

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER
BRIA OF ALTON

STREET ADDRESS, CITY, STATE, ZIP CODE
**3523 WICKENHAUSER
ALTON, IL 62002**

(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 Second Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 4) 300.610a) 300.1210d)4)A) 300.1210d)4)B) 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but	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

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S9999	<p>Continued From page 1</p> <p>not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide assistance with bathing, grooming, and hygiene to dependent residents for 4 of 8 residents (R8, R24, R25, R43) observed for activities of daily living (ADL) in the sample of 37.</p> <p>Findings include:</p> <p>1. R8's Face Sheet, dated 4/5/23, documents that R8 was admitted to the facility on 8/27/16.</p> <p>R8's Electronic Medical Record documents that R8's diagnoses include Asthma, Morbid Obesity, End Stage Renal Disease (ESRD), Dependence on Renal Dialysis, Schizoaffective Disorder, Spinal Muscular Atrophy.</p> <p>R8's Care Plan, dated 3/21/23, documents "(R8) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) weakness, ESRD, and spinal muscular atrophy. (R8) primarily uses a wheelchair, is incontinent of B&B (bowel and bladder). Interventions: Bathing: (R8) requires total care with bathing. Personal</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Hygiene: (R8) requires extensive assistance with personal hygiene."</p> <p>R8's Minimum Data Set (MDS), dated 2/14/23, documents that R8 has a moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 10. R8 is totally dependent on one staff member for bathing and personal hygiene, is totally dependent on two staff members for bed mobility, transfers, dressing, and toilet use. R8 is always incontinent of both bowel and bladder.</p> <p>On 4/3/23 at 11:15 AM, R8 stated, "I haven't showered in about two weeks now, and I really need one. I don't even get a bed bath. I think they have enough staff here to do it, but the staff just don't want to help anyone out."</p> <p>On 4/4/23 at 11:05 AM, R8 stated, "I just want a shower. I still have not gotten a shower in the past two weeks. I am supposed to get one every Wednesday, but they did not give me one last Wednesday, so it must have been the previous Wednesday since my last one."</p> <p>On 4/5/23 at 10:55 AM, R8 stated, "I'm mad this morning. I still have not had a shower. It has been over two weeks now. I'm supposed to have one on Wednesdays and today I have a doctor's appointment and probably won't get one today either. I feel gross and I really need a shower. It makes me feel like I'm dirty and I really want a good shower. I have never refused a shower; I like getting them."</p> <p>The Facility's shower list/schedule documents that R8 is scheduled for a shower on Wednesday and Saturday Evenings.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R8's Shower sheet for the month of March 2023 has a documented shower/bed bath on 3/1/23 and on 3/8/23 only.</p> <p>R8's Shower sheet for the month of April 2023 is blank with no documented baths or showers given.</p> <p>On 4/5/23 at 11:10 AM, V18 (Certified Nursing Assistant/CNA) stated, "We document on the shower sheets in the shower book when we give a bath/shower. We will also go into the electronic medical record and document under PRN (as needed)/Tasks when it is done."</p> <p>On 4/6/23 at 11:10 AM, V1 (Administrator) stated, "I would expect the staff to provide residents showers/baths as scheduled in the shower book and documenting them when done."</p> <p>2. The Facility's 100/200 Shower List does not list R24.</p> <p>R24's Face Sheet dated 4/6/2023 documents R24 has diagnoses of Multiple Sclerosis (MS), chronic pain and weakness.</p> <p>R24's MDS dated 1/6/2023 documents R24 requires assistance for personal hygiene and is cognitively intact. R24's MDS further documents, "Rejection of care - 0 behavior exhibited."</p> <p>R24's Care plan dated 3/30/2023 documents R24 has self-care deficit related to MS.</p> <p>On 4/04/23 at 2:15 PM, R24's hair was in a disheveled braid and greasy. R24 was wearing a gray shirt with a brown stain. R24 was wearing this same gray shirt all day. At this time R24 stated, "I would like a shower more than once a</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>week. At least twice a week would be better."</p> <p>On 4/5/23 at 1 PM, R24's hair remained in the disheveled, greasy braid.</p> <p>R24's Bath and Skin Report Sheet dated March 2023 documents "3/21/2023 - refused." It continues to document no lotion, shaving or nail trimming was performed. This is the only documentation for March.