

Illinois State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0057513</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRIA OF COLUMBIA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236</b>			
(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		S0000				
	Facility Reported Incident of June 22, 2025 IL195877						
S9999	Final Observations		S9999				
	Statement of Licensure Violations :						
	300.610 a)						
	300.1210 b)						
	300.1210 c)						
	300.3210 t)						
	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.						
	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						

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

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0057513</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRIA OF COLUMBIA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236</b>			
(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 supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>300.3210. General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to prevent resident-to-resident physical abuse in 1 of 4 residents (R2) reviewed for abuse in the sample of 5. This failure resulted in R2 feeling unsafe in the facility and being hit in the breast.</p> <p>Findings include:</p> <p>1. R1's Undated Face Sheet documents R1 was admitted to the facility on 12/20/2019, and has the following medical diagnoses: Metabolic Encephalopathy, Secondary Malignant Neoplasm of Liver and Intrahepatic Bile Duct, Secondary Malignant Neoplasm of Unspecified Site, and Generalized Anxiety Disorder.</p> <p>R1's Minimum Data Set (MDS), dated 6/4/2025, documents R1 is cognitively intact.</p> <p>R1's Undated Care Plan documents R1 is at risk for abuse and neglect related to interaction with staff and peers and poly-medication use. R1 has aggressive, inappropriate, attention-seeking, and/or maladaptive behavior.</p> <p>R2's Undated Face Sheet documents R2 was admitted to the facility on 12/17/2020, and has the following medical diagnoses Major Depressive Disorder, Bipolar</p>		S9999				

Illinois State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0057513</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRIA OF COLUMBIA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236</b>			
(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 Disorder, and Anxiety Disorder.</p> <p>R2's MDS, dated 6/3/2025, documents R2 is cognitively intact.</p> <p>R2's Undated Care Plan documents R2 is at risk for abuse and neglect. R2 has history of verbal aggression towards staff, using profanity, and name calling. R2 also displays these behaviors with peers.</p> <p>R1's Nurse's Notes, dated 6/18/2025 at 1:47 PM, documents R1 was asking peers, staff, and visitors for money and was often verbally abusive.</p> <p>R2's Nurse's Notes, dated 6/18/2025 at 7:02 PM, documents R2 was angry at R1 because he opened her door and asked for money to buy soda.</p> <p>R1's Nurse's Notes, dated 6/18/2025 at 7:13 PM, documents R1 went to the room of R2 and asked for money to buy soda, and R2 was angry about it.</p> <p>R1's Nurse's Notes, dated 6/19/2025 at 2:45 PM, documents R1 was demanding money for soda and becoming verbally abusive, yelling, and cussing at peers.</p> <p>R1's Nurse's Notes, dated 6/21/2025 at 12:50 PM, documents R1 was yelling at staff with obscenities.</p> <p>R1's Nurses Notes by V8, Registered Nurse, dated 6/22/2025 at 3:07 PM, documents R1 has been rude and combative with residents and staff, upsetting other residents. Arguments have been taking place, and another resident claimed he hit her in the breast.</p> <p>R2's Nurse's Notes by V8, dated 6/22/2025 at 3:11 PM, documents R2 claimed a resident hit her.</p> <p>The Facility's Initial Report, dated 6/22/2025, documents the following: it was reported that there was an alleged resident to resident altercation in the dining room. R1 exhibits a behavior of asking residents, staff and visitors for money to buy sodas. Recently R1 exhibits verbal behaviors if they refuse to</p>			S9999			

