Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C R WING IL6007983 02/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **TAG** DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigations: 2441037/IL169556 2441066/IL169589 2441101/IL169634 S9999 S9999 Final Observations Statement of Licensure Violations I of II: 300.610a) 300.1210b) 300.1210d)2)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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 

TITLE

(X6) DATE 03/04/24

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 02/15/2024 IL6007983 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide treatments to pressure ulcers as ordered by the physician for 2 of 2 residents (R10 and R11) reviewed for pressure ulcers in the sample of 18. This failure resulted in R10's pressure ulcer becoming infected and increasing in size. Findings include: 1.On 2/8/24 at 10:35 AM V6 (Wound Nurse) provided pressure ulcer care to R10's pressure ulcers on his coccyx and left ischium. V6 removed the dressing from his coccyx which was saturated with serosanguinous drainage. She

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SU IDENTIFICATIO		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		СОМ	(X3) DATE SURVEY COMPLETED	
		IL6007983		B. WING			C <b>02/15/2024</b>	
	PROVIDER OR SUPPLIER	2	3354 JER	DRESS, CITY, S OME LANE A, IL 62206	TATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIE BY MUST BE PRECEDE LSC IDENTIFYING INFO	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	Continued From policies cleansed his wount then applied order (crushed), silver Spowder and calcius covered with a foastated this wound her hands and rer left hip/ischium, the from this wound. Greenish yellowing V6 stated the odo she planned to no see if he wanted a it looked infected. With wound cleans on this wound as he cannot really for is paralyzed but so wound that was not the control of the planned to not see if he wanted a it looked infected. With wound cleans on this wound as he cannot really for is paralyzed but so wound that was not see if he wanted and the control of the planned for the	and with wound cleared treatment of Fillvadene, gentamin alginate that shim bordered dress was improving. An oving the dressing the base of the word color and moder and green color tify the wound physical culture of the word the coccyx wound be much in his legated he did feel "to travelle the coccyx wound be much in his legated he did feel "to travelle the coccyx wound be much in his legated he did feel "to travelle the personal Care; the persona	lagyl ycin, collagen ne then sing. She fiter washing ng from R10's or coming ound had a rate drainage. were new and ysician and ound because if the wound me treatment if R10 stated gs because he warmth" in the couments his cular Accident, Malnutrition, fity, Stage 3 nd Left  ited 12/31/23 d x 3 and sfers and ts he has a y catheter.  if, documents his r/t (related (R10) hers. 10-16-23	S9999				

PRINTED: 03/11/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 02/15/2024 IL6007983 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 was no goal or interventions included in this care plan. R10's Physician Order dated 10/24/23 documents "Cleanse wound to coccyx and left ischium with wound cleanser, open Metronidazole capsule and sprinkle medication onto wound bed, apply silver sulfadiazine, collagen powder, gentamicin ointment, Dakin's-soaked calcium alginate, and cover with foam dressing BID (two times a day) and PRN (as needed) until healed. Monitor for S&S (signs and symptoms) of infection, contact MD (Medical Doctor)." R10's Treatment Administration Records (TARs) were reviewed for January and February 2024 with no treatments being documented as done as ordered in the following months on the following days: February 2024: 2/3/24 AM or PM or 2/4/24 PM. January 2024 1/1/24 PM, 1/2/24 AM, 1/5/24 AM. 1/6/24 PM. 1/7/24 PM. 1/8/24 AM or PM, 1/10/24 AM or PM, 1/11/24 PM,1/12/24 AM or PM. 1/13/24 PM.1/14/24 AM or PM, 1/15/24 PM, 1/18/24 AM.1/21/24 PM.1/29/24 PM, or 1/31/24 R10's Wound Physician Wound Evaluation and Management Summary reports dated 1/1/24, 1/8/24, 1/15/24, 1/29/24 and 2/5/24 were reviewed with documentation of wound deterioration of R10's left ischial pressure ulcer as evidenced by the wound increasing in size and having increased purulent drainage. The weekly

wound measurements are as follows:

1/8/24: 1.1 cm x 1.1 cm x 0.5 cm 1/15/24: 1 cm x 1 cm x 0.5 cm 1/29/24: 2 cm x 1 cm x 0.5 cm 2/5/24: 2.6 cm x 1.8 cm x 0.5 cm

