STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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 Annual Certification Survey Complaint Investigation: 2247186/IL151007 Complaint Investigation: 2247180/IL151003	S 000		
S9999	Final Observations Statement of Licensure Violations I of III 300.610a) 300.1010h) 300.1630d) 300.1630e) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident,	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 1 injury or change in condition at the time of notification. Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report. This REQUIREMENT is not met as evidenced by: A. Based on observation, interview, and record review, the facility failed to notify a resident's family representative and physician of changes in condition for 2 of 3 residents (R40, R71) reviewed for changes in condition in the sample of 36. This failure resulted in R40's psychiatric decline and R71's exacerbation of heart and lung issues resulting in hospitalization. B. Based on observation, interview and record review, the facility failed to ensure residents are free from significant medication errors for two of 7 residents (R40, R71) reviewed for medication in the sample of 36. This failure resulted in R40	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 2	S9999		

experiencing acute psychotic episode due to not receiving her antipsychotic medication as ordered, and R71 being hospitalized with an exacerbation of her COPD (Chronic Obstructive Pulmonary Disease) and CHF (Congestive Heart Failure) after not receiving her cardiac and respiratory medications.

Findings include:

1. On 9/6/22 at 10:54 AM, R40 was sitting in the recliner in her room with her eyes closed. R40 was able to state her name but then had slurred, mumbled speech when answering questions, and was very difficult to understand. She stated she has only been in the facility a couple of days and had moved here because the last facility she lived in told her she had to leave because the administrator didn't want her there. R40 kept nodding off to sleep but would wake to try to answer questions. She appeared very lethargic and drowsy. Her hair was uncombed and general appearance disheveled.

R40's Face Sheet documents her diagnoses to include Anxiety Disorder, Schizophrenia, Schizoaffective Disorder and Bipolar Disorder.

R40's Minimum Data Set (MDS) dated 7/14/22 documents she was admitted to the facility on 5/8/18 and is alert and oriented. It also documents she did not have any delusions , hallucinations, or behaviors during that assessment period.

R40's Care Plan dated 4/14/21 documents, "Medication: (R40) uses antianxiety medications related to anxiety disorder. Is at risk for side effects. Interventions for this Care Plan include

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 3 anti-anxiety medication as ordered. R40's Care Plan dated 4/16/21 documents, "Behavior: (R40) has a history of anxiety and self-isolation. At risk for alteration in mood. Diagnosis: Anxiety, Schizophrenia. Interventions for this care plan include medications as ordered. R40's Care Plan dated 9/3/22 documents: Elopement: At this time (R40) is experiencing delusions and hallucinations related to her mental illness. Interventions for this care plan include: 1:1 with staff as needed; 15-30 minute checks as needed; allow concerns to be expressed; encourage resident to keep busy with activities; MD notification as needed. R40's Physician Orders dated Physician Order Summary dated 9/7/22 documents the following orders: Clozapine (antipsychotic medication) 100 mg by mouth at bedtime with start date 6/8/21 and Clozapine 50 mg by mouth in the morning with a start date of 9/3/22. R40's Physician Orders also included an order for Lorazepam (antianxiety medication) 0.5 mg 1 tablet by mouth two times a day with a start date of 6/8/21, but no discontinue date. Review of R40's Progress Notes dated 6/1/22 to 9/7/22 document she missed 18 doses of Lorazepam 0.5 mg which was ordered to be given twice a day for anxiety. All the missed doses of Lorazepam occurred between 6/20/22 and 7/26/22. On R40's Medication Administration Record (MAR) starting on 7/27/22, R40's Lorazepam was on hold by the physician, but there was no order on R40's Physician Order Sheet documenting an order to put Lorazepam on hold and no documentation in R40's Progress	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 4	S9999		

Notes documenting a physician had put R40's Lorazepam on hold on 7/27/22. R40's Progress Notes document she did not receive her Clozapine 100 mg which was ordered to be given at 8:00 PM every night, on 8/6/22, 8/19/22 or 8/20/22.

R40's "Drug Record Book" dated 6/1/22 to 9/30/2022 documents her Clozapine 100 mg was reordered on 8/27/22 and notes on that date, "out, please send asap (as soon as possible).

Review of R40's Progress Notes dated 6/1/22 to 9/7/22 does not document any behaviors until 9/4/22 at 4:46 AM when it documents, "most of evening and night, resident up yelling and screaming. Very confused and talking about people and things from the past. no distress noted. Will continue to monitor." There was no documentation that family or physician was notified of R40's change in condition.

R40's Progress note dated 9/3/22 at 8:52 AM documents, "Resident very restless, walking from her room to nurses station to front lobby. Voicing delusional thoughts and difficult to redirect. Told this nurse, "You are a bad nurse, you don't have any facts. I no longer live here. I was in Australia all last week. " Resident's family reports that resident refusing to take their phone calls and denied knowing who her sister is when she came to see her this AM. V24 (Psychiatric Nurse Practitioner) aware of above. New order received. Resident placed on 15-minute checks for safety."

On 9/8/22 at 9:30 AM, V2 (Director of Nurses/DON) provided R40's psychiatric progress notes dated 4/27/21, 2/4/22 and 5/25/22. She included a handwritten note that documents, (R40) verified with NP (Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 5 Practitioner) 9/7 at 5:28 PM that R40 was last seen May 2022 and was not seen in June or July (did not mention August). The note documents she will see this month. May call (V24) to discuss. On 9/7/22 at 2:36 PM, V18 (LPN) stated R40 was moved yesterday. She stated R40 had been having some kind of psychosis V18 stated on the past Thursday, September 1st, R40 was delusional and saying that she needed to go to Washington DC, and she thought her sister had committed suicide and that her roommate had gotten inside her head and stolen all her memories and deleted them. V18 stated she did not know anything about R40 having fallen recently. On 9/7/22 at 2:38 PM, V19 (LPN) stated she was here last Thursday (September 1st) and saw changes in R40's behaviors. She stated R40 had missed one of medications for a couple of days because of problems with pharmacy, something about them not getting the order, or it was outdated. V19 stated today R40 was doing a lot better, but last night when she worked R40 was still not the same but did finally remember V19's name. V19 stated if they don't have a resident's medication, they notify the pharmacy to see what is going on. V19 stated if the medication is not a psych med, they notify the MD's nurse practitioner, but if it is a psych med, they notify V24 (psych nurse practitioner). On 9/7/22 at 2:45 PM, R40 was sitting in her room. Her speech was clear, and she was awake and alert. R40 stated, "I couldn't sleep because I didn't have my medicine. They kept telling me it didn't come in from pharmacy. I haven't been sleeping good for 4 or 5 weeks, and I wasn't getting enough to eat. I felt like they were	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 6	S9999		

punishing me because (V1) doesn't want us to have Resident Council meetings and it's our right. I felt bullied by her. I am the resident council president and I have to look out for the residents here." She stated her parents are not her guardians, her husband is . She stated, "You know, he is Hawkeye on MASH." She stated she goes out on Saturdays with her sister to eat and shop. She stated they wouldn't let her husband take her out. R40 stated she talks to her brother a lot on the phone, but he doesn't live around here.

