(X6) DATE

Illinois Department of Public Health

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005474	B. WING	B. WING		6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, §	STATE, ZIP CODE	•	
BRIA OF	BELLEVILLE		TH 27TH STR LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S Complaint 2243525					
S9999	Final Observations		S9999			
	Statement of Licensure Violations:					
	1 of 3					
	300.610a) 300.1210b) 300.3240a) 300.3240b)					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory conformer and other policies shall comport the written policies the facility and shall	divisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1210 G Nursing and Person	General Requirements for nal Care				
	care and services to practicable physica well-being of the re-	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with apprehensive resident care				

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

05/31/24 **Electronically Signed**

TITLE

STATE FORM 6899 8W9Z11 If continuation sheet 1 of 21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STF .LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	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.					
	Section 300.3240 Abuse and Neglect					
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)					
	b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the Department and to the facility administrator. (Section 3-610(a) of the Act)					
	These requirement	s are not met as evidenced by:				
	Based on observation, interview and record review, the facility failed to ensure residents were free from abuse/neglect, failed to ensure residents felt safe, failed to follow their Abuse Policy and Prevention Program by ensuring residents were free from abuse/neglect as well as felt safe and failed to ensure residents needs were met in a dignified manner in the facility for 2 of 24 residents (R16, R99) in the sample of 44. This failure resulted in R16 feeling sexually assaulted and fearful to endure a similar situation from occurring again.					
	Findings include:					
	Program 2022 docu the right of our residence, exploitation property, deprivation	e Policy and Prevention uments, "This facility affirms dents to be free from abuse, n, misappropriation of n of goods and services by nt. This facility therefore				

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STATE FORM 8W9Z11 If continuation sheet 2 of 21

Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		11 0005474			05/4	2/2224
		IL6005474	D. WING		05/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	BELLEVILLE		TH 27TH STF			
	0.11.41.45.7.4.074		LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	and services by staresidents. In order that tempted to establing resident secure environment is within its control abuse, neglect, exproperty, deprivation staff or mistreatment documents this will environment that president security and This Policy defines harassment, sexual including non-constactivity". This Policy defines activity". This Policy	glect, exploitation, for property, deprivation of goods iff or 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 ploitation, misappropriation of on of goods and services by not of residents." It further be done by establishing an romotes resident sensitivity, and prevention of mistreatment. Sexual Abuse as "sexual I coercion, or sexual assault ensual consent to sexual y defines Mental Abuse as sment, threats of punishment				
	(ADM) stated, "I am (incident) right now (terminate) her. It s influence of someth was a mess. One rethat is considered a other residents on tover. I had another complaint. She stathad an episode of i usually doesn't, and Assistant) slammed clean herself up. She hate to see her do to speak for themselv "Another resident (I she needed a pain"	11:20 AM, V1, Administrator in working on a reportable. I am going to term ounds like she was under the ning. Her set (assigned hall) esident made an allegation abuse. I also interviewed the the hall. Social Services took resident (R99) with a sed she did not feel abused but incontinence, which she did the CNA (Certified Nursing did a diaper down and told her to the (R99) said she would just that to someone who couldn't es." V1 continued to state, R16) said she told the CNA pill. The CNA started rubbing saying how she loved her.				

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STATE FORM 8W9Z11 If continuation sheet 3 of 21

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		TH 27TH STF LLE, IL 6222			
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
S9999	Continued From pa	ge 3	S9999			
S9999	When I asked her (sexually harassed, tearful and stated s roommate (R16's) (came out and told thad customer servi is not someone who on 5/14/24 at 12:05 observed in the bui room. At this time, there to interview has the to interview has the told her I was the otold her I was the otold her if you get in then, all the sudder my breasts. I'm sor became visibly upscontinued, "I told he touch me, stop! She boobs. I am just a period (R64) got her off mailly got my medic said no one had told different places (from the police officer) asked and uncomfortable going to always wor it to me again. If the here and to go som R16, "Was she ruble communication of the police of the	the resident) if she felt she said, 'yes' and became he was uncomfortable. Her (R64) was in the bathroom, he CNA to leave. (R16) has ce complaints before but she o wouldn't be credible." 5 PM two police officers were lding walking towards (R64's) V1 told R16 the officers were er about what had happened. Oresent for the interview. R16 ton (call light) for pain med at dy came. I did it again about a NA said she thought it was my led (pressed the call light). I he and she got all in my face. I have face, I'm gonna deck yath she started rubbing all over ry, I'm not like that." R16 then let and anxious. R16 let to stay away from me, don't let just kept rubbing on me, my overson, and I don't like that. I can be sent her down the hall. I can be about 6 (AM). The nurse do her I needed it. I've been in acilities) and never had appen." At this time, (V21, and R16 stated, "Yes, I'm ander if someone is going to do at's the case, I want out of ewhere else." V21 also asked bing with a flat hand or was breasts?" R16 replied, "I was long the said and replied, "I was breasts?" R16 replied, "I was	S9999			
		nd had my hands over them				
	(breasts). She was	aiming to grab. She was g to be the best of friends".				