1/1/24: 1.1 cm (centimeters) by (x )1.2 cm x 0.5

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
ANDFLAN	OF CORRECTION	IDENTIF	ICATION NOWBER.	A. BUILDING:		COIVIE	COMPLETED	
		IL600	7983	B. WING			C <b>02/15/2024</b>	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
BRIA OF	CAHOKIA			OME LANE A, IL 62206				
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L	Y MUST BE PRE	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ige 4		S9999				
3999	R10's Physician's Opressure ulcer on his same (Alginate Cal Solution (Dakin's), twice daily with gautwice daily, until 2/5 Sulfadiazine to the  2. On 2/8/24 at 10: pressure ulcer treapressure ulcer to hip perform pressure ulcer and it star blood noted. V6 star ulcer and with the stated R11's Face Sheet place and his solution and R11's Face Sheet place and his solution and Ureter, Long Term Protein-Calorie Ma Uropathy, Type 2 Disorder, Schizoph Delusions, and Pressage 4.  R11's Physician Or apply 1/4 strength calcium alginate to island dressing QD day shift for treatments.	Order for treatis left ischiucium, Sodium, Sod	am remained the am Hypochlorite idazole Sprinkled ressing with border as added Silver are to her to	33399				

Illinois Department of Public Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE  A. BUILDING: _  B. WING		C C C C C C C C C C C C C C C C C C C
		IL6007983			02/15/2024
	PROVIDER OR SUPPLIER CAHOKIA	3354 JER	DRESS, CITY, S' OME LANE , IL 62206	TATE, ZIP CODE	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
\$9999	to gauze and calcic cover with island di PRN.  R11's Treatment Arreviewed for Febru Treatments were nas ordered in the following days: Feb AM and PM, 2/6/2/2024: 1/1/24 AM, AM, 1/11/24 AM, AM, 1/11/24 AM, 1/1/21/24 PM, 1/24/2 AM, or 1/31/24 AM  On 2/12/24 at 3:30 during phone interlike R10 not getting is the reason his pris getting worse. Vhas become infect past. V35 stated thischium is worse b R10 is non-complis pressure ulcers as long periods of timorders treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will V35 stated he would followed but he donegative consequences are ulcer treatments hopes that they will v35 stated he would be will	dministration Records were lary and January: not documented as being done ollowing months on the oruary 2024: 2/3/24 AM, 2/5/24 AM, or 2/8/24 PM; January 1/2/24 PM, 1/8/24 AM, 1/10/24 nd PM, 1/12/24 PM, 1/14/24 /18/24 PM, 1/20/24 AM, 2/5 AM, 1/27/24 PM, 1/30/24 II.  1 PM V35 (Wound Physician) view, stated he does not feel g his pressure ulcer treatments ressure ulcer to his left ischium 35 stated he thinks the wound led, which has happened in the ne pressure ulcer on his left because it is infected. He stated ant with staying off the she will stay up in his chair for ite. V35 stated sometimes he to be done twice a day in actually be done once a day. It actually be done once a day.	S9999		

Illinois Department of Public Health

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 02/15/2024 IL6007983 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG DEFICIENCY**) S9999 S9999 Continued From page 6 unrelieved pressure that results in damage to the underlying tissue. Although friction and shear are not primary causes of pressure injuries, friction and shear are important contributing factors to the development of pressure injuries." "B" Statement of Licensure Violations II of II: 300.610a) 300.1210a) 300.1210b) 300.1210d)3) 300.3210t) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that

Illinois Department of Public Health

includes measurable objectives and timetables to

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	The state of the s	(3) DATE SURVEY COMPLETED		
		IL6007983	B. WING		C <b>02/15/2024</b>		
	BRIA OF CAHOKIA 3354 JER			ADDRESS, CITY, STATE, ZIP CODE EROME LANE (IA, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			
\$9999	meet the resident's and psychosocial resident's compreh allow the resident the practicable level of provide for dischargestrictive setting beneeds. The assess the active participal resident's guardiant applicable. (Section b) The facility shall and services to attain practicable physical well-being of the releach resident's complan. Adequate and care and personal resident to meet the care needs of the releach shall include, and shall be practicable physical seven-day-a-week and shall be practicated by and shall be practicated by and shall be practicated by nursing seven-day-a-week and shall be practicated by	medical, nursing, and mental leeds that are identified in the ensive assessment, which o attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act)  I provide the necessary care ain or maintain the highest all, mental, and psychological esident, in accordance with imprehensive resident care deproperly supervised nursing care shall be provided to each the total nursing and personal resident.  Section (a), general nursing at a minimum, the following at a minimum at	S9999				