On 9/7/22 at 3:05 PM, V2 (DON), stated the facility had some problems with the pharmacy at the beginning of August when they went to a new system. She stated they went from the card system to having medications in individual plastic rolls, except high acuity medications, which were still on cards. V2 stated the first couple of weeks after the change they had a lot of problems because the pharmacy thought they still had the high acuity medication cards, but they had sent everything to the pharmacy and then did not get the high acuity meds back with the other meds. V2 stated R40 did miss her Clozapine 50 mg on September 3 but did get it as soon as it came in on September 4. V2 stated R40 had started getting a little manic, and the psychiatric nurse practitioner had ordered her to have Clozapine 50 mg every morning in addition to her current dose of Clozapine 100 mg at HS. V2 stated R40's brother had called and asked about her missing some medication. V2 stated he talked to V1 (Administrator) but she was unable to give him any information because he was not on R40's contact list. V2 stated when R40 had behaviors last week she had contacted R40's parents and sister on Thursday, August 1st and asked them to come and see her and help figure out what was going on with R40. V2 stated they came to see

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 7 R40 on Saturday. V2 stated R40's sister does not see her often; she has only seen her visit a couple of times in the last year. V2 stated R40's parents are her guardians, but they are elderly and don't hear well so when staff call them, if they can't hear what is being said, they hang up. V2 stated R40's parents and sister have left specific instructions that they are not to give her brother any information regarding R40; he is to call either her parents or sister and they will let him know what they want him to know. V2 stated I called R40's sister and parents to inform them of her behaviors last week. I can show you on my cell phone where I called them. V2 then looked through her cell phone and stated, "I must have used (V1's) cell phone because I can't find it on my phone." V2 stated when a medication is missed, if it is a psych med, they notify the psychiatrist because the medical doctor and his nurse practitioner will not do anything with psych meds. She stated the nurse usually notifies V24, the psychiatric nurse practitioner, with any psyche issues. She stated she does not think the psychiatrist has been in the facility for several months. On 9/7/22 at 3:50 PM, V16 (R40's brother) during phone interview, stated he had not talked to R40 about her missing medications, because he was on a zoom call when she tried to call him, but R40 had notified his niece, who is in medical school, by text, stating that she had missed some of her medication and was not sleeping. V16 stated R40, in her text message to his niece, stated the facility was giving her Melatonin and it was not helping her to sleep, and was asking if there was anything else that would help. V16 stated he called and tried to ask the administrator (V1) about R40 having missed medications, and she told him she is dealing with a state survey and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 8	S9999		

has a funeral to attend and did not have time to talk to him. V16 stated he tried to set up a better time to discuss R40 but (V1) told him he was not on her contact list so she would not be able to talk to him. V16 stated he then asked if his sister (V17) could call and make the appointment and was told yes, she could. V16 stated R40's text to his niece indicated she had missed her medication for about a week. He stated R40 had been doing very well with no psychiatric setbacks for about 17 years and was usually very alert and oriented and well organized. V16 stated he had called and informed his sister about the text message R40 had sent to her niece about missing medication, so she went to see her on Saturday, which was the usual routine, and R40 was not her normal self. V16 stated he did not know of any falls or injuries that had occurred as a result of R40 not receiving all her medication, but he feels she has had a mental set back as noted by her change in behaviors and her lack of sleep. V16 stated he is worried about the facility retaliating against R40 because the family is complaining, but he stated he just wants to know what medication was missed, why it was missed and what is being done about it, so it doesn't keep happening because he knows her medications are very important to her stability mentally.

On 9/7/22 at 5:15 PM, V17 (R40's sister) during a phone interview, stated she comes in every Saturday and takes R40 out of the facility for the day and they usually have lunch or dinner with their parents. V17 stated R40 is very alert and oriented and runs the Resident Council at the facility, and if she feels like she or any of the other residents are being mistreated, she will say something about it. V17 stated R40 usually calls her during the week to talk about what they are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 9	S9999		

going to do on the Saturday when she comes to get her, but R40 did not call her last week, which was very unusual for R40. V17 stated nobody from the facility called her last week to tell her about R40 having behaviors, but when she arrived at the facility that Saturday morning, September 3, a staff met her at the door and stated she had meant to call her and warn her that R40 was having a lot of behaviors and was not acting like herself. V17 stated they told her R40 was yelling and cursing at the staff. She stated she went to R40's room and R40 yelled for her to "get the f*#% out". V17 stated nobody from the facility had notified her or R40's parents that R40 was not receiving all of her medications. V17 stated her brother had called her with concerns because their niece had received a text message from R40 last week, telling her R40 was not getting her medications and could not sleep and wanted to know if she could tell her something that would help her because the Melatonin the facility was giving her was not working. V17 stated R40 knew her own medication very well and sometimes when she went on home visits, R40 would catch that they had forgotten to send one of her medications and would call up and tell them she needed it. V17 stated no one had given any directive to the facility to not release any information to R40's brother regarding her care. V17 stated he is not on her list because he lives out of state and it is easier to get in touch with her or her parents, but there is no reason he cannot call with concerns about her care. She stated R40 speaks to her brother on the phone often. V17 stated she feels the facility owes them an apology and an explanation of why some of R40's medications were missed and why they had not been informed of this or R40's change in behaviors and overall condition. V17 stated R40 has not had a psychotic break like this since

