(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002778 11/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER **BRIA OF ALTON ALTON, IL 62002** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S 000 \$ 000 Initial Comments First Probationary Licensure Survey **Final Observations** S9999 S9999 Statement of Licensure Violation 300.1230)k1)2)A)B)3)4)5)6)7) Section 300.1230 Direct Care Staffing k) To determine the direct care staffing required to meet daily minimum staffing ratios for skilled care and intermediate care, the following staffing formula shall be used: 1) Determine the number of residents requiring skilled care and the number of residents requiring intermediate care. 2) Calculate the total daily required nursing and personal care hours for each level of care: A) The number of residents requiring skilled care shall be multiplied by the required number of hours (3.8) per resident. B) The number of residents requiring intermediate care shall be multiplied by the required number of hours (2.5) per resident. 3) Add the total number of hours of direct care required for each level of care to determine the total number of hours required to provide direct care for all residents in the facility. 4) Multiplying the total minimum hours of direct Attachment A care hours required for all residents, determined Statement of Licensure Violations

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002778 11/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER **BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) \$9999 Continued From page 1 S9999 under subsection (k)(3), by 25% results in the minimum amount of licensed nurse hours that shall be provided during a 24-hour period. 5) Multiplying the total minimum hours of direct care time required for all residents, determined under subsection (k)(3), by 10% results in the minimum amount of registered nurse hours that shall be provided during a 24-hour period. 6) The remaining 75% of the minimum required direct care hours may also be fulfilled by other staff identified in subsection (i) as long as it can be documented that those staff provide direct care, and that nursing care and nursing delegation is in accordance with the Nurse Practice Act. 7) The amount of time determined in subsections (k)(4), (5) and (6) is expressed in hours. This was NOT MET by: Based on observation, interview and record review the Facility failed to ensure staffing requirements met daily staffing ratios for skilled care and intermediate care for the facility including the Registered Nurse coverage. This failure has the potential to affect all 69 residents living in the facility. Findings include: Based on interview and record review, the facility failed to ensure a Registered Nurse (RN) was working seven days a week for 8 consecutive hours every day. This failure has the potential to affect all 78 residents living in the facility.

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002778 11/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY)** \$9999 Continued From page 2 S9999 Findings include: On 11/29/2022 at 4:32 PM, V1 stated, "I did not realize (V2's) hours could not count for some of those days. I did not have a RN working all of those days for 8 consecutive hours every day. On 11/30/2022 at 10:08 AM, V2, Director of Nursing (DON) stated, "I know we are supposed to have a Registered Nurse (RN) working at least eight hours a day, seven days a week. I am not aware of any issues with staffing. I am currently the interim DON and we are in the process of trying to hire another RN." Staffing schedules were reviewed for the past 14 days and document there was no RN coverage documented for Sunday 11/13/2022, Wednesday, 11/16/2022, Thursday, 11/17/2022, Monday, 11/21/2022 and Wednesday, 11/23/2022. There was a total of 5 days with no RN working 8 consecutive hours for these five days. Staff calculations were performed for the past 15 days and RN hours total were 18.42 hours for the week which was not 10% of the required total hours. Multiplying the total minimum hours of direct care time required for all residents, determined under subsection (k)(3), by 10% results in the minimum amount of registered nurse hours that shall be provided during a 24-hour period. Staffing Certified Nursing Assistants for Direct 11/13/2022 Day (D)= 5, Evening (E) = 2. Night (N)= 2 total of 9 staff for the day 11/14/2022 D= 9, E= 2, N=2 total of 13 staff for the day

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002778 11/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 11/15/2022 D= 11, E=2, Night 4 for total of 17 staff for the day 11/16/2022 D= 11, E=2, Night= 4 For a total of 17 staff for the day 11/17/2022 D= 9, E= 3, N= 4 For a total of 16 staff for the day 11/18/2022 D= 9, E= 3, N= 6 For a total of 18 staff for the day 11/19/2022 D= 12, E=2, N= 7 For a total of 21 staff for the day 11/20/2022 D= 8, E=2, N=6 For a total of 16 staff for the day 11/21/2022 D= 8, E=2, N= 5 For a total of 15 staff for the day 11/22/2022 D= 9, E= 3, N= 4 For a total of 16 staff for the day 11/23/2022 D= 10, E=2, N= 5 For a total of 17 staff for the day 11/24/2022 D=9, E=1, N=1 For a total of 12 staff for the day 11/25/2022 D= 3, E=1, N=3 For a total of 7 staff for the day 11/26/2022 D= 6, E=1, N= 3 For a total of 9 staff for the day The Facility Assessment, updated on 10/26/2022 document, "The facility must have sufficient nursing staff with the appropriate competencies and skills to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each residents, as determined by resident assessments and individuals plans of care and considering the number, acuity and diagnosis of the facility's resident population on accordance with the facility assessment required. Review expectations for minimum staffing requirements at the federal and state level. Federal law requires nursing homes to have sufficient staff to meet the needs of

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002778 11/30/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER **BRIA OF ALTON ALTON. IL 62002** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 residents, to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week." The Facility's Resident Census and Conditions of Residents form, CMS 672, dated 11/30/2022 documented 6 residents are on urinary toileting program, 20 residents are occasionally incontinent of bladder, and 5 occasionally or frequently incontinent of bowel. 37 residents are in a chair all or most of the time, and 29 residents need assistance with ambulation or assistive devices. The form also documents there are 43 residents on psychoactive medication, 27 antipsychotic medication, 14 residents on antianxiety medication, 16 on pain medication, 15 residents needing injections, and 1 resident needing tube feeding, 6 dialysis, and 7 for respiratory treatments. The Facility's Resident Census and Conditions of Residents form, CMS 672, dated 11/29/2022 documented the facility had a census of 69 residents. (B) Illinois Department of Public Health