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STATE FORM 8W9Z11 If continuation sheet 4 of 21

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6005474	B. WING		05/1	6/2024
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE	BELLEVIL	LE, IL 6222	26		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 4	S9999			
	R16 continued, "I don't want to worry about when I need changed again if that will happen. You don't expect to be molested."					
	On 5/14/2024 at 12:19 PM, R64, who was present in the room during R16's interview, R64 stated she concurs with everything R16 said about the incident and that R64 witnessed it.					
	R16's Minimum Data Set dated 3/25/2024 documents R16 is cognitively intact. At 12:30, V21 stated the police report would take 5-7 days to be completed.					
	On 5/14/2024 at 10:31 AM, V15, CNA stated, "I witnessed the one (incident) with (R99). Nothing was done on the set (hall). The nurse said the CNA left at 6 (AM). (R16) told me she was soaking wet. I asked her why she didn't ask for help, and she told me she didn't want her (V24) touching her because she 'violated' her. She said (V24) started rubbing her across her chest and it made her uncomfortable."					
	an unknown staff m	5 PM, R64 was heard asking nember, "Is that situation that om last night going to be taken				
	5/14/2024 documer "Resident Abuse", a Resident/victim/per further documents, on her call light aro pill. Staff member (and when she cam	rted Incident Form dated ints the incident category is and the petrators are R16 and V24. It "(R16) reported that she put und 3:00 AM to ask for a pain V24, CNA) responded again e in (R16) stated, 'You know in this room and it was me				

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who had the light on'. She said at that time (V24)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005474	B. WING		05/1	6/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STR .LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
	close to her face as She told her that sh asked her to get out getting too close to too soon she couldr time, (V24) began to the outside of her go would be ok, she wand loves her. (R16 telling (V24) to leave (R64), who is (R16) bathroom and got the reported the incident tontinues to docu. 2. On 5/13/2024 at are two bad staff. In (V17, Licensed Prachome. I asked one obed. I've had a stroddifficult. She told me of the way this morning streaks of poop left. here talking to me a and the police will be on 5/14/2024 at 10:0 Assistant (CNA) state (incident) with (R99 came in (to work) massignment). She wyelling at (R99) 'You state of the state of the way this wyelling at (R99) 'You state of the state of the way the way the way the way the state of the work) massignment). She wyelling at (R99) 'You wyelling at (R99) 'You was in the way the w	e bed rail and getting really king her what she needed. e needed a pain pill. She also to fher face, that she was her. (V24) told her that it was n't have a pain pill. At that o rub on her (R16's) chest on own and tell her that she as going to take care of her of the last of the la	\$9999			

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STATE FORM 8W9Z11 If continuation sheet 6 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005474	B. WING		05/16/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		H 27TH STR			
(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 APPROVIDENCY)	D BE	(X5) COMPLETE DATE
\$9999	contact with (R99), (R99) was so distre (V17, LPN) called (next night (R99) sa from another CNA. (R99) don't want to Some of these CNA The Facility-Report 5/9/2024 document documents, "Reside CNA (Certified Nursher shirt at her and with putting her arm it over her head." It of Witness-(V15) CCNA (V16) yelling a (room) to do things ready and that the yalso stated the aide cussing and saying	ge 6 and she was in tears. She issed. I told the nurse and he V1). (V17) sent her home. The id she had the same thing The CNA said, 'That lady do anything for herself!'. As are 'nasty' (ill mannered)." ed Incident Form dated s, "Interview of Alleged Victim" ent (R99) reported that the sing Assistant) (V16) 'threw' then she only assisted her in sin sleeves and not in pulling further documents, "Interview NA states that she witnessed and demanding resident in and to get up and get herself yelling was really intense. She to (V16) walked out of the room, 'It's a shame when you don't lo anything for yourself'.	S9999			
	(B)					
	300.610a) 300.1210b) 300.1210d)2) 300.1210d)5)					
	a) The facility procedures governi	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall				