</p> <p>3. The Facility's 100/200 Shower List documents R43 is scheduled for Tuesdays and Fridays.</p> <p>R43's Care Plan dated 1/20/2023 documents, "ADL (Activities of Daily Living): Resident requires assist with daily care needs related to MS (Multiple Sclerosis) and immobility. Intervention: Assist resident with ADLS."</p> <p>On 4/3/2023 at 12:21 PM, R43 stated, "I've been trying all week to get this dirt from under my nails. I want them cut and cleaned. You can see all the buildup." At this time R43's fingernails had a dark matter underneath and around the nail beds. R43's left hand balled into a fist. R43 opened his left hand with his right hand and revealed his nails were approximately 1 centimeter (cm) longer than R43's fingertips on both the right and left hands. R43 continued to state, "I prefer bed baths, but they only want to give me showers because it's quicker. I don't like showers because the water splashes in my face."</p> <p>On 4/6/2023 at 9:15 AM, R43's nails remained long and dirty.</p> <p>R43's Bath and Skin Report Sheet dated March 2023 documents "Documentation of refusals and interventions must be recorded on the reverse of</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>this report and in the resident record." It continues to document 4/4/2023 - no lotion, shaving or nail trimming was performed. This is the only documentation for March/April regarding bath/showers.</p> <p>4. R25's Care Plan, dated 11/29/2022, documents that (R25) has an ADL Self Care Performance Deficit r/t generalized weakness and morbid obesity. He refuses to wear clothes, only gowns. It continues BATHING: requires staff participation with bathing. Encourage resident to accept showers per shower schedule. Resident refuses showers at times. It also documents (R25) is resistive to care r/t related to refuses showers and bed baths at times. He prefers to wear only hospital gowns. Allow the resident to make decisions about treatment regime, to provide sense of control. Educate resident/family/caregivers of the possible outcome(s) of not complying with treatment or care. Encourage as much participation/interaction by the resident as possible during care activities. Give clear explanation of all care activities prior to and as they occur during each contact. If possible, negotiate a time for ADLs so that the resident participates in the decision-making process. Return at the agreed upon time. Provide resident with opportunities for choice during care provision.</p> <p>R25's MDS, dated 1/28/2023, documents that R25 is cognitively intact and is totally dependent on staff for showers.</p> <p>The facility's 100/200 Shower List, not dated, documents that R25 showers are scheduled Mondays and Thursday.</p> <p>R25's Bath and Skin Report Sheet, dated March</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>2023, documents Refused 3/2, 3/13 and 3/22. R25's Bath and Skin Report Sheet shows no documentation of received and/or refusal of showers on 3/6, 3/9, 3/16, 3/20, 3/23, 3/27 and 3/30.</p> <p>On 4/4/2023 at 9:30 AM, R25 stated that he is not getting his showers as scheduled. R25 stated that he has refused to take showers and that the staff have him sign a form saying that he refused. R25 stated, "But what about the days that they don't offer me my showers." R25 stated that there are days that he is not even asked about his showers.</p> <p>The Facility's "Activities of Daily Living" Policy, dated 9/2022, documents "A program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. 2. A program of assistance and instructions in ADL skills is care planned and implemented. A. Hygiene: f. Showers or baths are scheduled and assistance is provided when required."</p> <p style="text-align: center;">(B)</p> <p>(Violation 2 of 4)</p> <p>300.610a) 300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>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.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to provide a safe transfer for 4 of 4 residents (R8, R33, R40, R43) reviewed for safe transfers in the sample of 37.</p> <p>Findings include:</p> <p>1. R8's Face Sheet, dated 4/5/23, documents that R8 was admitted to the facility on 8/27/16.</p> <p>R8's Electronic Medical Record, documents that R8's diagnoses include Morbid Obesity, Dysphasia, End Stage Renal Disease (ESRD), Dependence on Renal Dialysis, Polyosteoarthritis, Spinal Muscular Atrophy.