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 10 2005, and when it happened back then, it caused her to have to be institutionalized. V17 stated she knows R40 not receiving her medications could be very detrimental to her mental health. On 9/8/22 at 10:35 AM, V2 (DON), stated, "I don't do medication error reports when medications are missed, only when the wrong medication is given. We don't do a medication error report, but we notify the doctor when a medication is missed. If the doctor was notified of the missed medication it is documented in the eMAR (Electronic Medication Administration Record) documentation progress notes. " V2 stated she would expect physician orders to be followed and medications to be given as ordered. On 9/8/22 at 2:00 PM, V24 (Psychiatric Nurse Practitioner) stated the facility does sometimes send a fax or calls the office when a resident's medication is not available. V24 stated she was surprised when the nursing staff called about R40 having behaviors this past weekend. V24 stated staff reported to her that R40 was in the midst of the delusion of having a famous husband and was trying to run out of the facility to meet him. V24 stated she does not recall anyone reporting R40 missing 18 doses of Lorazepam in July 2022 because that would have been pretty significant. V24 stated she would think the facility would contact the pharmacy right away and figure out what was going on so R40 would get her medications as ordered. V24 stated there is no reason R40 should have missed 18 doses of her Lorazepam without the facility doing something about it. V24 stated she does not think that is related to R40's behaviors this past weekend, as R40 had been complaining of being tired and her Lorazepam would have made her drowsier, not caused her to have behaviors. V24 stated they	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 11	S9999		

had been decreasing R40's Clozapine gradually over the past year, so missing a dose may cause her to have changes in her behaviors for a couple of days following the missed dose, but the missed dose a couple of weeks ago probably would not have affected R40's behaviors this past weekend. V24 stated she knows R40 very well and has been treating her for the past 5 years and stated R40 is normally very alert and oriented and is aware of her own care. V24 stated she would not be surprised if R40 remembers meetings she had 2 or 3 years ago. V24 stated she does not know what would have caused R40's behaviors last weekend but she did give an order to add Clozapine 50 mg QAM because they had decreased her dose quite a bit.

On 9/8/22 at 7:00 PM, R40 was sitting in her room waiting on her medication and snacks. R40 stated she is feeling a lot better. R40 was noticeably more alert, and her speech was clearer than during previous encounters with her during the survey. She remembered this surveyors name. She stated she had missed her nighttime dose of Clozapine 3 nights last week and it was horrible. R40 stated, "The didn't give me my Clozapine for 3 days and I couldn't sleep. I begged them to give me my meds and they told me pharmacy didn't bring them yet. I asked them to call my doctor and they told me they couldn't because he was on vacation. It was terrible. I felt like my eyelids wouldn't close. I cried because I knew I wasn't right, but I didn't know what to do."

On 9/8/22 at 7:20 PM, during an off-hours portion of the survey, V19 (Licensed Practical Nurse/LPN) stated the facility is still using the same pharmacy since changing owners, but they reorder residents' medications differently. V19 stated they reorder a resident's medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 12 through the electronic medical record but several times the medication has been reordered it doesn't show up with the delivery. V19 stated this has happened with R40's Clozapine more than once, but she knows she missed some doses last week, but doesn't know how many because she doesn't always work on the same hall. V19 stated she felt very bad about what R40 went through last week and the beginning of this week. V19 stated R40 got so bad mentally that she did not even know V19's name, and she stated R40 usually recognizes all the staff and her fellow residents. V19 stated R40 was upset because she was afraid her changes were part of her illness and was afraid, she was getting worse, but V19 stated she reassured R40, when she was able to understand again, that her mental changes and behaviors were not her fault, and that it was the facility's fault because they did not get her Clozapine ordered on time. V19 stated she has worked with R40 for over a year, and this is the first time she has seen her have behaviors like these, and not recognize staff. V19 stated when R40 had missed doses of her Clozapine in the past it did not affect her this bad. V19 stated she talked to R40's sister when she came in and she told V19 that R40 had behaviors similar to these back in 2009 and that is what caused her to be institutionalized. On 9/9/22 at 8:45 AM, V31 (Pharmacist) stated R40's Clozapine 50 mg was ordered and processed on 9/2/22 and should have been delivered on 9/3/22. V31 stated she could not tell when R40's Clozapine 100 mg was ordered, but all the orders she has are old. V31 stated she could not tell exactly when the last Clozapine 100 mg was last sent to the facility and would have to check with someone else and will return call.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 13 On 9/9/22 at 12:00 PM, V31 (Pharmacist) stated they did receive the facility's request for a refill of her Clozapine on 8/27/22 but it was not sent because they needed a lab that is required before they can send Clozapine. V31 stated her records show the pharmacy has not refilled R40's Clozapine 100 mg since April 2022. V31 stated since April 2022, the only Clozapine that has been sent to facility for R40 was Clozapine 50 mg for her new order received on 9/2/22 for Clozapine 50 mg one every morning. On 9/9/22 at 12:15 PM, V2 (DON) and V23 (ADON) stated they were not aware R40 did not receive her Clozapine 100 mg from 8/27/22 until her Clozapine 50 mg was delivered on 9/4/22. V23 stated, "I am the one who wrote on the order that we were out of (R40's) Clozapine and to please send it out. " Both V2 and V23 stated they have given R40 her medications when they have worked the floor since April 2022, and they feel like she had her Clozapine 100 mg when they gave her medications. On 9/9/22 at 1:37 PM, V24 (Psychiatric Nurse Practitioner) during phone interview, stated R40 having missed her Clozapine 100 mg QHS would have directly caused her to have experience her changes in mental status resulting in her psychosis she experienced starting on 9/2/22 and she is continuing to have some psychosis. V24 stated R40 will most likely require a higher dose of Clozapine to get back to her baseline and it might take a while. V24 stated she will be assessing R40 next week and will be contacting the DON to get an update on R40. V24 stated it is very sad that R40 is going through this because she was doing so well and was very active in the facility before last week.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 14	S9999		

2. R71's Face Sheet documents she was admitted to the facility on 8/16/22 with the diagnoses of COPD (Chronic Obstructive Pulmonary Disease) Acute Exacerbation, Major Depressive Disorder, Anxiety Disorder, Essential Hypertension, Primary Pulmonary Hypertension, Chronic Atrial Fibrillation, Chronic Combined Systolic (Congestive) and Diastolic (Congestive) Heart Failure (CHF), Chronic Respiratory Failure with Hypoxia and Personal History of Pulmonary Embolism.

R71's Progress Notes dated 8/24/2022 at 4:36 PM documents, "resident admitted to (local hospital) with dx (diagnosis) of exacerbation of COPD and acute CHF."

