM 10 to R7's sacrum (11/5, 11/7, 11/14, 11/19-11/20, 11/22-11/27) of 30 days in November. This TAR documents R7 did not receive Silver Sulfadiazine Cream to R7's right buttock on 11/5, 11/7, 11/14, 11/19 and 11/20/22. This TAR documents R7 did not receive Silver Sulfadiazine cream 1% to the left outer ankle on 11/19, 11/20, 11/22-11/24, and 11/26-11/27/22.</p> <p>R7's December 2022 TAR documents R7 missed treatments for Santyl Ointment 250 unit/GM to R7's sacrum on 12/1, 12/3, 12/4, 12/7, 12/8, 12/10 and 12/11/22. The TAR documents R7 missed the Nystatin Powdered to be applied each shift daily to the right groin and chest 20 of 39</p>	S9999		
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2022
NAME OF PROVIDER OR SUPPLIER BRIA OF COLUMBIA		STREET ADDRESS, CITY, STATE, ZIP CODE 253 BRADINGTON DRIVE COLUMBIA, IL 62236		
(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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>treatments from 12/1 through 12/13/22.</p> <p>On 12/13/2022 at 9:22 AM, V1, Administrator, stated, "I would expect the Administration Record form to be filled out completely, no blanks, if the resident refused or if the resident was in the hospital the form should reflect that. There should be no blanks on the form."</p> <p>The "Skin Management: Monitoring of wounds and documentation" policy, dated 1/2022, documents, "It is important that the facility have a system in place to assure that the protocols for daily monitoring and for periodic documentation of measurements, terminology, frequency of assessment, and documentation are implemented consistently throughout the facility.</p> <p>(B)</p>	S9999		