</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>R8's Care Plan, dated 3/21/23, documents "(R8) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) weakness, ESRD, and spinal muscular atrophy. She primarily uses a wheelchair, is incontinent of B&B (bowel and bladder). Interventions: Bathing: (R8) requires total care with bathing. Personal Hygiene: (R8) requires extensive assistance with personal hygiene. Transfer: (R8) requires extensive assistance to dependence with transfers."</p> <p>R8's Minimum Data Set (MDS), dated 2/14/23, documents that R8 has a moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) score of 10. R8 requires total dependence from one staff member for bathing and personal hygiene, requires total dependence from two staff members for bed mobility, transfers, dressing, and toilet use. R8 is always incontinent of both bowel and bladder.</p> <p>On 4/4/23 at 11:02 AM, V14 (Certified Nursing Assistant/CNA) and V15 (CNA) put the lift device sling under R8 with the (Full Body Mechanic Lift Device) next to her bed. The lift device was attached to sling, and R8 was lifted off the bed. V15 was holding the wheelchair as V14 moved the lift device over to the wheelchair. R8 was freely swinging in the air during transfer to wheelchair. R8 was lowered to the wheelchair and was disconnected from the lift device.</p> <p>2. R33's Admission Record, dated 5/9/23, documents that R33 was admitted to the facility on 8/12/19.</p> <p>R33's Electronic Medical Record, documents that R33's diagnoses include</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Hemiplegia/Hemiparesis, Cerebral Vascular Accident (CVA), End Stage Renal Disease/Acute Kidney Failure, Dependence on Renal Dialysis.</p> <p>R33's Care Plan, dated 1/23/23, documents "(R33) is at risk for a decrease of functional mobility in LUE (left upper extremity) r/t: weakness/discomfort when moving. Interventions: 1. Ask resident to participate with exercise program. 2. Escort/assist/provide materials needed to perform exercises. 3. LUE exercise x's (times) five-ten reps (repetitions) in sitting. 4. Provide an entertaining and enjoyable environment. 5. Instruct/demonstrate exercise to range joints. 6. Praise/applause participation. 7. Provide verbal cues for safety issues." It continues "(R33) is at high risk for falls r/t CVA with right dominant side weakness. Her primary mode of locomotion is wheelchair. She has poly med use. She is incontinent of B&B (bowel and bladder). Interventions: 3/27/23 staff educated on safe transfers for this resident, with return demonstrations. Evaluate cause of falls. Staff to assist as needed." It continues "(R33) has an ADL (activities of daily living) Self-Care Performance Deficit r/t Hemiplegia. Her primary mode of locomotion is wheelchair. She is incontinent of B&B. She requires assist with ADL care tasks. (R33) has been provided with a Reacher to assist with safely reaching personal items. Interventions: Transfer: (R33) requires Mechanical Aid (Full Body Mechanical Lift) for transfers."</p> <p>R33's MDS, dated 1/7/23, documents that R33 has a moderate cognitive impairment with a BIMS score of 11. R33 is total dependence on one to two staff members for bed mobility, transfers, dressing, toilet use, personal hygiene, and bathing.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>On 4/3/23 at 11:05 AM, R33 stated, "I'm all bruised up because I fell out of the (Full Body Mechanical Lift) and onto the floor. They were trying to put me into my wheelchair, and they missed, and they dropped me all the way to the floor. They sent me to the hospital to be checked, but I was ok."</p> <p>R33's Nurses Note, dated 3/27/23 at 7:06 AM, documents "CNAs called writer to resident room and writer observed resident sitting on the floor in a sitting position in front of the CNA. CNAs told writer that resident was lowered to the floor due to the wheelchair tipping backward while lowering resident into the wheelchair. No injuries sustained and resident was able to perform PROM (passive range of motion) without difficulty. Family, MD (Medical Doctor), and DON (Director of Nurses) have been made aware."</p> <p>R33's Nurses Note, dated 3/27/23 at 10:48, documents "Resident sent this AM for fall f/u (follow-up) precautions to (Local Hospital) E.R. (Emergency Room). POA (Power of Attorney) and NP (Nurse Practitioner) made aware."</p> <p>R33's Nurses Note, dated 3/27/23 at 7:28 PM, documents "Resident returned from (Local Hospital) E.R. at dinner time. N.N.O. (no new orders). NP and POA made aware."</p> <p>R33's Fall Investigation, dated 3/29/23, documents "CNAs called writer to resident room and writer observed resident sitting on the floor in a sitting position in front of the CNA. CNAs told writer that resident was lowered to the floor due to the wheelchair tipping backward while lowering resident into the wheelchair. No injuries sustained and resident was able to perform PROM without</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>difficulty, family, MD, and DON have been made aware."