be formulated by a Resident Care Policy

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STF .LE, IL 6222			
(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)	JLD BE	(X5) COMPLETE DATE
\$9999	Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp. The written policies the facility and shall by this committee, and dated minutes Section 300.1210 (Nursing and Person b) The facility and shall by this committee, and dated minutes Section 300.1210 (Nursing and Person b) The facility care and services to practicable physical well-being of the releach resident's complan. Adequate and care and personal cresident to meet the care needs of the releach releac	ng of at least the dvisory physician or the ommittee, and representatives in services in the facility. The ly with the Act and this Part. Is shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting. General Requirements for all Care Is shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with a prepensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal resident. Is subsection (a), general anclude, at a minimum, the be practiced on a 24-hour,	S9999			

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STATE FORM 8W9Z11 If continuation sheet 8 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STF .LE, IL 6222			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	services to promote healing, prevent infection, and prevent new pressure sores from developing.					
	These requirement	s are not met as evidenced by:				
	review, the facility facare, and to turn are of 1 resident (R270	, observation, and record ailed to provide proper wound of reposition a resident, for 1) reviewed for treatments and ssure ulcers in the sample of				
	Findings include:					
	R270's Face Sheet, undated, documents R270 was originally admitted to the facility on 12/4/23 with Diagnosis of Hypoxic Ischemic Encephalopathy, Type 2 Diabetes Mellitus (DM), Osteomyelitis, Dysphagia, Obesity, Dysarthria/Anarthria, Anemia, Major depressive disorder, Neuromuscular dysfunction of bladder, Gastrostomy, Dependence on renal dialysis, Gangrene, Pressure Ulcer of sacral region-stage 4, Sepsis, PVD, Metabolic Syndrome, Atherosclerotic Heart Disease (ASHD).					
	complications related Protein-Calorie Maland encourage resistevery one to two hoselevate HOB (head 30-degrees, ensure assessment weekly admitted with a DTI injury) to his left head document of progreand encourage resistevery one to two hoselections.	tates, R270 is at risk for skin ed to Unspecified Severe nutrition. Interventions: Assist dent to turn and reposition ours and PRN (as needed), of bed) no more then proper body alignment, skin v. It continues R270 was PI (deep tissue pressure el. Interventions: Assess and ess of areas weekly, Assist dent to turn and reposition ours and PRN, Elevate HOB ore then 30-degrees, ensure				

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PRINTED: 07/31/2024

Illinois D	epartment of Public	Health			FORWI	AFFROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
	150 NOF			REET		
BRIA OF BELLEVILLE BELLEVILLE, IL 62226						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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	Continued From pa	ge 9	S9999			
	monitor area for s/s infection: odor, drai assess regularly, prodered to left heel admitted with a DTI Interventions: Asse of areas weekly, as turn and reposition PRN, elevate HOB ensure proper body remobilization, observated his right gluteus. In document of progreencourage resident	ent, maximal remobilization, is (signs/symptoms) of lange, color, size, observe and rotect heels, treatment as. It continues R270 was PI to his left lateral malleolus. It is and document of progress is and document of progress is and encourage resident to every one to two hours and no more then 30-degrees, and assess regularly, ment as ordered to left is and document of progress is and document of progress is and document of progress is and encourage resident to every one to two hours and no more then 30-degrees, and assess regularly, skin and to tare and assess regularly, skin and to turn and reposition every and PRN, elevate HOB no more				

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then 30-degrees, ensure proper body alignment, maximal remobilization, monitor area for s/s of infection: odor, drainage, color, size, observe and assess regularly, skin assessment weekly, treatment as ordered to right gluteus, wound-vac to aid in healing. It continues R270 was admitted with a stage-IV pressure wound to his sacrum. Interventions: Assess and document of progress of areas weekly, assist and encourage resident to turn and reposition every one to two hours and PRN, elevate HOB no more then 30-degrees, ensure proper body alignment, maximal