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6007983	B. WING			C 15/2024	
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE			
BRIA OF	CAHOKIA		OME LANE A, IL 62206				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COM (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 8	S9999				
	This REQUIREME	NT is not met as evidenced by:					
	review, the facility fresident abuse for reviewed for abuse failure resulted in Fevaluation of a lace being sent to jail for B. Based on observeiew, the facility for facility facility for facility facility for facility facility for facility facility facility for facility facility for facility facili	vation, interview and record failed to provide behavioral ices to address the diagnoses ubstance abuse for 1 of 3 ewed for behavioral services in this failure resulted in R5 not tance abuse treatment or ently, R5 returned from an and physically assaulted R6, ace with a toilet plungering sent to the hospital for eration on his face and R5					
	Findings include:						
	room. He was reluce answers to question bathroom when he him to get out. R6 out, R5 hit him in the with a plunger. R6 bridge of his nose the staff heard him	AM R6 was lying in bed in his ctant to talk and gave short ins. R6 stated R5 came into the was in there and tried to force stated when he would not get ne eye and then in the nose had a small abrasion on the over a purple bruise. R6 stated screaming at R5 to leave him ne in and got him out. R6					

PRINTED: 03/11/2024 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING IL6007983 02/15/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 9 S9999 stated R5 has threatened him verbally before but he never hit R6 before this. R6 stated this happened a few nights ago. He stated he did not know if R5 was back because the police took him to jail, but he had not seen him since the police took him away. R6's Face Sheet, printed 2/8/24, documents he has diagnoses which include Drug Induced Parkinsonism, Paranoid Schizophrenia, Depression, and Dementia. R6's Minimum Data Set (MDS) dated 1/2/24 documents he is moderately cognitively impaired and did not have any behaviors during the look back period for that assessment. R6's Care Plan dated 11/4/21 documents "ABUSE: (R6) is at risk for abuse and neglect r/t (related to) his dx (diagnosis) of dementia." R6's Care Plan goal documents "Staff will monitor well-being of others. Resident will have zero episodes of abuse and neglect throughout next review." R6's Care Plan interventions documents "Assure resident that he/she is in a safe and

Illinois Department of Public Health STATE FORM

feelings."

secure environment with caring professionals. Explain that psychosocial adjustment is often facilitated by developing a trusting relationship with another person (i.e. (for example)., social worker, nurse, CNA (Certified Nursing Assistant), peer) and by verbalizing thoughts, needs and

R6's Physician Order dated 2/4/24 documents:

R5's Face Sheet, printed 2/8/24 documents his

Triple Antibiotic Ointment 3.5/400/5000 (Neomycin-Bacitracin-Polymyxin) Apply per directions to nose topically one time a day for