</p> <p>On 4/6/23 at 10:55 AM, V1 (Administrator) stated, "I would expect the staff to maintain contact with the resident at all times during a transfer using a full body mechanical lift device. I would expect the staff to hold the wheelchair when transferring a resident from the bed to the wheelchair using a full body mechanical device."</p> <p>On 4/6/23 at 11:05 AM, V1 (Administrator) stated, "I did not do the investigation for (R33) when she fell from the (full body mechanical lift), that was the Regional people. It doesn't sound right to me. If the wheelchair tipped over, why would the CNA lower the resident to the floor when the resident would be hanging in the air. It seems like they could have just picked up the wheelchair."</p> <p>On 4/6/23 at 11:10 AM, V25 (CNA) stated, "If we are transferring a resident to a wheelchair using a (full body mechanical lift device), we always have at least two people and one of them should hold the wheelchair while the other one operates the (lift device). We should always maintain contact with the resident during the transfer."</p> <p>On 4/6/23 at 11:12 AM, V26 (CNA) stated, "When transferring a resident to a wheelchair, one of us should be holding onto the wheelchair so it doesn't move. We should always hold onto the resident while they are being transferred."</p> <p>3. R40's Care Plan, dated 8/28/2022, documents "Transferring: has a selfcare deficit in transferring r/t hemiplegia." It continues "Use adaptive equipment: (full body mechanical) lift with assist of 2 staff."</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
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(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 12</p> <p>R40's MDS, dated 1/14/2023, documents that R40 is cognitively intact and requires extensive assist of 2 persons for transfers.</p> <p>On 4/3/2023 at 11:27 AM, V11 (CNA) and V27 (CNA) assisted R40 into the bed using the full body lift. V11 and V27 applied the straps to the lift. With V27 working the controls and V11 holding onto R40, V11 and V27 assisted R40 into the bed. V11 and V27 performed incontinent care. Upon completion of incontinent care, V11 and V28 assisted R40 from the bed back to the wheelchair. V27 operating the machine lifted R40 off of the bed. With R40 swinging in the lift, V27 moved R40 from the bed to wheelchair in front of closet. No staff was in contact with R40. V11 walked around from the opposite side of the bed and grabbed ahold of wheelchair and positioned it as V27 was lowering R40 into the wheelchair.</p> <p>4. R43's MDS dated 2/2/2023 documents R43 is cognitively intact and is totally dependent on staff for transfers.</p> <p>R43's Care Plan dated 1/20/2023 documents, "Fall: Resident is at risk for falls due to diagnosis of MS and Immobility."</p> <p>On 4/3/2023 at 10:15 AM, R43 stated he just got back from the hospital. R43 was sitting in a transport wheelchair. R43 was slumped down. At this time, R43 stated, "Ahh, s**t! I'm falling. I told you I was going to, ahh s**t!" V11 (CNA) and V23 (CNA) were observed transferring R43 from the transport wheelchair to bed. Neither V11 nor V23 locked the wheelchair. After the transfer, V11 and V23 stated the chair R43 had been in prior to the transfer is not R43's chair.</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>The Facility's "Electronic Patient Lift" Operation Guide, undated, documents, "How to operate the electric patient lift: f. Lift patient until his/her feet will swing easily off the bed keeping patient facing the attendant. g. Unlock rear casters and transfer patient to and above commode or wheelchair. Lock brakes of both lifter and commode or wheelchair."</p> <p>The Facility's Mechanical Lift Policy dated 10/2022, documents, Procedure: "6. one caregiver is to focus on the resident's head and body positioning while the other is operating the lift. Tell the resident that he or she will be lifted."</p> <p style="text-align: center;">(B)</p> <p>(Violation 3 of 4)</p> <p>300.610a) 300.1210d)4)A)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>Section 300.1210 General Requirements for Nursing and Personal care</p> <p>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:</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide timely and complete incontinence care and catheter care for 4 of 4 residents (R28, R40, R43, R53) residents reviewed for incontinent care/catheter care in a sample of 37.