

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|---|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | | |
| (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) COMPLETION DATE |
| S0000 | Initial Comments Investigation of Facility Reported Incident of 05-12-2025/IL192205 | S0000 | | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)6) 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 | S9999 | | | |

Office of Primary Care and Health Systems Management

| | | |
|---|-------|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
|---|-------|-----------|

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 1 personal care needs of the resident.</p> <p>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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure residents were not asserting dominance over other residents for 2 of 6 residents (R1, R6) reviewed for abuse in the sample of 12. Due to this failure, R1 became tearful, scared, and embarrassed about a sexual abuse allegation, refusing to be seen by a provider due to being afraid of what may happen, refused therapy, and reported he lived in fear, confining himself to his room since (R6) resided across the hall from (R1).</p> <p>Findings include:</p> <p>1-R1's Face sheet dated 5/13/25, documents R1 was admitted to the facility on 10/11/2024 with diagnoses of Cerebral Infarction, Cerebral Palsy, Epilepsy, Schizophrenia, and Major Depressive Disorder.</p> <p>R1's Minimum Data Set (MDS), dated 2/15/25, documents R1 is cognitively intact and requires the use of a wheelchair.</p> <p>R1's Care Plan, dated 2/14/25, documents R1 is at risk for abuse and neglect.</p> <p>R1's Care Plan, dated 3/18/25: Alleged sexual assault.</p> <p>R1's Care Plan, dated 5/12/25: Recipient of alleged sexual assault. Interventions: 3/18/25 Social Service</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 2 Director had conversation with resident about inappropriate behavior. Residents not able to sit together in dining room, if seen together to separate.</p> <p>R1's Care Plan, dated 3/18/25: placed on enhanced supervision.</p> <p>R1's Care Plan, dated 5/12/25 notified abuse coordinator, observe the resident for signs of fear and insecurity during delivery of care, take steps to calm the resident and help him feel safe, 1:1 Supervision, Social Services to meet with resident as needed, assess resident for abuse and neglect upon admission and quarterly. It continues R1 has diagnosis of Schizophrenia and may display symptoms that include but are not limited to being out of touch with reality (delusional or hallucinations), may have disorganized speech or erratic behavior, decrease in activities. Diagnosis of mental illness. It continues R1 requires assistance with daily care needs. R1's Care Plan does not address R1 being bullied and/or any resident asserting dominance over him.</p> <p>On 5/28/2025 at 10:02 R1's Behavior Tracking was requested. No behavior tracking was provided to the surveyor for R1.</p> <p>The Facility's Identified Offender lists document R1 and R6 both as Identified Offenders with R6 being convicted of second-degree murder in 1990.</p> <p>On 5/28/2025 at 2:03 PM, R1 was lying in bed. R1 appeared very thin in appearance and his body was leaning to the right side.</p> <p>On 5/14/25 at 10:20 AM, R1 stated "I usually sleep naked, and the other night (R6) came into my room and asked me if I wanted some pizza. I said yes and told him to put it on the table. I thought that (R6) had left the room but then I felt my blanket being pulled off me. The next thing I know, (R6) had me by the back of my neck and was pushing my head into my pillow. That's when I felt someone playing with my a** and then he put a finger up my a**. I yelled at him and told him to get off me. I know it was him because I recognized his voice and when I turned over, I saw him walking out of my room. I did tell some staff about it. I did not want to go to the hospital to get checked because I was</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 3 embarrassed and afraid of what might happen. (R6) was in the same penitentiary that I was in, and he is still picking on me. There are times I can be in the hall or outside and he will grab me by my neck and say bad things to me. I know what it was like in prison, so I am scared of him here." R1 appeared upset and teary eyed while discussing this incident.</p> <p>On 5/29/2025 at 3:01 PM, R1 stated, (R6) and him were alright, but he would not call them friends. (R6) does buy him food at times, candy and soda. He stated (R6) still thinks they are in prison and treats him like they are still in prison. R1 stated he (R6) has always bullied him, and he is constantly telling him he is going to mess him up and stab him or fuc* him over if he does not do what he tells him to do. "I can't do much anyway, so it does not matter. Things changed for me when he came into my room, woke me up and was playing with my butt and stuck something up my butt. I want a lawyer. I am not sure why he did it, I think he wants me to know he is the boss of me. I know I am not in prison anymore and (R6) abuses me like we are still in prison. I see him mostly during smoke breaks. I don't like to leave my room now." R1 appeared upset and teary eyed while discussing this incident and his voice was shaky while he was talking about (R6).