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		IL6007983	B. WING			02/15/2024	
	PROVIDER OR SUPPLIER	3354 JE	ADDRESS, CITY, STATE, ZIP CODE EROME LANE (IA, 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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
S9999	diagnoses to include Status Epilepticus, Communication De Unspecified Demeronset, Expressive Bradycardia, Cann Injury.  R5's MDS dated 1' moderately cognition and Dementia. The care plan of reside has been involved 6/4/23 resident was perpetrator in res (11/5/2023 Peer rephim in chest area." documents "Reviee Emphasize treatmenterventions design symptoms (make to behavior, substance and alcomments "The resubstance and alcomments "The resubstance and alcomments "The resubstance and alcomments of symptoms of more peatedly returned admits to drinking liquor. He denies hand does not want He has been educion his medical diagramments."	de Epilepsy, Intractable with Emphysema, Cognitive efficit, Anxiety Disorder, Intia, Alzheimer's with Early Language Disorder, A-Fib, abis Use, and Traumatic Brain 1/14/23 documents R5	s n				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
		IL6007983	B. WING		02/15/2024
	PROVIDER OR SUPPLIER	3354 JER	ORESS, CITY, S' OME LANE , IL 62206	TATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
\$9999	Diagnoses: Cannal other cannabis-inder the goal for this Caresident will refrain substances through Interventions document restrictive intervent resident break the may include super restricted independinglementation of controls to reduce/ Meet with the IDT (discuss the extent physician may compsychiatrist and/or privileges. Work werbal or written be what is and is not a resident is aware calcohol, illicit substundated Care Plan The resident has a The resident has a The resident has a The resident has a the admission screappear to present The IL. Dept of Pu Criminal History Ar level of risk as low history he has bee trespass, retail the and possession of R5's Progress Not repeated incidents intoxicated after go including the follow R5's Progress Not	bis Use, Unspecified, with uced disorder; Alcohol Abuse." are Plan documents "The from using non-prescribed in the next review period." The ment "Implement increasingly ions in an effort to help the addictive cycle. Interventions vision while in the community, lent pass privileges, money guidance and budget prevent access to substance. (Interdisciplinary Team) to of the resident's illness. The sider a referral to the write an order restricting 'pass with the resident to establish a chavioral contract specifying allowed. Make sure the of rules prohibiting use of ances and intoxication." R5's further documents "LEGAL: Inistory of criminal behavior. emonstrated stability during bening process and does not an unusual risk at this time. Dich Health performed a nalysis and determined the chaccording to the resident's in convicted of criminal ft, unlawful use of a weapon a firearm."  The sestion of the facility of of returning to the facility oing out on leave of absences	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL600	7983	B. WING			C <b>15/2024</b>
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BRIA OF	BRIA OF CAHOKIA			OME LANE A, IL 62206			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC REGULATORY OR L		CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
\$9999	hit another residenthe bathroom. Whe stated not doing ar seems under the ir with confusion, red Police called and a took him in the police confusion. Resider working towards medication monitor complying with the to community outing intoxicated on more R5's Progress Note documents, "Resident going through yelling, and demand Resident redirected redirect, resident casked repeatedly to personal area. Resident redirect personal area. Resident sime. Staff to conform safety of himse R5's Progress Note documents, "Resident personal area. Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "Resident personal area and the safety of himse R5's Progress Note documents, "R5's Progress Note documents	t in the face on approache on approache on approached reves, and approached reves, and approached rece car short.  Progress Not document ented) with at continues oving into the correct for his earl continues of the grand continues of the grand has the than one of the continues to you do do to his room ontinue to me the continue to me	ed this resident ybody. Resident being intoxicated leaning walk. esident who then y after."  Intote dated so, "Resident is A & periods of to report he is ended difficulty facility as it relates returned coasion."  Intote dated so, "Resident is A & periods of to report he is ended difficulty facility as it relates returned coasion."  Intote dated so, "Resident so the is used to need difficulty facility as it relates returned coasion."  Intote dated so the is used to need difficulty facility as it relates returned coasion."  Intote dated so the is used to need t	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6007983	B. WING			C <b>15/2024</b>	
	PROVIDER OR SUPPLIER	3354 JER	DRESS, CITY, S OME LANE , IL 62206	TATE, ZIP CODE			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETE DATE	
\$9999	and resident stayer for a while and the on 2/6/24 at 9:03 was reported to he LOA (Leave of Abs She stated he had intoxicated before typically the nurses if any of his medican his alcohol intake. behaviors, they we Emergency Room Saturday, February the facility intoxicate and the staff overhinto the bathroom staff that R5 hit him no witnesses and R6 was sent to the evaluation and car stated R6 had a second She stated the politaken to jail, and hinght, 2/5/24, but we morning because on 2/8/24 at 3:00 Aide) stated R5 was and would someting groups that they had groups did not hold time. She stated R6 his history of drug when R5 is not drubut when he is drue everyone; he bothe including irritating in the control of the co	d in building. Resident rested in got back up to get his meds."  AM V1 (Administrator) stated it in that R5 had returned from an sence) and was intoxicated. returned from previous LOAs this episode. She stated is would call his physician to see ations needed to be held due to She stated if he was having build send him out to the for evaluation. She stated on y 3,2024 when he returned to ted, he went into the bathroom leard a commotion and went and another resident, R6, told in with a plunger, but there were R6 had no injuries. V1 stated a local emergency room for the back that same night. V1 cratch and bruising on his nose. If the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.  PM V23 (Psycho-Social Rehabits in anger management group the was having seizures.	S9999				