</p> <p>Findings include:</p> <p>1. R28's Electronic Medical Record documents R28's diagnoses include Type 2 Diabetes Mellitus (DM), Cerebral Infarction, Aphasia, Hemiplegia/Hemiparesis, Epilepsy, Hypertension, and Dysphagia.</p> <p>R28's Care Plan, dated 3/29/23, documents "(R28) has bladder incontinence r/t (related to) history of CVA (Cerebral Vascular Accident) with residual deficits. Interventions: Brief Use: The resident uses disposable briefs. Change every</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>two hours and PRN (as needed). Incontinent: Check the resident every two hours and as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN after incontinence episodes." It continues "(R28) has bowel incontinence r/t history of CVA with residual deficits. Interventions: Check resident every two hours and as needed, Provide peri-care after each incontinent episode." It continues "(R28) has an ADL (activities of daily living) self-care deficit r/t CVA with right side hemiplegia residual deficit, DM, aphasia, and muscle weakness. (R28) utilizes a (high back reclining wheelchair) for locomotion. He is incontinent of bowel and bladder. Interventions: Toilet Use: (R28) requires total assistance with toileting."</p> <p>R28's Minimum Data Set (MDS), dated 1/8/23, documents that R28 has a severe cognitive impairment and requires total dependence of one to two staff members for all of his ADLs. R28's MDS documents R28 is always incontinent of both bowel and bladder.</p> <p>On 4/4/23 at 12:40 PM, V17 (CNA) and V18 (CNA) went in the room to perform incontinence care on R28. V17 and V18 washed hands, donned gloves, and placed a basin of water with peri-wash in the water with towels/washcloths on table. R28's incontinence brief was removed and was slightly wet. V17 used one washcloth and wiped R28's penis, wiped R28's scrotum, then folded the same washcloth and wiped each groin. V17 doffed her soiled gloves and with no hand hygiene completed, applied a new pair of gloves. V18 rolled R28 over and V17 wiped R28's buttocks and anal area, a small amount of stool noted. V17 dried R28's buttocks and applied a new incontinence brief. R28's pubic area, and bilateral groins were not dried and still appeared</p>	S9999		
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S9999	<p>Continued From page 16</p> <p>saturated.</p> <p>On 4/6/23 at 11:08 AM, V1 (Administrator) stated, "I would expect the staff to perform complete incontinent care, including drying the resident, and using more than one washcloth when needed."</p> <p>2. R40's Care Plan, dated 8/25/2022, documents "Resident is incontinent of bowel and bladder." It also documents interventions as provide incontinence care at routine timely intervals. Keep skin clean, dry, and moisturized.</p> <p>R40's MDS, dated 1/14/2023, documents that R40 is always incontinent of urine and bowel and requires extensive assist of 2 staff for toileting.</p> <p>On 4/3/2023 at 11:27 AM V11 (CNA) and V27 (CNA) performed incontinent care on R40. R40 was incontinent of urine. V11 and V27 assisted R40 into the bed using a full body mechanical lift. V27 then pulled down R40's urine soiled pants and opened R40's incontinent brief and rolled it between her legs. V27 then using a wet washcloth wiped down each side of R40's groin. V27 then using a washcloth cleansed R40's inner labia. V11 and V27 rolled R40 onto her left side and cleansed her right buttock and partial left buttock. V27 then removed R40's heavily soiled incontinent brief. V27 then placed a new incontinent brief under R40. V11 and V27 then assisted R40 onto her back and fastened the incontinent brief and pulled up the urine soiled pants. V11 and V27 then assisted R40 into the wheelchair. V27 did not cleanse R40's pubic area, inner thighs, back of thighs and R40's entire left buttock during incontinent care.</p> <p>On 4/6/2023 at 1:15 PM V5 (DON) stated that</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>she would expect the staff to cleanse all areas of incontinence including the inner thighs, back of thighs and entire buttocks.</p> <p>3. R53's Care Plan, dated 9/30/22 documents ADL: Resident requires assist with daily care needs r/t obesity, COPD, and right sided hemiplegia s/p CVA. It continues Assist resident with ADLs.</p> <p>R53's MDS, dated 1/29/2023, documents that R53 is cognitively intact and requires limited assist with toileting.</p> <p>On 4/6/2023 at 8:50 AM, V14 (CNA) assisted R53 with incontinent care. R53 was incontinent of urine. V14 opened the incontinent brief. V14 then using a washcloth and no rinse soap wiped the perineal area. V14 then assisted R53 onto her left side and cleansed R53's right buttock and partial left buttock. V14 then removed the soiled incontinent brief and applied a new one. V14 then pulled up R53's pants and left the room.