Illinois State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0057513</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRIA OF COLUMBIA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236</b>			
(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 give R1 money. R1 has been referred to psychiatry and sent to the hospital for assessment. It was reported that R1 was asking for money and R2 confronted R1. It was reported that R2 was antagonizing R1 and R1 hit R2 in the breast. The nurse assessed R2 with no injuries noted. The two residents were separated for safety.</p> <p>The Facility's Final Report, dated 6/26/2025, documents R1 was sent to the hospital for escalating behaviors and remained in the hospital.</p> <p>The Facility's Final Report, dated 6/26/2025, document R2 was interviewed and stated R1 was hurting V6, Activity Aide, by grabbing her arm, causing multiple bruises on V6's upper arm. R2 also stated R1 punched R2 in the breast.</p> <p>The Facility's Final Report, dated 6/26/2025, documents V6, CNA, was interviewed and confirmed the incident and R1's behavior. V6 stated she witnessed a part of the altercation because V6 left to get a CNA to help her with R1. V6 stated R2 was antagonizing R1 but did not see any physical contact.</p> <p>The Facility's Final Report, dated 6/26/2025, documents V7, CNA, was a witness to this incident, but did not contain documentation that V7 was interviewed during the Facility's investigation.</p> <p>The Facility's Final Report, dated 6/26/2025, documents camera was reviewed. R1 and R2 were sitting in the dining room to participate in a music activity, and R2 was talking to R1. R2 grabbed R1's chair arm, aggressively pushing and pulling it back and forth several times. At that time, R1 swatted at R2 to get her away, hitting R2's right breast. R1 hand was open. R2 hit R1 with two open hands and kicked R1 as R1 was leaving the room. The investigation concluded an altercation did take place.</p> <p>On 7/8/2025 at 11:41 AM, V8 stated R2 reported to her R1 pushed her and hit her on the breast in the dining room.</p> <p>On 7/8/2025 at 9:05 AM, R2 stated R1 had been cussing, yelling, and asking for money for days. R2 stated there was music playing in the dining room and R1 came up</p>		S9999				

Illinois State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>0057513</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED <b>07/08/2025</b>	
NAME OF PROVIDER OR SUPPLIER <b>BRIA OF COLUMBIA</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>253 BRADINGTON DRIVE , COLUMBIA, Illinois, 62236</b>			
(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 behind her and was being loud. R2 stated she turned around and asked R1 to be quiet and R1 stated "F*** You, B****." R2 stated R1 would not stop. V6, Activity Aide, asked R1 to be quiet, and R1 cussed at V6 too. V6 told R1 that he had to leave, but R1 was irate. V6 went to find a Certified Nursing Assistant (CNA) to help her, and it took some time for her to find help. V6 came back and told R1 to leave, and R1 grabbed the back of V6's arm. R2 stated she grabbed R1's chair, just trying to jar it to stop R1, then R1 hit her on her right breast. V7, CNA, came to help V6, and V6 and V7 had to "strong arm" R1 to go to his room. R2 stated she does not feel safe in this facility.</p> <p>On 7/8/2025 at 9:44 AM, V6 stated there was music playing in the dining room and R1 was screaming "F you" because no one would give him a dollar. V6 told R1 to stop, but R1 would not. She tried to escort R1 out of the room, but he would not leave. V6 stated she went to get a CNA to help her and when she went back into the room, R2 had wheeled closer to R1. V6 stated she did not see anything happen, but R2 told her R1 had hit her in the breast. V6 stated R1 was still yelling and cussing at everyone when the music had stopped.</p> <p>On 7/8/2025 at 11:58 AM, V7 stated R1 was yelling and cursing at V6 in the dining room. V7 stated V6 came to ask for CNA help and when V7 walked into the dining room a minute later, R1 was swinging at V6. R2 was rolling up in her wheelchair to help V6, then R1 hit R2 because R1 was already swinging. V7 stated R1 hit R2 in the chest area.</p> <p>On 7/8/2025 at 12:50 PM, V1, Administrator, stated she watched the video footage where R1 was pushing R2 away and R2 was pushing R1's chair. V1 stated R1 did make contact with R2.</p> <p>The Facility's Abuse Policy and Prevention Program, dated 10/2022, documents, "This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits neglect, exploitation, misappropriation of property, and mistreatment of residents. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment."</p>	S9999					

(B)