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6007	7983	B. WING			C <b>15/2024</b>
	BRIA OF CAHOKIA 3354 JER			DRESS, CITY, S' OME LANE ., IL 62206	TATE, ZIP CODE		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L	MUST BE PRE	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$9999	Continued From particles of Programs to add addictions. She stated in the Psychosomyone else. V8 stated in to the Psychosomyone else. V8 stated addictions. She stated addictions. She stated in to the hospital aright back. She stated in to the Psychosomyone else. V8 stated addictions. She stated addictions are particles of R5 on the night of R5 on the night of R5 on the night of R5 had hit anot V10 stated R5 was hit anybody." She s separated the reside the residence of the particles of R5 on the stated several her R5 had hit anot V10 stated R5 was hit anybody." She s separated the residence of R5 on the residence of R5 separated the residence of R5 on the stated R5 was hit anybody." She s separated the residence of R5 on the residence of R5 separated the residence of R5 on the residence of R5 separated the residence of R5 on the residence of R5 was hit anybody." She s separated the residence of R5 on the residence of R5 on the residence of R5 was hit anybody." She s separated the residence of R5 on the residence of R5 on the residence of R5 was hit anybody." She s separated the residence of R5 on the residence of R5 on the residence of R5 was hit anybody." She s separated the residence of R5 on the residence of R5 on the residence of R5 was hit anybody." She s separated the residence of R5 on the residence of R5	ple of R18, and and R5 is not up or he R5 did hit R not intoxicated.  N V23 state out on his of a comes back M V24 (Psychological R4 intoxicated in the hosp ed sometime of R5 returns the try to get hated the nursund the hosp ed sometime of R6 in did hem or play him busy, so atted they do ress his drug the they do ress his drug the they have offer conse has when he RM V10 (Licoshe was the of the incider staff came to he got to the is up and stap present and tated the staff the staff came to he got to to he go	s drunk, R5 will go is going to jump 18 sometimes. ed, R18's yelling d they need to wn because he is ik into the facility. cho-Social Rehabnes a week and She stated they privileges but if e door open. ho-Social Rehabs to the facility him to go lay down see have sent him ital sends him es they will send to office, and they checkers or the doesn't bother not have any type gor alcohol e not tried to do a quences related e is intoxicated. ensed Practical nurse taking care at when he hit R6. to get her, telling in the bathroom, R6 ated, "(R5) hit me." stating, "I didn't off had already	S9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
		IL6007983	B. WING			C 1 <b>5/2024</b>	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE			
BRIA OF	CAHOKIA		ROME LANE A, IL 62206				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	laceration on his nowith a plunger. V10 for evaluation and findings other than laceration on his nocame and arrested from the facility. V1 from an outing priohad a certain walk she felt like he was stated the police of intoxicated. V10 stanurse on the week returned from outing was loud when he usually tried to dire off, but he usually ji was loud and obnoresidents what to bribe him by telling the hospital due to and oriented x 4 ar Medical Technician refused to go. V10 and returned intoxi redirected by staff, other residents whosher, he is very frostraightening the dare really no group problems, but only the residents if the there are really no goes out and come family but family rebecause they say stated if staff do trest will try and elogonal	age 15  ase and said R5 had hit him a stated R6 went to the hospital returned with no negative triple antibiotic ointment to the ase. V10 stated the police R5 for assault and took him 0 stated R5 had just returned or to the incident. She stated he when he was intoxicated, and intoxicated that evening. She ficer also stated R5 appeared ated she was usually R5's ends and he frequently ags intoxicated. She stated he was intoxicated, and they oct him to his room to sleep it ust came right back out and exious, trying to tell other lo. V10 stated they would try to him they would send him to his behaviors, but he was aler and knew the EMTs (Emergency as) would not take him if he stated R5 went out frequently cated and often had to be telling R5 he could not tell the at to do. V10 stated when R5 is iendly and likes to help with ining room. She stated there as to help with alcohol or drug social groups, and it is up to y want to go or not. V10 stated consequences for R5 when he as back intoxicated. She stated as back intoxicated R5 is not seen as and services and services and services and services and services and services as and services.					