R71 had an additional Progress Note dated 8/24/2022 at 4:36 PM which documents, "resident sats (saturates) at 95% on 2.5L (liters) O2 (oxygen) states she feels SOB (short of breath), abdominal breathing observed, wheezing auscultated. pulmonologist NP (Nurse Practitioner) here to see and assess resident, new orders received of daliresp 500 mcg (micrograms) and breo ellipta inhaler that were just ordered and not available from pharmacy at this time. medical NP here to see and assess resident ordered to be sent to ER (emergency room) per 911 for respiratory distress. EMS (Emergency Medical Services) arrived approx (approximately) 1305 (1:05 PM) to take over tx (treatment)."

Review of R71's Progress Notes dated 8/16/22 to current (9/9/22) includes documentation of R71's medications that were not available on these dates. There is no documentation that the facility notified the physician or nurse practitioner of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 15 missed doses of medications on these dates: 8/17/22: Protonix, Propranolol, Potassium Chloride, and Spiriva were not available 8/18/22: Propranolol and Dicyclomine were not available 8/19/22: Cardizem, Dicyclomine, Flonase, Furosemide, Guaifenesin, Isosorbide, Lisinopril, Protonix, Propranolol, Potassium Chloride, Vitamin D, and Spiriva were not available. 8/21/22: Spiriva was not available 8/22/22: Cardizem was not available (R71 was hospitalized at local hospital 8/24/22 to 8/25/22 with diagnosis of COPD Exacerbation and CHF) 8/26/22: Guaifenesin, Cardizem, Prednisone, Furosemide was not available 8/29/22: Spiriva was not available 8/31/22: Spiriva was not available 9/1/22: Incruse Ellipta not available 9/3/22: Breo Ellipta not available 9/7/22: Incruse Ellipta not available. R71's Hospital Discharge Summary dated 8/25/22 documents her admitting diagnoses were Acute Congestive Heart Failure and COPD with Acute Exacerbation. On 9/9/22 at 12:37 PM R71 stated she does not know why she did not get her medications when she was first admitted and thinks that was the reason she had to go back to the hospital. R71 stated it scares her when she doesn't get her medications because she has heart and breathing problems. She stated the nurses said it was not their fault that her medications were not here; it was because of pharmacy. On 9/9/22 at 12:40 PM, V38 (Pulmonary Nurse Practitioner) stated she was not notified by the facility that R71 was not receiving her	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 16	S9999		

medications as ordered. After reviewing the medications R71 had missed since her admission on 8/16/22 until 9/7/22, V38 stated R71 having missed those medications definitely would have caused her to have an exacerbation of her COPD and CHF and caused her to be sent to the hospital. V38 stated she had seen R71 on 8/24/22, the day she was sent to the hospital, and noted she was short of breath, but she had just finished with therapy, so she thought R71 was just needing to recover from that. V38 stated the Primary Nurse Practitioner called her later that day and told her R71 was continuing to be short of breath and lethargic and they made the decision to send her to the emergency room for evaluation. V38 stated the facility did not notify her that R71 was not receiving all of her medications and that would have absolutely been something they should have reported to her so she could follow up with the pharmacy to determine the estimated time of delivery of the medications. She stated R71's diuretics and inhalers are very important medications for her to receive because of her COPD and CHF diagnoses.

The facility's policy, "Change in Resident's Condition" with the review date of 9/2022, it documents, "General: It is the policy of the facility, except in medical emergency, to alert the resident, resident's physician and resident's responsible party of a change in condition. Policy: 1. Nursing will notify the resident's physician or nurse practitioner when:" it continues, "b. There is a significant change in the resident's physical, mental, or emotional status." and "e. It is deemed necessary or appropriate in the best interest of the resident. "

The facility's policy, "Medication Administration"

