(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	
			B. WING		C	
		IL6007983	B. WING		07/1	9/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF CAHOKIA CAHOKI.			OME LANE , IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2445580/IL175617 2445606/IL175653	ation:				
S9999	Final Observations		S9999			
	a) The facility shall procedures governi facility. The written be formulated by a Committee consisting	esident Care Policies have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the				
	medical advisory co of nursing and othe policies shall compl The written policies the facility and shall	dvisory physician or the ommittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating the reviewed at least annually documented by written, signed of the meeting.				
	Nursing and Persor b) The facility shall and services to atta practicable physical well-being of the res each resident's com plan. Adequate and care and personal of	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with aprehensive resident care properly supervised nursing care shall be provided to each e total nursing and personal				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

08/01/24 **Electronically Signed**

TITLE

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
					С		
	IL6007983		B. WING		07/1	9/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
BRIA OF	CAHOKIA		OME LANE , IL 62206				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 1	S9999				
	care shall include, a and shall be practic seven-day-a-week 1) Medications, hypodermic, intrave be properly adminis 3) Objective or resident's condition emotional changes determining care refurther medical eva	basis: including oral, rectal, enous and intramuscular, shall stered. bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the					
	Based on interview failed to ensure pai the onset, presence assessing the chararesidents (R7) revieus 36. R7 has a cance being in intense pai	and record review the Facility n was assessed, recognizing e, and duration of pain, and acteristics of the pain for 1 of 3 ewed for pain in the sample of er diagnosis and verbalized in due to lack of pain vailable for administration.					
	Findings include:						
	R7's Physician Order Sheet (POS) for July 2024 documents a diagnosis of liver cell carcinoma (cancer), liver cirrhosis, human immunodeficiency virus (HIV) and migraines.						
	documents an orde	ly 2024 document also r for Oxycodone HCL oral (mg), Give 1 tablet by mouth					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		IL6007983	B. WING		1	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	CAHOKIA		OME LANE , IL 62206			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
		eeded for pain) with the (start nd d/c (discontinued date) of				
	order for Oxycodon (mg), Give 1 tablet	ly 2024 also documents an e HCL oral tablet 5 milligrams by mouth every 4 hours as th the (start date of 7/5/2024).				
		a Set (MDS) dated 7/10/24 ognitively intact for decision of daily living.				
	has a problem with will not experience R7's interventions f to administer pain r ordered, assess eff assess pain character report any pain, mo	d 7/8/24 documents, "(R7) pain and the goal that (R7) a decline in overall function.". or pain documents, "to include medicine and treatments as fectiveness of pain medication, eteristics, encourage (R7) to enitor for nonverbal indicators any acute changes to the				
	cancer and sometir in the Early hours. AM, on 7/13/24 (Sa medication and was and the nurse woul The nurse did not rigive me the medica (7/14/24) there was facility. The facility which I am suppose gave me an Ibuproi day, but it just does so much pain at thi can't relax and slee	:18 AM, R7 stated, "I have mes the pain is bad, especially The other night around 2:30 sturday) I called for pain is told there was only 1 pill left id be back with the medication. The eturn until around 9:30 AM to eturn until around 9:30 AM to eturn. On Sunday the next day is still no pain medication at the ran out of my oxycodone ed to get when I need it. They fen in the early hours of the not work the same. I was in its point. When I get like that I is p. My body gets all tense, and is 10:15 AM I still did not				

Illinois Department of Public Health

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PRINTED: 08/13/2024 FORM APPROVED

IIIInois D	epartment of Public	Health	-			
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_ ا	.
			B. WING		C	
		IL6007983	B. WING		07/1	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
				,		
BRIA OF CAHOKIA						
			, IL 62206			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION COR		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
IAG			IAG	DEFICIENCY)	=	
S9999	Continued From pa	ge 3	S9999			
	roccivo my modicat	tion I was told they were				
		tion I was told they were				
		This has happened to me on				
		and when it happens on the				
		; I know they are not getting to				
		ny pain. They do not always				
		nurse and one nurse will tell				
		(oxycodone) is running low				
		she placed the order. They				
		nurses. Then when I run out				
		tell me they tried to place the				
		waiting on the doctor. I ran out				
		and my last dose was on				
		ad to go all weekend without				
	my oxycodone. I sh	ould not have to be in pain all				
	weekend. I have ca	ncer and the pain is so bad.				
	When I finally get th	ne pain medication it takes a				
	few more days to g	et me back to where I need to				
	be because the pai	n was so intense going without				
	the medication. I tri	ed to tell them, but they just				
	ignore me and do n	ot get my medication. My pain				
		ars. They told me they could				
		rgency room which hopefully				
		pain medications, but they				
		use it was a Sunday and it				
		and I might have to wait until				
		r. Which makes no sense, so I				
		e because what was the				
		more pain meds and I was				
		kend I was in extreme pain."				
		r mae in exti enne paini				
	On 7/18/2024 at 9:4	45 AM, V31 (Family of R7)				
		brother and I live in Florida.				
		er and there is a tumor				
	` ,	ctors tell us he does not have				
		tumor is growing and when				
		s with me and when he tells				
		pain, and he has been				
		, he is not eating, he is not				
		tells me they do not have his				
	pain medication. It i	breaks my heart when he calls				