</p> <p>On 5/14/25 at 10:55 AM, R7 stated "I always see (R6) trying to dominate (R1). (R6) grabs (R1) by the back of his neck or pinches his shoulders and will tell him things like 'I'm going to play with you like a fidget spinner'. I know they were both in prison together and some things might have started there. The look on (R1's) face and the tear in his eyes showed me he was clearly upset over this. I totally believe that incident happened in (R1's) room because I've seen him treating (R1) like that before. I know that since that incident, they have put both on 1:1 supervision and they moved (R1) out of his room to another hall. It seems like they are punishing (R1) while protecting (R6). There is no doubt in my mind that (R6) is abusing (R1)."</p> <p>On 5/29/2025 at 10:03 AM, R7 stated, "I have seen (R6) during smoke breaks harass (R1) and I know staff have seen it too, but everyone is afraid to speak up because nobody wants to get in trouble and/or lose their job, but (R1) is not in prison anymore and should not have to live in fear and be bullied. Like I told the other surveyor, (R6) tries to dominate (R1) and I don't think it is right. I have heard him tell him he is going to</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 4 hurt him and/or play him like a fidget spinner. I know since the incident occurred (R1) has been staying in his room more."</p> <p>On 5/14/25 at 10:40 AM, V5, Restorative Certified Nursing Assistant (CNA), stated "I work with (R1) all the time for therapy, and we have a really good relationship. I also heard a while back that (R1) and (R6) have had things going on for a long time, because (R7) stated that (R6) is always picking on (R1) and flicking his ear and telling (R1) he is going to treat him like he was treated in the joint. I told the previous Administrator about all of this at that time, and she brushed it off and acted like it never happened. Then this happened to (R1) and he cannot really defend himself. This is terrible and very serious and hope that something gets done."</p> <p>On 5/14/25 at 11:35 AM, V4, Director of Rehab, stated "I have overheard (R6) has been victimizing (R1) and bullies and picks on him all the time, and that they were in prison together and (R6) victimized him in prison too. (V7, Nurse Practitioner (NP) told me that (R6) threatened to kill her and that she was surprised that (R6) is still in the facility. It's awful for (R1) to be treated like that."</p> <p>On 5/14/25 at 11:45 AM, V7, Nurse Practitioner (NP), stated, "I, myself, was threatened by (R6). (R6) really likes his pain medications and his insurance was declining his Oxycodone, so I had to change him to Percocet, and he hysterically flipped on me and told me I had to watch my back. I talked to my fiancée because I was scared, and I cried every time I would have to come to the facility for a good two weeks. He gets passes out to the community and then comes back so who knows what he is getting out there, drugs or weapons. (R6) scares me, and he doesn't need to be here. He is a threat to everyone in here, residents and staff."</p> <p>On 5/30/2025 at 1:48 PM, V7 stated, "(R6) was upset with me because of his medication change and he said several things to me and told me to watch my back and threatened me. I told V34, the former Administrator. (R1) came into the therapy room and made an allegation that he had been sexually abused by (R6). At that time staff started talking and they were saying (R6) had a history with (R1) and he had been bullying (R1). (V34) was aware of it. I am not sure what their policy is regarding abuse. I can only go by my experience, and I</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 5</p> <p>think (R6) is dangerous and at times can be unhinged.</p> <p>If a resident was being bullied by another resident, I would not expect the other resident to ever be alone with that resident."</p> <p>R1's Progress Notes R1's Nurses Note, dated 5/12/25 at 12:15 PM, documents "Resident reported that he was sexually assaulted by resident (R6) in his bedroom while laying [SIC] in his bed. Resident stated that resident (R6) entered his room, sexually assaulted him, then exited the room. Resident stated he did not see the resident's face but, he did recognize who the resident was because he knows his voice and noticed him while he was walking out the door. Nursing staff attempted to assess resident, but resident refused.</p> <p>Administrator, Director of Nursing (DON), and NP notified and made aware. (Local Police Department) notified and resident interviewed. Residents separated; Resident placed on 1:1 supervision; Resident relocated; All previous interventions in place; Care plan updated."</p> <p>On 5/28/2025 at 9:34 AM, V1, Administrator stated, "I started working as the Administrator here at the end of March. I have been here almost two months now. The DON (Director of Nursing) is also new to the position.