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 17 with date reviewed of 3/2022, documents, "General: All medications are administered safely and appropriately to aid residents to overcome illnesses, relieve and prevent symptoms and help in diagnosis." It continues, "26. If medication is ordered, but not present, check to see if it was misplaced and then call the pharmacy to obtain the medication. If available, obtain from the contingency or convenience box. 27. If the physician's order cannot be followed for any reason, the physician should be notified in a timely manner (depending on situation), and a note should reflect the situation in the resident's medical record." "A" Statement of Licensure Violations II of III 300.610a) 300.1210a) 300.1210b) 300.1210d)3)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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 18 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 includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 6) All necessary precautions shall be taken	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 19 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. This REQUIREMENT is not met as evidenced by: A. Based on observation, interview and record review the facility failed to provide adequate supervision, assess, and investigate for the root cause of falls, and implement progressive interventions to prevent further falls for 1 of 4 residents (R42) reviewed for accidents in the sample of 36. This failure resulted in R42 having 32 falls from 1/2022 through 9/8/2022, 6 of which required R42 to be transported to the emergency room for right knee fracture, right hand fracture, staples to R42's head, and 2 concussions. B. Based on observation, interview and record review the facility failed utilize safe equipment to propel residents for 1 of 4 residents (R2) reviewed for safe equipment to provide locomotion in the sample of 36. Findings include: A. R42's Undated Face Sheet documents she was admitted to the facility on 6/15/2021. R42's Face Sheet documents diagnoses of history of falling, cerebral palsy, difficulty walking, seizures, schizoaffective disorder and bipolar disorder. R42's Referral form from a local group home, dated 6/7/2021 documents she was at risk forfalls. The referral form documents R42 ambulated with a wheeled walker with minimum	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 20 assist of 2 staff for balance, weakness, and safety. The Referral Form documented R42 needed assistance with ADLs (activities of daily living). The Referral Form documented interventions in place included call light within reach, bed in lowest position, bed wheels locked and a bed alarm. The Referral Form documented the group home staff documented R42 whereabouts every 2 hours. R42's Admission Fall Risk Assessment, dated 6/15/2021 documents she was high risk for falls. The Fall Risk Assessment documented she had 3 or more falls in the last 3 months, assess the resident's gait/balance, have him or her stand on both feet without holding onto anything; walk straight forward; walk through a doorway; and make a turn: N/A not able to perform function adequate vision and intermittent confusion. R42's medical record documented R42 had falls on following dates with no major injuries: 1/20/2022 no injury, 2/4/2022 no injury, 2/11/2022 no injury, 2/4/2022 laceration to nose, 2/16/2022 no injury, 2/22/2022 abrasion right knee, 2/23/2022 no injury, 2/26/2022 no injury, 3/6/2022 no injury, 3/8/2022 no injury, 3/9/2022 no injury, 3/10/2022 no injury, 3/13/2022 no injury, 3/15/2022 no injury, 3/18/2022 no injury, 3/19/2022 blood coming from her nose, large hematoma to left eye, bruise on right wrist, 3/31/2022 no injury, 5/20/2022 no injury, 5/22/2022 no injury, 5/23/2022 no injury, 5/28/2022 no injury, 6/5/2022 steri-strips right forehead, 6/14/2022 no injury, 6/22/2022 no injury, 6/23/2022 no injury, 6/29/2022 no injury, 7/26/2022 no injury, 7/28/2022 no injury, 7/30/2022 no injury, 8/21/2022 abrasion to left knee and elbow and 8/23/2022 bruise right side of face and lump on right forehead.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 21 R42's Quarterly Minimum Data Set (MDS), dated 7/13/2022 documents she is alert and needs supervision/setup help only with bed mobility, transfers, personal hygiene and walk in room. Independent/setup help only with locomotion on and off unit. R42's MDS documents R42 requires staff dressing limited assist with one-person physical assist for dressing, and extensive assistance one-person physical assist with toileting. R42's MDS documents R42 is not steady, but able to stabilize without staff assistance for moving from seated to standing position, walking (with assistive device if used), turning around and facing the opposite direction while walking, moving on and off toilet, surface-to-surface transfer (transfer between bed and chair or wheelchair). R42's MDS documents R42 utilizes a walker and wheelchair. R42's MDS documents R42 had 4 falls including 2 with no injury and 2 with injuries except major. R42's Nurse's Note, dated 1/11/2022 at 6:26 AM documents R42 fell in room between bed and dresser. The Nurse's Note documented R42 busted her head-on right-side ear level. R42's Nurse's Note documented she was able to move extremities and sat herself up. The Nurse's Note documented R42 stated she don't want to be on this covid unit and wait until her family hears about her being on unit. R42's Nurse's Note documented at 6:45 AM Emergency Medical service (EMS) called and R42 left facility to local hospital via ambulance at 7:00 AM. The Nurse's Note documented R42's sister was called, and the Assistant Director of Nurses (ADON) was notified and called report to local hospital. R42's Hospital Paperwork, dated 1/11/2022, documents reason for visit was a fall. R42's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 22 Hospital Record documented R42 had diagnoses of fall, closed nondisplaced fracture of right patella (knee), concussion with loss of consciousness of 30 minutes or less and acute cystitis (inflammation of the bladder) without hematuria (bloody urine.) R42's Care Plan, dated 1/11/2022 documents post fall intervention cardiologist consultation as she allows. The Care Plan did not document any staff interventions to provide R42 with increased supervision. R42's Nurse's Note, dated 1/15/2022 at 5:11 PM, documents took residents out to smoke at 4:00 PM. The Note documented "Upon entering building heard resident scream. 4:05 PM entered room resident lying face down on floor. Assessed resident she has hematoma on right eye, laceration on nose, and swollen right wrist. Resident was laughing and stated she was upset over TV not working. 4:15 PM Called 911. B/P (blood pressure) 158/92, T (temperature) 97.8, P (pulse) 94, O2 (oxygen saturation) 98% RA (room air), R (respiration) 24. 4:35 PM EMS arrives and picks up resident going to local hospital. 4:40 PM DON (Director of Nurses) called, 4:45 PM NP (nurse practitioner) called, 4:50 PM POA (power of attorney) called." R42's Nurse's Note, dated 1/15/2022 at 8:19 PM documents, R42 returned to facility from local hospital. The Note documented "Resident RT (right) orbital/eye swollen shut, purple in color. Sutures noted to RT eyebrow. RT hand had splint and wrapped. Resident has nasal fracture, metacarpal bone fracture, metacarpal neck, 2nd thru 5th. Eyebrow laceration which was sutured. Orders to f/u (follow up) with physicians Resident was alert and not complaining of any pain.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 23 Resident assisted into her bed and instructed her to use call light for assistance." R42's Hospital Paperwork, dated 1/15/2022, documents reason for visit, fall. The Hospital records documented "Diagnoses metacarpal (hand) bone fracture, metacarpal neck, 2nd through 5th, nasal fracture and facial laceration." R42's Care Plan, dated 1/15/2022 documents post fall intervention discuss behaviors with her as she allows, moved closer to the nurse's station, referred for cardiologist re-visit and seen by cardiologist. R42's Medical Practitioner Late Entry Note (Physician/NP), dated 1/18/2022 at 9:51 AM documents "Will continue to monitor falls and attempt to gather additional information from the patient about the falls. Will order tilt table test to assess for syncope Continue to monitor." R42's Medical Practitioner Late Entry Note (Physician/NP), dated 2/22/2022 at 7:18 AM, documents "Tilt table test for syncope pending, most recent fall occurred on 2/20/2022, no loss of consciousness reported. Continue to monitor." R42's Medical Practitioner Late Entry (Physician/NP), dated 3/8/2022 at 10:53 AM, documents "Unable to obtain tilt table test due to no local hospitals performing them." R42's Nurse's Note, dated 4/12/2022 at 12:04 PM documents "Call to local hospital ER (emergency room) to check up on res. Received info that res has closed nasal FX (fracture) but stable. Blood work pending and res to be discharged back to facility at that time."