STATE FORM 8W9Z11 If continuation sheet 10 of 21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(V2) MI !! TID!	E CONSTRUCTION	(V2) DATE	CLID\/E\/	
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING.			
		IL6005474	B. WING		05/16/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
RRIA OF	BELLEVILLE	150 NORT	H 27TH STF	REET		
BRIA UF	DLLLEVILLE	BELLEVIL	LE, IL 6222	6		
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From page 10		S9999			
	odor, drainage, colo	nitor area for s/s of infection: or, size, observe and assess essment weekly, wound-vac to				
	R270's Minimum Data Set (MDS), dated 4/1/24, documents R270 has severe cognitive impairment and is dependent on staff for all Activities of Daily Living (ADLs). R270 has anuria and has a colostomy.					
	On 5/13/24 at 10:45 AM, R270, was seen sitting in his recliner chair around the nurse's desk, right below knee amputation (RBKA), soft boot on left foot. R270 was just back from Dialysis.					
	On 5/14/24 at 10:35 AM, V6, Licensed Practical Nurse (LPN)/Wound Care, stated that R270 has three stage-4 pressure ulcers and two unstageable ulcers. V6 stated that R270 came back from the hospital without the wound-vac and had no orders to continue it. V6 stated that he changes dressings and does wound care every day.					
		O AM, R270's wound-vac was a a plastic bag, along with its				
	On 5/15/24 at 8:25 his buttocks in his r	AM, R270 was seen sitting on ecliner in Dialysis.				
	On 5/16/24 at 8:15 his buttocks during	AM, R270 sitting in recliner on Dialysis.				
	On 5/16/24 at 11:20 recliner on his butto	O AM, R270 is still sitting in his ocks in Dialysis.				
		5 PM, V6, LPN/Wound Nurse, 's) wounds are from the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		TH 27TH STR LLE, IL 6222			
(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	hospital. He was hothis leg and then see wounds when he are pulled out his G-Tuthospital and for sor 10 days. When he do his wound-vac in ple did not call the physicheck with the NP to see him. I think that having the wound-vac on 5/15/24 at 12:50 wound care to R27 and applied to wound applied to work of lank" 4 CM (centim "mid-flank" 0.9 CM flank" - 1.5 CM X 1. still in a blister form blisters that popped was going to wipe the up and apply a dry what the physician ahead and doing it different, he will change to his left side sacrum/coccyx. R2 wounds/holes to his stated that R270 call and they were tunning thing better. Wounds/holes to his stated that R270 call and they were tunning thing better. Wounds/holes to his stated that R270 call and they were tunning thing better. Wounds/holes to his stated that R270 call and they were tunning thing better. Wounds/holes to his stated that R270 call and they were tunning thing better. Wounds/holes to his stated that R270 call and they were tunning thing better.	ospitalized for amputation of ant here. He had all of these crived here. When (R270) be, he was sent back to the me reason, they kept him for came back, he did not have ace and had no orders for it. I sician and ask about it but will comorrow when she comes to t (R270) could benefit from vac back on." O PM, V6 began providing O, Santyl spread on Xeroform ands, then covered with Upon assessing R270, there as seen on R270 that V6 was a seem to be blisters and was and aid on one, and a small er. Right upper/"proximal and a small er. Right upper/"proximal and the country of the proximal flank was the country of the proximal flank was the country of the proximal flank was the country of the modern of the country of the work will order, so he is going before he calls, if the order is	S9999			