</p> <p>Staff stated (R6) and (R1) were incarcerated together at (V32, Correctional Facility). They do have a history. From my understanding they were both in the same gang in prison, so they were not rivals. I am not aware of any issues they had when they were in prison.</p> <p>They are both identified offenders. (R1) initially reported to the CNA (certified nursing assistant) that he was sexually assaulted by (R6). (R1) told me (R6) came into his room and held his head down and he was sexually abused. But the stories were conflicting and kept changing. I was not able to substantiate it."</p> <p>On 5/30/2025 at 12:54 V34, Former Administrator at facility stated, "I don't recall anything related to (R1) and (R6) but I was only at the facility for a few months. I did not really know either of them."</p> <p>On 5/30/2025 at 3:48 PM, V32, Certified Nursing Assistant stated, she was currently doing one on ones with (R1). "He usually goes out in the morning and smokes, then he will go into the dining room and eat breakfast then he will go back to his room, and he will stay there until the next day. His routine changed and he stays in his room a lot more now. I am not sure why,</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 6 but his routine had definitely changed, and he is in his room more."</p> <p>2- R6's Progress Notes dated 8/15/2024 at 3:37 PM document he was admitted to the facility.</p> <p>R6's Physician Order Sheet (POS) dated May 2025 documents a diagnosis of Aftercare following joint replacement surgery, Chronic Obstructive Pulmonary Disease unspecified, Unspecified lack of coordination, Difficulty in walking, Unsteadiness on feet, Weakness, Major Depression, Chronic Pain, Chronic Kidney Disease Stage 2, Periprosthetic Fracture Around Internal Prosthetic Right Shoulder Joint, Displayed Fracture of Glenoid Cavity Scapula.</p> <p>R6's Mium Data Set (MDS) dated 4/2/2025 document he is cognitive intact for decision making for activities of daily living and has no impairment on his upper and/or lower extremities.</p> <p>R6's Care Plan document dated 4/12/2024 documents AMBULATION: has a self-care deficit in ambulation related to (r/t) inability to walk independently/ history of unsteady gait/ walks for short distances but uses the w/c for longer distances, with guided practice has the opportunity for continued progress. R6's Care Plan does not document anything related to abuse.</p> <p>R6's Care Plan, dated 4/7/25, documents R6 is at risk for abuse and neglect. 5/12/25 Alleged sexual assault. It continues R6 has a history of aggressive, inappropriate behavior, but has demonstrated stability during the admission screening process and is therefore considered appropriate for admission.</p> <p>R6's Progress Notes does not document anything related to him being on one on ones and/or the allegation of sexual abuse made against him by R1.</p> <p>The Facility's "Resident Rights" policy, dated 8/1/22, documents "The facility strives to consistently and fully comply with the various laws and regulations, including but not limited to 42 CFR 483, pertaining to the treatment, services and needs of residents to attain or maintain residents' highest practicable physical, mental and psychosocial well-being. The</p> | S9999 | | |

Illinois State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057539 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 05/30/2025 |
|--|---|--|--|---|
| NAME OF PROVIDER OR SUPPLIER BRIA OF ALTON | | STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER , ALTON, Illinois, 62002 | | |
| (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) COMPLETION DATE |
| S9999 | <p>Continued from page 7</p> <p>facility shall: Not engage in verbal, mental, or physical abuse, corporal punishment and involuntary seclusion."</p> <p>The Facility's "Abuse Prevention Program" policy, dated 9/2017, documents in part "The facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Sexual Abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault by a licensee, employee or agent. Sexual abuse is non-consensual sexual contact of any type with a resident. IV. Establishing a Resident Sensitive Environment: This facility desires to prevent abuse, neglect, exploitation, mistreatment and misappropriation of resident property by establishing a resident sensitive and resident secure environment. This will be accomplished by a comprehensive quality management approach involving the following: 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 or misappropriation of resident property, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and 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 update as necessary. For residents who are identified offenders, the facility shall incorporate the Identified Offender Report and Recommendations Report into the identified offender's plan of care including security measures listed. VI. Protection of Residents: 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 residents including, but not limited to, the separation of the residents."</p> <p>(A)</p> | S9999 | | |