Illinois Department of Public Health

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Illinois D	epartment of Public	Health				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6007983	B. WING		07/1	9/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		OME LANE	····			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	Continued From parme and tells me he facility has run out of usually happens on happened several the what is happening the medication. It is har weekends and at 2 weekends are really for pain medicine, of medicine. His pain running out of his shall weekends without it Administrator) and stated they have given is still happening, and the staff are putting in the signing off on it, so exactly on whose endigest concern is listed. I want him to human being, and it facility should be more medication and kept the signing off on it, so exactly on whose endigest concern is listed. I want him to human being, and it facility should be more medication and kept the significant in t	ge 4 is pain is so bad and the of his pain medication. This the weekends, and this has imes. I am not sure why or that he is not getting his pain of to get ahold of staff on the AM in the morning. The y bad. He has a prescription cancer medicine, and HIV med (oxycodone) they keep cript, and he goes the t. We have talked with (V1 (V2 Director of Nursing). They wen instructions to staff, but it and it is not getting better. of disconnect and his scripts ewed. Is my understanding the script, but they are not it is not getting filled. Not sure and that this is happening. My his Pain level, that is a big comfortable, treated like a ne should not be in pain. The aking sure he is getting pain	TAG		PRIATE	DATE
	documents, "nurse time to check the s	s dated 7/13/24 at 1:17 PM, has called pharmacy at this tatus of pain medication, new this time, resident has been w concerns noted."				

Illinois Department of Public Health STATE FORM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
			A. BOILDING.			
		IL6007983	B. WING			9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF CAHOKIA			OME LANE , IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	R7's progress noted document that R7 of feeling well". V26 (Nurse/LPN) tested negative. This nurs admitted that "I profit's been a while." A On 7/16/2024 at 3:3 Nursing) stated, "Wand (R7) ran out of (R7) has cancer an pain. The doctor on comfortable writing a few days. We ask script for 2 days to but he refused. We Practitioners, so it h someone in here to Director and he said but the doctors and covering us over the On 7/18/2024 at 10 stated, "Our previous and we had to swite came as a shock for having trouble finding We switched comp based upstate. We physicians not want issues with the Nurcoming in the building previous NP has be hoping she will be riseues with (Frunning out as well medications."	s dated 7/13/24 10:39 PM complained about "just not Licensed Practical resident for COVID which was e informed resident and he bably just need my pain pill, waiting physician response. 32 PM, V2 (Director of the have a new physician group medicine over the weekend. I know he was in a lot of a call said he was not a script for narcotics even for the different forms and the could just write a get him through the weekend, lost our regular Nurse has been tough for us getting to write scrips. I told the Medical different forms and the sent someone to cover INP are not comfortable	S9999			

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STATE FORM YE6911 If continuation sheet 6 of 8

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6007983	B. WING		07/1	9/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
I BRIA OF CAHOKIA			OME LANE , IL 62206			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	July 2024 document Record Q (every) Sa pain level of 5 (so the day shift. On 7/2 reported by R7 on the documented again reported on 7/15/20 document he received 7/12/24 (last dose a 5:25 PM. No oxycobeing administered 7/6/2024 -7/7/2024 On 7/19/2024 at 2:3 Clinical Coordinator dispensed on 7/16/2 request from the far pharmacy dispensed day they received the The Facility Pain Podocuments, "To fac pain observations a resident independent and preserve reside accomplished through and preserve resideration of the means to receive greater independent life involvement. The is based on a facility resident comfort. Paexperiencing person whenever he or she Management' is detailleviating the resident comfort. Paexperiencing the resident comfort. Paexperiencing person whenever he or she Management' is detailleviating the resident comfort. Paexperiencing the resident comfort. Paexperiencing person whenever he or she Management' is detailleviating the resident comfort.	Its for Pain Monitor and hift on 7/12/24, R7's reported ale of 1-10) was reported on 13/24, a 4-pain level was he evening shift. No pain was until night shift when R7 was 124. R7's July MAR does not red any oxycodone from at 8:40 am) until 7/17/24 at done was documented as to R7 on any weekend and 7/13/2024 -7/14/2024. B2 PM, V27 (Pharmacist r) stated "(R7) had oxycodone 2024 and there was no refill cility before 7/16/2024. The red the medication the same ne order." Dlicy dated 12/2024 diltate and provide guidance on and management. To facilitate nee, promote resident comfort ent dignity. This will be uph an effective pain am, providing our residents are necessary comfort, exercise are necessary comfort, exercise and enhance dignity and the Pain Management Program by wide commitment to a says it is and exists	S9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMI	SURVEY PLETED			
		IL6007983	B. WING			C 19/2024			
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3354 JEROME LANE CAHOKIA, IL 62206								
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
\$9999	Continued From pa	age 7	S9999						

Illinois Department of Public Health

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