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Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6005474	B. WING		05/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STR .LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Xeroform, then covidressing. V6 stated dressings every day working, it is the rest to do. V6 took off R foot to reveal an old dressing was dated sure why this dress since 5/8/24. On 5/15/24 at 1:30 stated "(R270's) go wound heal becaussits in a recliner for his recliner early in breakfast, then I se 6:15 AM on his way hours and brought lunch. After lunch, v2:00 PM, (R270) will do his dressings. sitting in his recline which is making his heal. I expected (R. hospital with his wo sure why I didn't ca would probably bennew blisters he has his recliner and it is On 5/16/24 at 8:10 (NP), stated that R2 his backside in order On 5/16/24 at 8:15 Hemodialysis Technology.	ered with large occlusive that he changes R270's y and the days he is not sponsibility of the floor nurse 270's soft boot from his left didressing on his heel. The 15/8/24. V6 stated he is not ing has not been changed PM, V6, LPN/Wound Nurse, to a colostomy to help his see of his incontinence. (R270) most of the day. He gets up to the morning, eats a small e him go by my office around to Dialysis. He is there for 3-4 back to the floor in time for which is usually around 1:00 to ll be put into his bed and then (R270) spends a lot of time rand is not repositioned, swounds worse and hard to 270) to come back from the ound-vac in place and I am not ll and ask about it because he defit from having it. I think the distribution is rubbing on him somewhere." AM, V31, Nurse Practitioner he sees R270, but does not unds, that is a different NP. To definitely needs to get offer for his wounds to heal.	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6005474		B. WING		05/1	6/2024
NAME OF PROV	IDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF BEL	LLEVILLE		H 27TH STF .LE, IL 6222			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
11: car the have trained and not one team (RZ) sitt. On Pra 4/1 the that one and det. On R2 had and R2 door wo mix Xe.	ennot turn and posely do not work for ye to call the facinsfer R270 from d then back to the recall seeing and 5/16/24 at 11:00 (270) should not riods of time. The at busy and could eded. I will consum for recommer (270) eat meals in ting in his reclined (6/24, V19 stated (6/24, V19 stated (6/24, V19 stated (6/24) with R270 needs to the to two hours in d R270 sitting on trimental to his with 5/16/24 at 12:10/70 just came back an adverse read will be going to 70's Physician Ocuments "Cleans and cleanser the ked with Santyl to roform lightly page	ed that the staff in Dialysis sition the residents because the facility. V32 stated they lity transport staff member to their recliner to his recliner e floor. V32 stated she does y blisters on R270. OAM, V1, Administrator, stated be sitting for those long a facility's transporter is not go and reposition (R270) as lit OT/PT, and the care plant dations, and possibly have a bed rather than keep him that she saw R270 last on that R270 came back from his wound-vac. V19 stated be turned side to side every order for his wounds to heal his butt all day long are	S9999	BETTOLENCT)		

6899

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
		IL6005474	B. WING		05/	16/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BRIA OF	BELLEVILLE		TH 27TH STR			
			LLE, IL 6222		OTION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 14	S9999			
	right ischium wound apply ABX (compou wound bed cover w calcium alginate an	/9/24, documents "Cleanse d with wound cleanser then and) mixed with Santyl to ith Xeroform lightly pack with d 4x4s and cover with silicone aily. everyday shift for To ealing."				
	sacral wound with v ABX (compound) m cover with Xeroform alginate and 4x4s a	/9/24, documents "Cleanse vound cleanser then apply nixed with Santyl to wound bed n lightly pack with calcium and cover with silicone boarded yday shift for To Promote				
	R270's PO, dated 5/15/24, documents "Apply betadine to right flank distal blister daily and cover with dry dressing daily. Everyday shift for To Promote Wound Healing."					
	betadine to right fla	6/15/24, documents "Apply nk medial blister and cover aily. everyday shift for To ealing."				
	betadine to right fla	6/15/24, documents "Apply nk proximal blister and cover aily. Everyday shift for To ealing."				
	External Ointment 2 Apply to Sacrum top Promote Wound He wound cleanser the and cover with Xero silicone boarded dre	6/14/24, documents "Santyl 250 UNIT/GM (Collagenase). Dically everyday shift for To ealing Cleanse sacrum with an apply Santyl to wound bed Diform and 4x4s and cover with essing daily."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6005474		B. WING		05/1	6/2024
NAME OF I	PROVIDER OR SUPPLIER		DRESS. CITY. S	STATE, ZIP CODE	1 00/1	0/2024
	BELLEVILLE		H 27TH STR			
			LE, IL 6222			
(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 APPROPERTION DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 15	S9999			
	External Ointment 250 UNIT/GM (Collagenase). Apply to Left ischium topically everyday shift for To Promote Wound Healing Cleanse left ischium with wound cleanser then apply Santyl to wound bed and cover with Xeroform and 4x4s then apply silicone boarded dressing daily."					
	R270's PO, dated 5/14/24, documents "Apply betadine to left heel daily. Everyday shift for To Promote Wound Healing."					
	R270's PO, dated 5/14/24, documents "Apply betadine to left malleolus daily. Everyday shift for To Promote Wound Healing."					
	R270's NP Note, dated 2/26/24, documents "Patient being seen today for follow up care for pressure ulcer to sacral region, buttock and left gluteal fold, patient continues to be followed by wound care, patient examined while sitting in dialysis, patient expressed by nodding his head, continues to be followed by wound care, patient examined while sitting in dialysis, patient expressed by nodding his head his buttock is uncomfortable to sit on for long periods of time."					
	R270's Skin Screen, dated 12/5/23, documents upon admission, "Skin Evaluation: Sacrum: 5.1x5.4x3.0 with undermining from 11 to 4 o'clock."					
	R270's Admission Observation, dated 12/31/23, documents R270's reason for admission was sepsis, wound-vac to coccyx. Skin Condition: Site - Coccyx, wound-vac in place.					
	in the electronic me V6, Wound Nurse,	d Wound Assessment located dical record, is dated 3/12/24. stated that he is doing them y they are not showing up in				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6005474		B. WING		05/16/2024		
NAME OF I	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/1	0/2024
BRIA OF BELLEVILLE			TH 27TH STF LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)	LD BE	(X5) COMPLETE DATE
S9999			S9999			
	3 of 3					
	300.615e)					
		etermination of Need uest for Resident Criminal rmation				
	e) In addition t	o the screening required by				