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 24 R42's Hospital After Visit Summary, dated 4/12/2022 documents R42 fell and sustained closed fracture of nasal bone. R42's Hospital Paperwork, dated 4/12/2022, document diagnoses of fall, closed fracture of nasal bone and syncope. R42's Nurse's Note, dated 4/12/2022 has no documentation R42 fell or that she was transferred to the hospital. R42's Care Plan, dated 4/12/2022 documents post fall intervention out to ER for evaluation. Referred to ENT (ear/nose and throat physician). R42's Medical Practitioner (Physician/NP) Late Entry Note, dated 4/19/2022 at 5:29 AM documents "Since last visit, patient has had an additional fall which required hospitalization and surgery for a nasal fracture." R42's Nurse's Note, dated 4/19/2022 at 6:15 PM documents R42 was found face down in room by bed. The Note documents R42 was bleeding from nose and lump to front mid forehead. The Note documented "Resident c/o (complaint of) pain to right arm during ROM (range of motion). NP notified and ordered resident to be sent to ER for eval and tx (treatment.) Resident agreed to go to ER after three attempts. Family called to make aware with no answer. Message left to call facility back. EMT arrived at approximately 6:10 PM to transport resident." R42's Hospital After Visit Summary, dated 4/19/2022, documents she sustained a closed fracture of nasal bone and a right forearm contusion. R42's Hospital Paperwork, dated 4/27/2022 documents chart review pt (patient)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 25 presented to hospital on 4/19/2022 for evaluation after a fall. Imaging showed bilateral mildly displaced nasal bone fractures. R42's Care Plan, dated 4/19/2022 documents post fall intervention ER visit with f/u (follow up) radiology as indicated. No injuries noted. The Care Plan documented "Camera review completed. Resident stood fell forward bending at knees prior to falling to floor. No hazards or issues observed. Lost balance when she stood up quickly from seated position on bed. Education provided on carefully/slowly changing positions. Resident agreed to allow staff to attempt to set up neurology apt (appointment). Resident agrees to hospital." R42's Nurse's Note, dated 4/27/2022 at 12:20 PM documents "Heard res yelling out and noted her laying face down in her BR (bathroom) in front of her toilet with her pants halfway up. Large pool of blood under res head. Pressure held to laceration to R (right) hairline and position safely maintained. Call to 911. NP, DON and res family notified of above." R42's Hospital ED report, dated 4/27/2022 documents "Resident arrived via EMS from nursing home for evaluation after a fall today. Pt (patient) states she was using the bathroom and when she was trying to pull up her pants, she had a syncopal (to faint) episode in which she fell forward, hitting her head on the ground. Pt states she 'blacked out' for 2-3 seconds. She notes a laceration to the anterior aspect of her scalp and states she noted blood on the floor of her home. She states her roommate called EMS (emergency medical services)." The Record documented R42 received 6 staples to scalp.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 26 R42's Care Plan, dated 4/27/2022 documents post fall intervention out to ER laceration to forehead treated. Refused therapy screen and orthostatic v/s (vital signs) refused. Continue at risk interventions, evaluate cause of falls, neuro checks per policy and staples to right scalp. The Care Plan did not address R42's need for increased supervision. R42's Nurse's Note, dated 5/7/2022 at 4:38 PM documents "Called to room by CNA (Certified Nurse's Aide). Resident noted on floor beside bed in prone position bleeding noted from scalp wound above middle of forehead. states 'don't know what happened I blacked out.' Pressure dressing applied refused vitals to be taken refused neuro checks ambulance called." R42's Nurse's Note, dated 5/7/2022 at 9:25 PM documents "Hospital ER called resident is returning dx concussion and with staples." R42's Hospital Paperwork, dated 5/7/2022 documents "Patient presenting via EMS for syncope and ground level fall. Prior to presentation patient states that she got up, lost consciousness and woke up on the ground. Per EMS report patient fell down on her knees then fell headfirst into the tile floor. Patient regained consciousness within seconds. Was alert oriented immediately afterwards. Apparently, patient has a long history of syncope. Additionally, patient had staples removed from her forehead today no which were used to fix an injury due to a similar event about a week ago. She lacerated her head in the same place. Hemostatis noted. ED provider notes documents there is a vertical laceration on the right side in the hairline extending into the forehead measuring approximately 7 cm (centimeters.) 6 staples were	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 27 used to suture the laceration." R42's Nurse's Note, dated 5/7/2022 at 10:50 PM documents "Resident returned from hospital via ambulance. Ambulated to bed with 2 assist. Resident refused to have vital signs taken. Staples intact to left upper forehead. Small trickle of blood noted. Paramedics stated they attempted to wipe her face, but she refused. She also refused from me. Resident denies headache or dizziness. Resident is able to move all extremities. Call light within reach." R42's Care Plan, dated 5/7/2022 documents post fall intervention IDT (interdisciplinary team) review completed and w/c seat dumped to provide for safety. The Care Plan documents the following interventions: Encourage her to leave her door open so we can observe her, neuro checks as she allows, out to ER, review camera footage for cause of fall and wheelchair dumped. R42's Medical Practitioner (Physician/NP) Late Entry Note, dated 5/17/2022 at 12:41 PM documents "patient continues to have falls, cardiac work-up has been negative, continue to monitor." R42's Medical Practitioner (Physician/NP) Late Entry Note, dated 6/14/2022 at 7:53 PM documents "Patient continues to have falls, cardiac work-up has been negative, continue with Midodrine 5 mg (milligrams) PO (by mouth) 3 times a daily to prevent orthostatic hypotension and continue to monitor." Observation of R42's room on 9/8/2022 at 2:00 PM showed quarter side rails on her bed, nonskid strips on the side of the bed located toward the door.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 28 On 9/7/2022 at 3:30 PM R42 stated she doesn't know why she keeps falling, she just blacks out. R42 stated she lets staff assist her with care and she doesn't ambulate on her own. R42 stated she walks with a walker with assistance of staff. R42 stated she goes to the bathroom in her room independently. R42 stated she hasn't changed rooms or wheelchairs recently. She wears a padded headband to protect her head when she falls. R42 stated she's never fell out of bed. On 9/7/2022 at 1:00 PM V19 (Licensed Practical Nurse/LPN) stated "(R42) just keeps falling and there is nothing we can do about it. She refuses assistance." On 9/8/2022 at 12:20 PM V5, (Registered Nurse/RN) stated "(R42) has probably set a record for falls. (R42) seems to fall a lot in her bathroom after having a large bowel movement and she has educated her to stand up slowly and hold onto the grab bar after when getting up. (R42) has no safety awareness. She recalled she removed staples from (R42's) forehead in May 2022 and the same day she fell again and had to get staples again in the same place." On 9/9/2022 at 9:52 AM V33 (Nurse Practitioner/NP) stated she wouldn't answer questions regarding why R42 has had so many falls. V33 stated to talk to V32, R42's Physician. V33 stated she expected the facility to follow the fall policy and to have progressive interventions after each fall because that is the expectation. On 9/9/2022 at 10:07 AM V32 stated he have to look at (R42's) medical record to see what the medical reason why she is falling so much. V32 stated he was aware (R42) having a lot of falls,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 29 he expected staff to document the falls and to follow the facility's fall policy and to have progressive interventions in place after each fall. On 9/9/2022 at 11:40 AM V36 (Physical Therapist/PT) stated she started working at the facility in March 2022. V36 stated "(R42) is a very difficult resident because she falls a lot, and no one knows what the medical cause. (R42) is alert and propels herself in her wheelchair. Her understanding was (R42) falls in her bathroom a lot. (R42) has received PT and occupational therapy (OT) when she is willing to participate." On 9/7/2022 at 2:00 AM V2 (Director of Nursing/DON) stated she has a line listing of all R42's fall with interventions the facility put in place after each fall. V2 stated "(R42) has fell 32 times in 2022." V2 stated she doesn't know why R42 falls so much; it could be behavioral she may throw herself out of her wheelchair. V2 stated "(R42) refuses ADL care from staff and she doesn't want assist with anything. She self-propels about the facility in a wheelchair. She falls a lot in her bathroom. Staff placed a camera in her room, and she reviews it for post fall assessment (R42) often stands up and falls." On 9/8/2022 at 2:00 PM V1 (Administrator) stated she knew R42 called 911 many times and had multiple times prior to being admitted to the facility. V1 stated staff have done everything they felt they can for R42. She didn't know what else to do to stop R42 from falling. The facility's Fall Prevention and Management Policy, revised 10/2018, documents "This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 30	S9999		

facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible. All resident falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed. Upon admission a fall risk evaluation will be completed on admission, readmission and quarterly, significant change and after each fall. Residents at risk for falls will have fall risk identified on the interim plan of care and the ISP (Individualized Service Plan) with interventions implemented to minimize fall risk. Evaluate the resident for any injury and notify the physician and emergency contact. Complete a fall incident report in the PCC (Point Click Care) risk management portal. A fall risk evaluation is completed by the nurse. A score of 10 or greater indicates the resident is at "high risk" for falls; a score of less than 10 indicates "at risk" for fall. Care plan to be updated with a new intervention based on root cause analysis after each fall occurrence. Complete the follow-up monitoring from every shift for 72 hours. All incident and accident with serious physical injury will be reported to IDPH (Illinois Department of Public Health) within 24 hours. A full written investigative report is required by IDPH within five (5) days of the incident."

B.
R2's Face sheet documents on 9/6/2022 a weight of 288 pounds.

On 9/7/2022 at 10:32 AM, R2 was in a large shower chair on the VVV hall and was being pushed by V22 (Certified Nursing Assistant/CNA), and V27 (Maintenance Director). V27 was bending over and was grabbing the bottom of the chair and was pulling R2 down the hallways while bending down the entire time all the way down

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 31 from the VVV-hall to the end of the YYY-hall. The large shower chair did not have any wheels in the front of the chair and the white pipes where the wheels had detached were brown in color and there were two wheels on the back of the chair. On 9/7/2022 at 10:39 AM, V27 stated, "The wheels are no longer on the chair because they rusted out or rather the bolt broke. I am looking into fixing it." On 9/27/2022 at 11:01 AM, R2 stated, "The shower chair has been broken for several weeks and it has been like that for a while now with the missing wheels." On 9/8/2022 at 4:02 PM, V2 (Director of Nursing) stated, "I would not expect any staff to transfer residents in shower chairs down the hall with no wheels in the front or not in working order. I heard about the chair not having wheels yesterday." The Fall Prevention Policy dated May 2015 documents, "This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventive strategies, and facilitate as safe an environment as possible." "A" Statement of Licensure Violations III of III 300.610a) 300.1210b) 300.1210d)3) 300.1810h)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 32 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. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.1810 Resident Record	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 33 Requirements h) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output. This REQUIREMENT is not met as evidenced by: Based on observations, record review, and interviews, the facility failed to assess, monitor, and implement progressive interventions to prevent weight loss for one of one resident (R62) reviewed for nutritional needs and the sample of 36. This failure resulted in R62 having a significant weight loss of 24 pounds (lbs. and/or 12.9%) in six months. Findings include: On 09/06/2022 at 12:23 PM R62's head of bed was up 30 degrees for lunch. V14 (Certified Nurse Assistant/CNA) did not raise the head of the bed up any further for R62 to eat his lunch. R62 was frail, thin, and pale. R62's bedside table was approximately six feet away from his bed. A water cup and the lunch meal were sitting on the bedside table. The bedside table was out his reach. R62's lunch consisted of two hamburgers on a bun, potato chips, brownie, and milk in a carton with a straw. V14 handed R62 his hamburger which she had broken apart in quarter sizes. V14 handed R62 a quarter size of his hamburger each time she handed the hamburger to R62 until R62 consumed both	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 34	S9999		

hamburgers. V14 gave him a drink of milk. V14 stated, "He won't eat his chips". R62 stated, " I will eat my chips". V14 handed him his chips, and she laid some chips on his bed where he picked the chips up and ate them. V14 handed the milk to R62, and he drank 100% of his milk. V14 stated "He won't eat the brownie he doesn't like the consistency or texture." Immediately R62 stated, "I will eat my brownie. I like brownies." V14 then handed him his brownie and he ate the brownies. No fluids were offered after R62 ate his brownie. There were no noted house supplements, or ice cream on his meal tray. R62 stated "Thank you" each time he was handed his hamburger, chips, and milk. At the end of the meal V14 stated, "I better raise the head of the bed up more." She then raised the head of bed to 45 degrees.

On 9/08/2022, at 11:30 AM R62 was up in his tilted back wheelchair sitting in the dining room for lunch. R62's meal tray consisted of two hamburgers, potato chips, brownie, ice cream, 8-ounce glass of water. R62 was not given his house supplements, health shake, or milk that was documented on his meal ticket. V14 tore one hamburger apart and handed the torn hamburger to R62. He proceeded to eat the hamburger and ate 100% of the first hamburger, then R62 picked up the second hamburger that had not been torn or cut apart. R62 ate 100% of his hamburger. V14 handed him a cup of water. R62 drank 100% of his water. R62 then picked up his potato chips and started to eat the chips. He ate 100% of the chips. V14 went to get R62 a glass of (flavored drink) then handed him his (flavored drink) he drank 100% of his (flavored drink) without a straw. V14 fed R62's ice cream at times to him. At times, R62 would feed himself the ice cream, he was using a plastic spoon

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 35	S9999		

which he had difficultly scooping up the ice cream from the cup, he ate 100% of his ice cream. R62 stated, "I am still hungry", he was supposed to have gotten hot dogs for lunch. (R62) stated, " I would like to have hot dogs". V14 stated, "we are out of hot dogs", she offered a peanut butter and jelly sandwich. They brought him a peanut butter and jelly sandwich. R62 picked up the sandwich and ate 100% of his sandwich. No other fluids were offered after he ate the peanut butter and jelly sandwich. No house supplements, health shake was noted on the meal tray. V14 stated, "We are done," and wheeled R62 out of the dining room.