</p> <p>4. R43's MDS dated 2/2/2023 documents R43 is cognitively intact and is totally dependent on staff for toilet use.</p> <p>On 4/3/2023 at 10:15 AM R43 was sitting in a transport wheelchair. R43 was slumped down. R43 was then mechanically lifted from the wheelchair to the bed. There was a pad beneath R43 that was soiled with a ring around it. R43 also had a catheter. At this time R43 stated, "I told them my catheter was leaking." At this time, V11 (CNA) and V23 (CNA) began to provide incontinent/catheter care without the benefit of hand hygiene. V23 cleansed around the head of R43's penis and both sides of R43's groin. V23 then rolled R43 over and cleansed one side R43's</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>buttocks. V23 failed to roll R43 over and cleanse the other buttocks. V23 also failed to cleanse down the catheter.</p> <p>On 4/4/2023 at 9:30 AM, R43 was in bed. R43's catheter bag was observed laying on the floor. R43's floor was extremely sticky.</p> <p>R43's Progress Notes dated 3/29/2023 at 9:13 AM documents R43's catheter was clogged with sediment and was sent to the Emergency Room (ER).</p> <p>R43's Progress Notes dated 4/2/2023 at 3:41 PM documents R43 began complaining of pain at the catheter site, the nurse attempted to flush it, and met resistance. It further documents R43 was sent to the ER.</p> <p>R43's Progress Notes dated 4/3/2023 at 10:22 AM documents, "Resident returned from ER with script for (antibiotic)."</p> <p>R43's Progress Notes dated 4/4/2023 at 2:15 PM that R43 continues on antibiotic therapy for UTI (Urinary Tract Infection).</p> <p>R43's Physician's Orders Sheet (POS) documents, "Change (catheter) once monthly every fourth and as needed, every day shift starting on the 4th and ending on the 4th every month for urinary retention."</p> <p>R43's Face Sheet dated 1/6/2023 documents R43 has a diagnosis of infection and inflammatory reaction due to urinary catheter.</p> <p>R43's Treatment Administration Record (TAR) dated 2/1/2023-2/28/2023 documents to change R43's catheter every fourth of every month. It</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>further documents it was not done 2/4/2023.</p> <p>On 4/6/2023 at 11:26 AM, V2 (Regional Director) stated, "I would expect staff to follow our policy regarding infection control, incontinent care and catheter care. I would not expect the catheter bag to be on the floor for infection control purposes."</p> <p>The Incontinence Care Policy, revision date 3/2022, documents "Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown." The policy documents "4. Remove soiled clothing and linen. 5. Clean peri area with appropriate cleanser and dry. Appropriate cleanser can mean soap and water, periwash etc. Cleansing should always be from front to back."</p> <p>The Facility's Indwelling Catheter Care Policy dated 9/2022 documents, "Policy: Daily and PRN (as needed) catheter care will be done to promote comfort and cleanliness." It further documents, "Procedure: wash your hands before beginning the procedure" as well as "Wash catheter itself by holding on to catheter at the insertion site, wash with one stroke downward, using the same procedure for rinsing."</p> <p>(B)</p> <p>(Violation 4 of 4)</p> <p>300.610a) 300.696a) 300.696c)1) 300.696c)2)</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.696 Infection Prevention and Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340):</p> <ol style="list-style-type: none"> 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2) Guideline for Hand Hygiene in Health-Care Settings 	S9999		

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S9999	<p>Continued From page 21</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to wear required personal protective equipment (PPE), perform hand hygiene and handle linens in a manner which prevents the spread of infection for 6 of 9 residents (R8, R28, R33, R40, R43, R47) reviewed for infection control in the sample of 37.