Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6007983 04/18/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

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3354 JEROME LANE

	CAHOKIA,	IL UZZUU		
(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	S 000		
	Complaint Investigation: 2442974/IL171965 2442976/IL171967			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.610a) 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 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.			
	This REQUIREMENT is not met as evidenced by:			
	Based on observation, interview, and record review, the facility failed to prevent resident to resident altercations in 3 of 6 residents (R9, R10, R11) reviewed for abuse in the sample of 11. This failure resulted in R11 becoming fearful and not			

Illinois Department of Public Health

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

**Electronically Signed** 

TITLE

(X6) DATE

04/25/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		СОМІ	(X3) DATE SURVEY COMPLETED	
		IL6007983	B. WING		04/	18/2024
	PROVIDER OR SUPPLIER		OME LANE	FATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa		S9999			
	her room. R11 states stated she was in room next to hers. bathroom, (R9) was she (R11) was "peet the toilet, hit me in R11 stated she had and was bent over couldn't get away. If of whom, came into (R9) off of me and bathroom door so I shaky, I wasn't able room." R11 stated that hallway and into (R9) comes down from in her room, me", staff says she wants to go. R11 stated with her (R9) around R11's Face Sheet, the following diagnor Paranoid Schizoph Psychosis, GAD (Gunspecified Mood	45 PM, R11 was observed in ed (R9) attacked her. R11 com XX and (R9) was in the She went to use the sn't in there at that time and eing". She (R9) pulled me off the head and in the kidneys." If her panties and pants down as (R9) was hitting her so she R11 stated "some lady, unsure to the bathroom and got her this lady stood outside the could go pee, but I was so to go until I got to my new the staff moved her (R11) off to her current room. R11 stated her hallway now, hasn't tried to but "gives me a look, stares at (R9) goes wherever she stated she "doesn't feel safe and."  undated, documents R11 has oses: Hydrocephalus, renia, Schizotypal Disorder, Generalized Anxiety Disorder), Disorder and Disorientation.  um Data Set), dated 3/29/24, s a BIMS (Brief Interview for				
	Mental Status) sco moderate cognitive delusions.	re of 12, which indicates impairment and R11 has				

ZYZU11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			3) DATE SURVEY COMPLETED	
		IL6007983	B. WING			C 18/2024
	PROVIDER OR SUPPLIER	3354 JER	ORESS, 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 ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	at risk for abuse/ne R11's Progress No documents the followas in the bathroo was approached be toileting. She state with her underwea when she was pull being told by the o herself. When she resident pulled her R11's Progress No documents the foll resident concernin in during the week the one that got at the ground and sa I am not going to loworker assured he that if she needed talk with this worke can get her some 2. On 4/18/24 at 9 her room, calm an couple of months name, grabbed he know why or unde happened. R10 st hasn't had any fur feels safe in the fa R10's Face Sheet the following diagon R10's MDS, dated	eglect.  Ite, dated 4/10/24 at 11:20 AM, owing: (R11) stated that she m over the weekend, and she y another resident (R9) while d that she was on the toilet r down in a seated position ed by her arm off the toilet after ther resident (R9) to remove did not comply, the other off.  Ite, dated 4/12/24 at 12:54 PM, owing: This worker spoke with a gan incident she was involved end. Resident states "Yes I am tacked she threw me down on id she was going to kill me, but et her. I had to move." This er she was in a safe place and to talk to anyone, she could er or any staff member or we one to talk to.  30 AM, R10 was observed in a d pleasant. R10 stated a ago some lady, unsure of her er out of her chair, she doesn't erstand still what really ated she didn't get hurt and ther problems. R10 stated she acility.  44/3/24, documents R10 has a which indicates moderate	S9999			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COMPLETED C
		IL6007983	B. WING		04/18/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, ST DME LANE , IL 62206	FATE, ZIP CODE	
(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 SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
\$9999	R10's Care Plan, dis at risk for abuse was moved off the R10's Progress No documents the folloinformed that resid waiting for smoke to (R9) approached has able to get up was attacked and not want to be sent patient and no visit police were called notified and they are sidents or staff, see anyone, they're R9's Face Sheet, to the following diagnomentia, Bipolar Anxiety Disorder.  R9's MDS, dated 3 BIMS score of 7, wimpairment.	ated 12/19/23, documents R10 and neglect and on 2/6/24, R9 hallway.  Ite, dated 2/6/24 at 7:49 PM, owing: This nurse was ent was sitting in a chair break when another resident er and told her to get up. The oshe was then pushed out of ed on her right side. Resident on her own, states that she wanted to file charges but did tout. This nurse assessed ble bruises were noted and for report. Administrator was re their own responsible party.  20 AM, R9 was observed in able to ambulate stated she has been at the When asked if she felt safe in any concerns with the other she responded she "doesn't e all ghosts."  Jundated, documents R9 has a synich indicates severe cognitive ated 6/25/24, documents R9 is	S9999		
	at risk for abuse at R9's Care Plan, da	nd neglect. ated 2/22/24, documents R9			