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STATE FORM 8W9Z11 If continuation sheet 17 of 21

AND DUAN OF CODDECTION AND DESCRIPTION AND DES					ATE SURVEY DMPLETED	
II 6005474		D WING				
		IL6005474	B. WING		05/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	BELLEVILLE		H 27TH STR LE, IL 6222			
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	·		S9999			
	Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act). This Requirement is NOT MET as evidence by: Based on interview and record review, the facility failed to conduct residents' criminal background checks within 24-hours of admission. This had the potential to affect all the 117 residents living in the facility. Findings include: On 5/14/24, nine residents' records were reviewed for pre-admission screening. The following was documented: R17, R25, R30, R59, R71, R84, R86, R100, and R108 all had the Criminal History Information Response Process (CHIRP), Illinois Sex Offender Registry, and Illinois Department of Corrections in their respective records.					
	R25's Face Sheet of admitted on 10/25/2	documented, R25 was 23.				
	R25's CHIRP docui until 2/7/24.	mented it was not completed				

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R84's Face Sheet documented R84 was admitted

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6005474	B. WING		05/16	6/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BRIA OF	BELLEVILLE		TH 27TH STR _LE, IL 6222				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	age 18	S9999				
	on 2/7/24.						
	R84's CHIRP docui until 2/27/24.	mented it was not completed					
	R59's Face Sheet on 2/8/24.	documented R59 was admitted					
	R59's CHIRP docui until 4/19/24.	mented it was not completed					
	R108's Face Sheet admitted on 1/8/24.	t documented R108 was					
	R108's CHIRP docu until 5/7/24.	umented it was not completed					
	R17's Face Sheet on 3/19/24.	documented R17 was admitted					
	R17's CHIRP docui until 5/13/24.	mented it was not completed					
	R30's Face Sheet on 4/1/24.	documented R30 was admitted					
	R30's CHIRP docui until 5/1/24.	mented it was not completed					
	R100's Face Sheet admitted on 10/16/2	t documented R100 was 23.					
	R100's CHIRP docu until 4/19/24.	umented it was not completed					
	R86's Face Sheet of admitted on 3/21/23	documented R86's was 3.					

until 4/19/23.

R86's CHIRP documented it was not completed

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005474	B. WING		05/1	16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
	· DELLEVILLE	150 NORT	H 27TH STR	EET		
BRIA UF	BELLEVILLE	BELLEVIL	LE, IL 6222	6		
(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)	ILD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 19	S9999			
	R71's Face Sheet on 12/21/21.	documented R71 was admitted				
	R71's CHIRP docur until 4/19/23.	mented it was not completed				
	On 5/15/24 at 10:22 AM, V1, Administrator, stated that she realized back in February or March that the previous Social Service Director was not doing the resident background checks properly and that she initiated an audit. V1 stated that the audit revealed that several residents who should have had fingerprint checks and should have been reported to the IOP (Identified Offender Program) had neither completed. V1 stated they still have a few residents that need fingerprint background checks completed but that they have been unable to do so because the fingerprint company that they use does not take appointments and only accepts walk ins. V1 stated the facility van has been booked with medical appointments, so they are trying to get the remainder of the residents out for fingerprints around the other appointments.					
	documented "It is the complete background residents. This facily any individual convinces and individual convinced the Illinois Healthcath (unless waivere Act), or with finding exploitation, mistress	sappropriation of resident ity will not knowingly employ of any of the crimes listed in are Worker Background Check and under the provision of the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
IL6005474		B. WING		05/1	6/2024	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BRIA OF	BELLEVILLE		'H 27TH STF .LE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 20	S9999			
	hire any staff with a against their license results from a findir	This facility will not knowingly disciplinary action in effect by a state licensing body that no of abuse, neglect, atment, or misappropriation of				
		(C)				

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