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. On 4/4/2023 at 11:20 AM, V7 (Infection Preventionist) exited R47's room. There was a sign on the door, identifying that the resident in this room requires Enhanced Barrier Precaution. The sign documented that staff must clean their hands before entering the room and when leaving the room. The Sign documented that staff must wear gloves and a gown for the high-contact resident care activities including changing briefs or assisting with toileting and transferring. V7 was exiting R47's room with 2 shelved metal carts on wheels with multiple packages of oxygen tubing and humidification bottles. V7 had surgical mask on only and did not sanitize hands upon exiting room. V7 the pushed cart down the hall and entered R33's room, which identified the room as requiring enhanced barrier precautions. V7 did not sanitize hands prior to entry and entered with same surgical mask on. State surveyor knocked on door and questioned V7. V7 stated, "I did not know this was isolation room." 2. R43's Face Sheet dated 1/6/2023 documents R43 has a diagnosis of infection and inflammatory reaction due to urinary catheter. <p>R43's Minimum Data Set (MDS) dated 2/2/2023</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>documents R43 is cognitively intact and is totally dependent on staff for toilet use.</p> <p>On 4/3/2023 at 10:15 AM, R43 stated he just got back from the hospital. R43 was sitting in a transport wheelchair. R43 was slumped down. R43 was then mechanically lifted from the wheelchair to the bed. There was a pad beneath R43 that was soiled with a ring around it. R43 also had a catheter. At this time R43 stated, "I told them my catheter was leaking." At this time, V11 (CNA) and V23 (CNA) began to provide incontinent/catheter care without the benefit of hand hygiene. After providing care, V23 threw the dirty, urine soiled pad and two wash clothes on the floor.</p> <p>3. R40's MDS, dated 1/14/2023, documents that R40 is always incontinent of urine and bowel and requires extensive assist of 2 staff for toileting.</p> <p>On 4/3/2023 at 11:27 AM V11 (CNA) and V27 (CNA) entered R40's room to perform care. R40 was incontinent of urine. V11 placed a dry towel over R40's overbed table, wet 3 wash cloths with water and placed them on the towel on the table. V11 then using a wet washcloth wiped down each side of the groin. V27 then placed the soiled washcloth on the towel on the table with the clean washcloths. V27 then, using a washcloth from the table with the soiled towels, cleansed R40's inner labia and placed that washcloth on the table with the clean towels. V11 and V27 rolled R40 onto her left side and cleansed her right buttock and partial left buttock. V27 then removed R40's heavily soiled incontinent brief. Using the same gloves V27 then placed a new incontinent brief under R40. V11 and V27 then assisted R40 onto her back and fastened the incontinent brief and pulled up the urine soiled pants. V11 and V27</p>	S9999		

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S9999	<p>Continued From page 23</p> <p>then assisted R40 into the wheelchair.</p> <p>On 4/6/2023 at 1:15 PM V5 (DON) stated that she would expect the staff to change gloves and wash hands when handling clean items. V5 stated that she expects the staff to change the resident's urine soiled clothing when performing incontinent care.</p> <p>4. R8's Face Sheet, dated 4/5/23, documents that R8 was admitted to the facility on 8/27/16.</p> <p>R8's Electronic Medical Record, documents that R8's diagnoses include Malnutrition, Asthma, Morbid Obesity, Dysphagia, End Stage Renal Disease (ESRD), COVID-19, Dependence on Renal Dialysis, Obstructive and reflux uropathy, Anemia, Seizures, Transient Ischemic Attack (TIA), Schizoaffective Disorder, Major Depressive Disorder, Psychosis, Polyosteoarthritis, Atherosclerotic Heart Disease, Spinal Muscular Atrophy.</p> <p>R8's Care Plan, dated 3/21/23, documents "(R8) has an ADL (Activities of Daily Living) self-care performance deficit r/t (related to) weakness, ESRD, and spinal muscular atrophy. She primarily uses a wheelchair, is incontinent of B&B (bowel and bladder). Interventions: BATHING: R8 requires total care with bathing. PERSONAL HYGIENE: R8 requires extensive assistance with personal hygiene. TRANSFER: R8 requires extensive assistance to dependence with transfers."</p> <p>R8's Minimum Data Set (MDS), dated 2/14/23, documents that R8 has a moderate cognitive impairment with a Brief Interview for Mental Status (BIMS) of 10. R8 requires total dependence from one staff member for bathing</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