R62's weights were reviewed and documents on Physician Order Sheet (POS) the following weights: 12/06/2021 at 185 pounds (lbs.), 1/6/2022 at 182 lbs., 2/4/2022 at 174 lbs., 3/7/2022 at 175 lbs., 5/1/2022 at 161 lbs., and 9/6/2022 at 158 lbs. There were no weights for R62 documented for the following months 04/2022, 06/2022, 07/2022, and 08/2022. From 12/2021 through 5/1/22, R62 experienced a 24 lbs. (12.9%) weight loss.

R62's Minimum Data Set (MDS) dated 08/01/2022, documents a BIMS score of 99, severely impaired cognition. R62's MDS documents he is totally dependent upon staff for eating. The MDS did not document R62 had a weight loss. The MDS documented R62's weight as 161 lbs.

R62's Note Text Nutrition Assessment Weight Warning written by V40 (Registered Dietician), dated, 03/07/2022, document R62's current body weight was 175 lbs. The Note documented R62's weight indicates stability in the last two months, but overall loss as previously noted. The Note

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 36 documented the following dates and weight history: 2/4/2022 176 lbs. 12/6/2021 185 lbs., and 9/3/2021 200 lbs. indicating a 12% loss of weight. The Note documented R62 remains on regular thin liquids with milk all meals, ice cream with lunch/dinner. Intake >/=50% now, improved. The Note documented a (nutritional supplement ice cream) and (nutritional supplement drink) previous added, but reported to refuse (nutritional supplement drink), appropriate to discontinue. The Note documented reported improved intake and self-assist when finger type foods offered, stability at current weight desired. The Note documented to recommend discontinue (nutritional supplement ice cream) as ordered, continue ice cream for lunch/dinner, discontinue (nutritional supplement drink) as ordered refusing and overall, with improved intake at meals, offer finger type foods, when possible, monitor weight, will follow. There was no documentation a Physician's Order (PO) was obtained regarding the recommendation made by the dietician on 3/7/22 for ice cream at lunch and dinner and finger type foods when possible. R62's Physician Order Sheet (POS) dated, 05/01/2022, documents Regular diet, regular texture, Thin liquids consistency. GI soft, house supplement with all meals for diet order. R62's form, (Requests for Diet Change) dated, 05/04/2022, documents add super cereal and fortified pudding at lunch. Will follow. There was no documentation noted in Physician Orders Sheet (POS) for fortified cereal and fortified pudding at lunch.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 37 R62's Dietary Notes dated 08/01/2022, documents Nutrition assessment: "Resident with unintentional weight loss related to hospitalizations, inadequate oral intake, as evidenced by 15 lbs. weight loss in 6 months, 8.5 %. Recommend: continue soft diet as tolerated, monitor swallowing, add house supplement with meals, obtain a new weight (last weight taken 5/1/2022), encourage PO (by mouth) intake and offer snacks, will monitor tolerance to supplements, PO intakes, and weight." R62's Care Plan dated 09/06/2022, documents "(R62) is at risk for complications with weight and nutrition r/t (related to) need max assist -total assist with eating most of the time now." R62's Care Plan Goal documented R62 will consume adequate nutrition and weight to remain stable throughout next review. R62's Care Plan interventions, dated 9/6/22, document "assist feed resident with meals as needed, document signs and symptoms of chewing/swallowing problems, monitor weight and labs, notify MD, RD, of any significant weight changes, offer substitutes for uneaten foods, RD to assess and recommend as needed, serve diet as ordered." R62's Meal ticket dated, 09/09/2022, documents, breakfast diet regular, diet texture regular, needs up for all meals NAS (No added salt), high protein meals. Soft food, resident has no teeth. Adaptive equipment paper products. Lunch diet regular, diet texture regular, needs up for all meals NAS high protein meals. Soft foods, resident has no teeth. Supper documents diet regular, diet texture regular, needs up for all meals NAS high protein meals, soft foods, resident has no teeth. On 09/09/2022 at 9: 04 AM, V4 (Dietary Manager) stated, "(R62) was asked what he	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 38	S9999		

wanted for lunch this morning for 09/09/2022. V4 said, "(R62) requested two grilled cheese sandwiches. (R62) wants what is on the regular menu for supper " V4 (Dietary Manager) stated, " (R62) did not get his hot dogs yesterday for lunch that he requested because we ran out of hot dogs and it will be several days before the hot dogs will be delivered, so, we just gave him hamburgers". V4 stated, "(R62) told me during lunch he really wanted the hot dogs."

On 09/09/2022 at 9:10 AM V4 gave surveyor another meal ticket that R62 did not have on his table yesterday for 09/08/2022 that did not match up with the meal ticket given to surveyor this morning. meal ticket. R62's meal ticket documented on 9/8/2022 needs up for all meals, NAS, House Supplements with all meals, Health Shake 8 fl ounces, Milk 8 fluid ounces, and Ice Cream for lunch and dinner. V4 stated, "They changed these meal tickets last night in the office."

On, 09/06/2022 at 10:02 AM, V3 (Registered Nurse/RN), stated, "We feed (R62) in his room we don't get him up because he fights the staff, and curses staff."

On 09/06/2022 at 10:30AM, V2 (Director of Nursing/DON), stated, "We had (R62) losing weight because he was too big."

On 09/08/2022 at 2:00PM, V2 stated, "Not sure why (R62's) weights were not done during the months of April, June, July, and August of 2022." V2 stated, "not sure what happened".

On 09/08/2022 at 2:10PM, V2 said, I would expect the staff to be checking the meal tickets before giving the tray to the resident to make sure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009534	A. BUILDING: _____ B. WING _____	09/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF WOODRIVER	393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095

(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
S9999	Continued From page 39 the correct diet was being served. V2 stated, " I would expect the staff to give what is ordered, or on the meal tickets for any supplements." On 09/09/2022 at 11:48 AM V40 (Dietician) said, "(R62's) weight loss was significant." V40 stated she not aware that four months of weights were not gotten. V40 stated that she would expect what is recommended on the nutrition assessment and signed off by the MD to be followed. V40 stated she would expect the meal tickets to be correct based on the diet orders, and any supplements be given and on the meal tickets. V40 stated she expect R62 having a weight loss a monthly weight be gotten, and sometimes more often. V40 stated "I haven't been to that facility since July 2022." Weight Change Policy review date, 09/2022 documents General: "It is the policy of this facility to monitor the nutritional status of all residents, including all significant or trending patterns of weight change." "B"	S9999		