Illinois Department of Public Health

6899

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 02/15/2024 IL6007983 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 16 mental illness diagnoses to her knowledge. She stated she thinks he is homeless, and he gets intoxicated and has seizures and that is why he is a resident. She stated R6 is very quiet and does not have any aggressive behaviors and has never had any problems with other residents. On 2/13/24 at 9:11 AM, during phone interview, V1 (Administrator) stated her regional director told her they do have a policy regarding alcohol and substance abuse, and she would be emailing it as soon as she received it. V1 stated she had reviewed R5's chart and talked to other staff and determined that R5 had not been seen by a psychiatrist for several months and he was not receiving any type of treatment for his history of alcohol abuse. The facility's policy, "Residents with Substance Use Disorder", revised 1/22/23 documents, "It is the policy of this facility to create an environment as safe as possible for residents with a history of substance use disorder. The policy documents the definition of Substance Use Disorder (SUD) as the recurrent use of alcohol and/or drugs that causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school or home." Under "Policy Explanation and Compliance Guidelines" the facility documents, "1. Residents with a history of Substance Use Disorder (SUD) will be assessed for risks including the potential to leave the facility without notification and use of illegal/prescription drugs. Care plan interventions will be implemented to included increased monitoring and supervision of the resident and their visitors. 2. When substance use is suspected, (in the facility or upon return from an absence from the facility), facility staff

Illinois Department of Public Health

should implement the care plan interventions;

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _ B. WING		DATE SURVEY COMPLETED  C 02/15/2024
NAME OF	PROVIDER OR SUPPLIER		DRESS CITY S	TATE, ZIP CODE	02/10/2021
	CAHOKIA		OME LANE	17(12, 2)	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETE E DATE
\$9999	these may include a physician or non-physician or non-physician or non-physician planning interventic providing appropriate encouraging reside discuss their plan or planning, rather that which could endang. The facility will make substance use which substance use treat behavioral health streatment (MAT), a meetings, working family, if appropriate their stay in the nur monitoring and supinclude outside ser behavior health ser	the notification of the resident's hysician practitioner. 3. Care ons will address risks by the diversions for residents and ents to seek out facility staff to of care, including discharge an leaving to seek substances ger his/her health or safety. 7. The an effort to prevent the may include providing the tervices, medication-assisted alcoholic/narcotics anonymous with the resident and the see, to address goals related to be revision. The efforts may vices that may include vices, alcoholics or narcotics and, etc. as well and in-house	S9999		
	Program, revised 1 facility affirms the r from abuse, negled misappropriation of and services by statherefore prohibits misappropriation of residents. In order attempted to establic resident secure empolicy is to assure is within its control abuse, neglect, exp	Abuse Policy and Prevention 0/2022 documents, "This ight of our residents to be free ct, exploitation, for property, deprivation of goods aff or mistreatment. This facility abuse, neglect, exploitation, for property, and mistreatment of to do so, the facility has lish a resident sensitive and vironment. The purpose of this that the facility is doing all that to prevent occurrences of coloitation, misappropriation of the or goods and services by			

Illinois Department of Public Health

PRINTED: 03/11/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: B. WING 02/15/2024 IL6007983 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3354 JEROME LANE **BRIA OF CAHOKIA** CAHOKIA, IL 62206 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 18 "Establishing a Resident Sensitive Environment" the policy documents, "Resident Assessment: As part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, history of trauma or misappropriation of resident property, who have needs, triggers and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals or approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis and updated as necessary. Under, "Protection of Residents" the policy documents: Residents who allegedly abused another resident shall be immediately evaluated to determine the most suitable therapy, care approaches, and placement, considering his or her safety, as well as the safety of other residents and employees of the facility. In addition, the facility shall take all steps necessary to ensure the safety of the residents." "B"

Illinois Department of Public Health

STATE FORM