STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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 Complaint Investigation: 2343545/IL159268	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210d)1) 300.1620f) 300.1850h) 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. Section 300.1620 Compliance with Licensed Prescriber's Orders f) The licensed prescriber shall approve the	S9999	**Attachment A** **Statement of Licensure Vio**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 1	S9999		

release of any medications to the resident, or person responsible for the resident's care, at the time of discharge or when the resident is going to be temporarily out of the facility at medication time. Disposition of the medications shall be noted in the resident's clinical record.

Section 300.1850 Other Resident Record Requirements
h) The resident's medical record shall include notations indicating any release of medications to the resident or person responsible for the resident's care, as described in Section 300.1620(e) of this Part.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure medication was given to a resident when on Leave of Absence (LOA) from the facility for 1 f 6 residents (R2) reviewed for significant medication error in the sample of 6. This failure resulted in R2 not receiving medications for Chronic Obstructive Pulmonary Disease (COPD) and being hospitalized with admitting diagnoses of COPD exacerbation. R2 remains in the hospital.

Findings include:

R2's April 2023 Physician's Order Sheet (POS) documents R2 has diagnoses of alcohol abuse with alcohol induced psychotic disorder, speech and language deficits, anxiety, asthma, bipolar disorder, chronic obstructive pulmonary disease (COPD), needs for assistance with personal care, dependence on wheelchair, partial amputation at level between left hip and knee and right hip and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 2	S9999		

knee, hearing loss, and dependence on wheelchair.

R2's April 2023 POS documents he was taking the following medications: albuterol sulfate HFA (Hydrofluoroalkane) 109 micrograms (mcgs)/actuation (act) aerosol solution give 1 puff every 6 hours as needed for dyspnea reacted to chronic obstructive pulmonary disease; Amiodarone HCL Tablet 200 mg (milligrams) give 1 tablet by mouth two times a day for abnormal heart rhythm. Depakote ER oral tablet extended release 24 hour 500 mg, 1 tablet my mouth one time a day related to alcohol use; Duloxetine HCL capsule 60 mg, 1 capsule one time a day related to bipolar disorder; Fluticasone Furoate inhalation 200 mcg/act 1 inhalation orally one time a day related to chronic obstructive pulmonary disease; Gabapentin 400 mg, 1 tablet once a day, Hydrocodone-Acetaminophen 5-325 mg , 1 capsule two times a day; Incruse ellipta 62.5 MCG/ACT 1 puff one time a day related to pulmonary disease; and Xarelto 20 mg by mouth one time day related to chronic atrial fibrillation.

R2's Minimum Data Set (MDS) dated 1/27/2023 document he is cognitively intact for activities of daily living and decision making. R2's MDs documents R2 receives 7 antidepressants, 7 anticoagulants and 7 diuretics for medication.

R2's Care Plan with a revision date of 3/3/2023 documents "Anticoagulant: (R2) is at risk for bleeding/bruising related to anticoagulation medication use due to his diagnosis of A-Fibrillation." R2's Care Plan documents "(R2) has potential for altered cardiac function related to HTN (hypertension), CHF (Congestive Heart Failure)." R2's Care Plan documents "(R2) has potential for difficulty in breathing related to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 3	S9999		

respiratory failure (COPD)."

R2's Social Service Notes dated 4/26/2023 at 12:51 PM, "Late Entry, SSD (Social Service Director) was informed that resident went LOA (Leave of Absence) with son (V5) to return tomorrow 4/27/2023." R2's LOA form document a time of 4 PM.

There is no documentation in R2's medical record that medications were sent with R2 or V5 when R2 left the facility.

On 5/2/2023 at 3:12 PM, V5 (R2's Son) stated, "We left the building together and I took off in my truck and my dad (R2) took off down the street in his wheelchair. I did not realize my dad was ill at the time. He said he wanted to leave so I signed him out. I am not sure how long it had been since we had last seen each other. He wanted to leave so I let him leave. I am not sure if the paper was a LOA (Leave of Absence) or AMA (Against Medical Advice). I do not remember how long (R2) was supposed to be gone. I am not sure about that. I do not remember (R2) being sent with any medications. I know they he had him take something before we left."

On 5/2/2023 at 10:37 AM, V4 (R2's Daughter/Power of Attorney/POA) stated, "My brother (V5) had just been recently released from prison. He had been incarcerated for a few years. Nobody from the facility called me and asked me if it was okay for my brother (V5) to sign my dad out because I would have told them absolutely not. I am the POA of my father and imagine my surprise when I get a call from one of my friends telling me they saw my father at a gas station in a completely different town than the nursing home. Nobody from the facility let me

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 4	S9999		

know that my father was gone or that my brother had signed him out. I do not think my brother intentionally meant my father any harm, but he just does not understand how my dad's health has declined so much. My dad does not have any legs and in the past, he was able to get around in an electric wheelchair, but he has been so sick and had such a decline that he is not the same person my brother remembers. It is dangerous for my dad to be left alone without any help. (R2) is currently at the hospital because I called around trying to find (R2). I called the bus station, and they were able to find him. (R2) was attempting to charge his wheelchair. When I saw my dad, he said he was having problems breathing and had been having issues for a few weeks now. He was just recently admitted to the hospital (January 2023) for breathing issues and has a history of needing assistance. I took him to the hospital, and he was admitted with pneumonia. (R2) is still currently at the hospital."