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6007983	D. WII4G		04/18/2024
	PROVIDER OR SUPPLIER CAHOKIA	3354 JER	DRESS, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
\$9999	has episodes of hit R9's Progress Note documents the folle informed that a res chair waiting for sm approached her (R of her chair. The of stating it was not h to push the resident the floor. Resident checks and spoke Administrator was responsible party.  R9's Progress Note documents the folle oriented times 2-3 is easily agitated a endorses religious paranoid delusions with peers. Reside activities that involv spending time with has poor insight in non-compliant with has eccentric beha with a roommate. I of physical assault staff work to reduc meet the hygiene s Resident continues		S9999		
	documents the foll (R9) in regard to a the weekend. She	e, dated 4/10/24 at 11:08 AM, owing: This writer spoke with n incident that occurred over stated another resident (R11) om and she told her to get out.			

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			A. BUILDING:			
		IL6007983	B. WING	<u> </u>		C <b>18/2024</b>
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
BRIA OF	CAHOKIA		OME 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 ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	age 5	S9999			
	point she (R9) push	R11) stood there and at that ned her (R11) out of the she was standing there				
	documents the folloresident concerning involved in over the that she did not knot talking about and scan't go in somebo	e, dated 4/12/24 at 12:04 PM, owing: This worker spoke with g an incident that she was e weekend. Resident stated ow what this worker was tated, " that's my room you dy else bathroom and not ask grabbed her friend and				
	dated 2/13/24, doctoresident altercation Interview with R10 common area and she sat in it. R9 cartold her that was he When she refused chair. When asked she stated yes. Into she had brought a She said she left the sanitize the chair a was sitting in the clof the chair, when lout of it. When ask	w -up Investigation Report, uments the following: Resident ion involving R9 and R10 stated she was sitting in the there was an empty chair, so me to the common area and er chair and to get out of it. R9 pushed her out of the if she felt safe in the facility, erview with R9 - Reports that chair to the day area to sit in the chair to get some towels to and when she got back R10 mair. She asked R10 to get out R10 refused she pushed her ed if she intended to hurt R10, usion of the investigation was ed.				
llinois Dena	documents the follo approximately 6:00 allegation of abuse using the restroom	be Investigation, dated 4/6/24, by				

	MENT OF DEFICIENCIES LAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _ B. WING		3) DATE SURVEY COMPLETED  C 04/18/2024
		IL6007983			04/16/2024
NAME	OF PROVIDER OR SUPPLIER			TATE, ZIP CODE	
BRIA	OF CAHOKIA		OME LANE , IL 62206		
(X4) PREI	EX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
S99	residents immedia assessed and sho injury. R9 is unable adamant that the cher and anyone us permission. R9 at communicating with believes that her por messing with he bathroom. Although facility is unable to harm R11 but was thought was her but the mornings are the hallway if she she is just making. On 4/18/24 at 8:53 used to have a lot slowed down.  On 4/18/24 at 9:20 stated R9 has bet recently. V10 stated able to calm her down and then l'II take he with her and she down.	ack. Staff intervened separating tely. Both residents were wed no signs of significant to to recollect any incident but is community restroom belongs to sing it should ask for times has difficulty the peers when fault finding. R9 teers and/or staff are removing the incident occurred, the substantiate R9 intended to upset by R11 using what she athroom.  B AM, V5 (Certified Nursing tated R9 is all over the building and they will redirect her off of its bothering anyone but usually, ther way throughout the facility.  B AM, V8 (Activities) stated R9 of behaviors but she has  D AM, V10 (Social Services) haviors off and on but not ed she speaks with her and is lown.  B AM, V11 (CNA) stated she rt with R9, she "keeps it real is acting up, I'll just say now they getting on your nerves, her outside or just sit and talk	S9999		

PRINTED: 05/06/2024 FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 04/18/2024 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 DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 Schizophrenia. V14 stated R11 hasn't been at the facility long and she is still getting to know her, but R11 does have some behaviors and can be antagonistic and invade other's space. V14 stated R9 is alert and oriented times 4 and normally R9 is only retaliatory when defending herself or her personal space. The Abuse Policy and Prevention Program, dated 10/2022, documents the following: This facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is a willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident. The term "willful" in the definition of abuse means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. "B"

Illinois Department of Public Health STATE FORM

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