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(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 24</p> <p>and personal hygiene, requires total dependence from two staff members for bed mobility, transfers, dressing, and toilet use. R8 is always incontinent of both bowel and bladder.</p> <p>On 4/3/23 at 1:18 PM, there was a sign on R8's door identifying that R8 was on Enhanced Barrier Precautions. V11 (CNA) walked into R8's room with no PPE on. V11 exited the room to get assistance from V12 (CNA). Both CNAs walked back into the room and turned and repositioned R8 with no PPE on. No hand hygiene was done prior to or upon exiting the room.</p> <p>On 4/4/23 at 11:02 AM, V14 (CNA) and V15 (CNA) put the lift device sling under R8 with the (Full Body Mechanic Lift Device) next to her bed. The lift device was attached to sling, and R8 was lifted off the bed. V15 was holding the wheelchair as V14 moved the lift device over to the wheelchair. R8 was freely swinging in the air during transfer to wheelchair. R8 was lowered to the wheelchair, was disconnected from the lift device. Both CNAs doffed their gloves and left the room with no hand hygiene completed prior to care and after care was completed.</p> <p>5. R28's Face Sheet, dated 4/5/23, documents that R28 was admitted to the facility on 1/23/18.</p> <p>R28's Care Plan, dated 3/29/23, documents "(R28) has bladder incontinence r/t (related to) history of CVA (Cerebral Vascular Accident) with residual deficits. Interventions: Brief Use: The resident uses disposable briefs. Change every two hours and PRN (as needed). Incontinent: Check the resident every two hours and as required for incontinence. Wash, rinse, and dry perineum. Change clothing PRN after incontinence episodes." It continues "(R28) has</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002		
(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 25</p> <p>bowel incontinence r/t history of CVA with residual deficits. Interventions: Check resident every two hours and as needed, Provide peri-care after each incontinent episode." (R28) has an ADL (activities of daily living) self-care deficit r/t CVA with right side hemiplegia residual deficit, DM, aphasia, and muscle weakness. (R28) utilizes a (high back reclining wheelchair) for locomotion. He is incontinent of bowel and bladder. Interventions: Toilet Use: (R28) requires total assistance with toileting."</p> <p>R28's MDS, dated 1/8/23, documents that R28 has a severe cognitive impairment and requires total dependence of one to two staff members for all of his ADLs. R28 is always incontinent of both bowel and bladder.</p> <p>On 4/4/23 at 12:40 PM, V17 (CNA) and V18 (CNA) entered R28's room to perform incontinence care. Both CNAs washed hands, gloves donned, and placed basin of water with peri-wash in the water and towels/washcloths on table. R28's incontinence brief was removed and appeared slightly wet. V17 used one washcloth and wiped R28's penis, wiped R28's scrotum, then folded the same washcloth and wiped each groin. V17 doffed her soiled gloves and with no hand hygiene completed, applied a new pair of gloves. R28 was rolled over by V18, and V17 wiped R28's buttocks and anal area; a small amount of stool noted. V17 dried R28's buttocks and a new incontinence brief was applied. R28's pubic area and bilateral groins were not dried and still appeared saturated. V18 held the soiled linen, blankets, and a pile of clean towels against her body while V17 opened a plastic bag and placed the soiled linen in the bag. Both CNAs doffed gloves and left the room with the soiled bags of linen and no hand hygiene was done by either</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002778	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/06/2023
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NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON	STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER ALTON, IL 62002
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S9999	<p>Continued From page 26</p> <p>CNA upon leaving the room.</p> <p>On 4/6/23 at 11:02 AM, V1(Administrator) stated, "I would expect the staff to perform hand hygiene before, during, and in between glove changes."</p> <p>The Facility's Hand Hygiene Policy dated 1/2021 documents, "General: Proper hand hygiene is necessary for the prevention and the transmission of infectious disease. Responsible Party: All Facility staff. Guideline: 1. hand hygiene is done before and after resident contact, before and after any procedure, after using a (tissue) or the rest room, before eating or handling food, when hands are obviously soiled and regardless of glove use."</p> <p>The Facility's Indwelling Catheter Care Policy dated 9/2022 documents, "Policy: Daily and PRN (as needed) catheter care will be done to promote comfort and cleanliness." It further documents, "Procedure: wash your hands before beginning the procedure" and well as "Wash catheter itself by holding on to catheter at the insertion site, wash with one stroke downward, using the same procedure for rinsing."</p> <p>(B)</p>	S9999		