On 5/3/2023 at 10:55 AM, R2 was in a bed at a local hospital. R2 stated, "The facility gave me a pill that I took before I left but they did not send me out with any medicine or my wheelchair charger." R2 stated "I got to the hospital all by myself. I was having problems breathing which I was having while I was at (Facility)."

R2's Social Service Notes dated 4/27/2023 at 6:22 PM, "SSD received a call from resident's son today. Son expressed that resident wanted to LOA and that he signed him out. SSD explained to son that LOA paperwork was signed with a return date of today and not AMA (Against Medical Advice) paperwork. Son stated that when he and resident left the facility son got in his truck and resident went going down street in his power chair charge and son stated resident did

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 5	S9999		

not have his charger for his power chair. Son informed SSD that he would go looking for resident after he got off of work."

R2's Hospital Records document R2 arrived at the Emergency Room at 4:56 PM on 4/27/23. The Record documents R2 was admitted from the Emergency Room to the Hospital on 4/27/2023 with a final diagnosis of COPD exacerbation. The Records document patient information was obtained primarily from patient, medical records. (R2) is a 64-year-old male with a history as below, who presents with complaints of SOB (shortness of breath) and abdominal distension. Patient states that he had these symptoms for the past two weeks. Patient states that he was staying at (Facility), however, his son signed him out. Patient states that he plans to live in Florida with his mother. Patient endorses a productive cough. Patient denies fever or chills. Patient states that his son signed him out and he was left on the parking lot."

R2' Nurse's Notes dated 4/28/2023 at 6:34 AM, "Hospital called this writer nurse (V6 Nurse) requested face sheet and medication list. This writer faxed information over to hospital (Nearby hospital). Hospital made this writer known that they did not know he arrived to the hospital but his son was aware of him being at the hospital. Nursing asked hospital what he was admitted for, and hospital made this writer aware that he came in for COPD exacerbation. Nursing will forward all information to oncoming nursing for further follow up."

On 5/3/2023 at 2:03 PM, the staffing schedules of nurse's working for 4/26/2023 was requested.

On 5/3/2023 at 2:32 PM, V1 (Acting

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 6	S9999		

Administrator) stated, "(V19) was (R2's) nurse on 4/26/2023 and she would have been the one to give him his medication before he left LOA."

On 5/3/2023 at 3:32 PM, V19 (Licensed Practical Nurse/LPN) stated, "If a staff member came and told me my patient was LOA (Leave of Absence) I would check the Medication Administration Record with the Physician Order Sheet (POS) and make sure they have their medication for the duration of their leave, and document everything in the resident's chart. I would make sure I documented the medication was sent with the resident in the chart. I do know if I gave (R2) his medication. I am agency and not familiar with all of the residents. Nothing is ringing a bell. I will need to speak with (V1)."

On 5/3/2223 at 3:34 PM, V20 (LPN) stated, "I am agency nurse. If someone told me a resident was leaving LOA, I would check the order, get it ready and document that I sent it out in the Nurse's Notes. I do not know who (R2) is so I could not say but I do not remember giving anyone with a double amputee medicine for LOA."

On 5/3/3023 at 3:44 PM, V21 (LPN) stated "I did not give (R2) any medications I was not his nurse that day. I am not sure who that was. If a staff member told me a resident was LOA, I would check the POS and determine how many days that would be gone and what medications they are going to need. I would get the medications ready, give them to the resident and document in the Nurse's Notes."

On 5/3/2023 at 3:52 PM, V27 (LPN) stated, "I was not (R2's) nurse so I would not have given out any medications to him. When we give out medications for LOA, we are supposed to check

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 05/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 7 the POS and give out the right amount of medicine for the right amount of days. Document that the medication was given to the resident in the Nurse's Notes and document in the Medication Administration Record that the resident is in leave." On 5/5/2023 at 12:03 PM, V22 (Medical Director) stated, "As far as a resident going out LOA, it would depend on the medicine and if the resident would even take the medicine. If a resident does not want to take a medicine, we cannot force them to take the medicine. As far as (R2) it is hard to say. (R2) was not competent and he does what he wants to do. I cannot say by not taking the medication it increased his risk or put him in the hospital. (R2) is not competent and is confused. (R2) is smart enough to get away but not competent enough to be able to take care of himself." The Medication Administration Policy, with a revision date of 3/2022 documents, "All medications are administered appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis." "A"	S9999		