

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | S 000 | | |
| S9999 | <p>Complaint Investigation: 2444659/IL174353</p> <p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a)4)A)B)C) 300.3210a)t) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>4) A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:</p> <p>A)Analysis of the risk of injury to residents and nurses and other health care workers taking into account the resident handling needs of the resident populations served by the facility and the</p> | S9999 | | |

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

TITLE

(X6) DATE
07/03/24

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 1</p> <p>physical environment in which the resident handling and movement occurs;</p> <p>B) Education of nurses in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling;</p> <p>C) Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment;</p> <p>Section 300.3210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the Constitution of the State of Illinois, or the Constitution of the United States solely on account of his or her status as a resident of a facility. (Section 2-101 of the Act)</p> <p>t)The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to prevent employee to resident abuse for 1 of 4 residents (R2) reviewed for abuse in the sample of 4. This failure resulted in R2 being physically and mentally abused, causing her to feel scared and not safe in the</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 2</p> <p>facility.</p> <p>Findings include:</p> <p>On 6/14/24 at 6:10 AM, R2 was in her room, sitting up on the side of the bed, with purplish green bruising noted under both eyes and a bruise to her left forearm. R2 was tearful and stated that the bruising under her eyes was caused by a fall, she was feeling scared after what happened, and she was pulling a wet pad out from underneath her and when she went to put it on the floor she fell forward out of the bed. R2 stated prior to that she was sitting up in her wheelchair in her room and V12, LPN (Licensed Practical Nurse), wanted her to go to bed. R2 stated she was having pain in her feet, doesn't need much sleep and wasn't ready to go to bed. R2 stated V12 and an unknown female employee (later identified as V15, CNA, Certified Nursing Assistant), came into her room, grabbed her on the left forearm and was fighting with her in a back-and-forth motion. R2 stated V15 got into her ear and loudly yelled something like "you're going to get up and get in bed." R2 stated it hurt her ear when V15 yelled in it. R2 stated then they went and grabbed the mechanical lift, put her in it and then put her in bed. R2 stated she was yelling out for someone to help her, save her. R2 stated this made her feel "low class and scared." R2 stated anytime V12 wants something done, she gets V15 to help her do it. R2 stated in one way she doesn't feel safe in the facility because she was yelling for someone to help her, and no one did. R2 stated this happened last Thursday (6/6/24), she isn't sure exactly what time, but it would have been after everyone goes to bed around 10:00 PM. R2 stated she reported it to V13, LPN, either the next day or the following day. R2 stated the police came to the facility and</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 3</p> <p>talked to her about what happened. R2 stated she has not seen V12 or V15 since she told V13 about what happened. R2 stated she still feels scared and if she would have known something like this could happen here, she wouldn't have come here.</p> <p>R2's Face Sheet, undated, documents R2 has the following diagnoses: Osteoarthritis, Weakness, Schizophrenia, Bipolar Disorder, Generalized Anxiety Disorder, Type 2 Diabetes, Hypertension, Chronic Obstructive Pulmonary Disease, Pain in Bilateral Knees, Lumbago, Chronic Kidney Disease, Dorsalgia and Insomnia.</p> <p>R2's Minimum Data Set, MDS, dated 5/22/24, documents R2 has a BIMS (Brief Interview for Mental Status) of 15, which means R2 is cognitively intact.</p> <p>R2's Care Plan, dated 2/16/24, documents R2 is at risk for abuse/neglect.</p> <p>R2's Progress Notes by V13, LPN, document the following: 6/10/2024 9:39 PM - "Resident initially said to me that she wanted to tell me something, but didn't want to if someone would get in trouble or if I would have to report it. I said depending on what it is I would have to report it. She said never mind, but eventually told me that one of the CNA's was being abusive to her. She said she was in her chair and the CNA wanted her to get up into bed, but demanded it, so she wasn't cooperating with her. The abuser tried to pull her up by her wrists and put a bruise and small cut on her left wrist. (R2) also said that the abuser yelled 3 times in her ear, "you're going to get up." The resident was clearly scared to divulge the information to me. After she told me about it, I immediately notified my DON (Director of</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 4</p> <p>Nursing) and HR (Human Resources) manager, who notified the local Police. The police officer took both mine and (R2's) statement and left a card with the case number on it. I put the card under the DON's office door; 6/10/2024 9:42 PM - I did a skin assessment on her and she has a bruise and a small cut on her left forearm. There are no other skin issues. Will continue to monitor."</p> <p>The Police Report by V17, Police Officer, documents the following: "Report for Incident 2024-012193, Possible Abuse, document created on 6/11/2024 @ (at) 03:59:02. On 06/10/2024, at approximately 2018 hours, I, responded to (the facility) in reference to a possible abuse complaint. On arrival, I met and spoke with (V13). (V13) advised that a resident brought an incident up to her that was concerning. (V13) stated that (R2) informed her that she has a large bruise on her left arm that she obtained from the Nurse or CNA working on the night before she went into the hospital on Friday night (06/06/2024). (R2) informed (V13) that the bruise was attained when the worker attempted to pull her up by her arms. (V13) stated that (R2) told her she was scared to talk to her about the incident and she did not want to get anyone into trouble. (V13) informed (R2) that due to the nature of the complaint, she was going to have to speak to her supervisor to report the incident. (V13) advised that after speaking with (R2), she contacted her supervisor, (V2, DON). (V13) informed (V2) of the complaint made by (R2) and (V2) then contacted the police department for a report to be created. (R2) said that she does not know the name of the Nurse or CNA working on the night of the incident, but it happened the night before she went into the hospital. (R2) stated that the nurse came into the room and told her to get up, but she did not feel</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 5</p> <p>like getting up at that moment, so she did not try to help the aide and the nurse in moving her. (R2) said that this made the nurse angry, so she went to get the bigger, bully, female CNA to make (R2) get up. (R2) advised that the CNA yelled into her ear 3 times that she was going to get up and this scared her. (R2) then held her left arm out and I observed a large bruise on her left arm, above her wrist, and a small cut on her wrist. (R2) advised this happened when the CNA placed one arm on top of the other and attempted to pull her up. (R2) then stated that it could have happened when the CNA grabbed her arm with her hand to pull her up. It should be noted that I observed face was due to her falling out of bed and due to falling out of bed, she was in the hospital on Friday (06/07/2024). (R2) stated that she is scared due to the situation. I took photos of the injury; they were later attached to the report. I provided (R2) with my department issued business card and told her to call the police, if a situation like the one she told me about, happened again. (V13) informed me that at this time, they did not know who was working but (V2) was working on figuring that out at this time. (V13) advised, if any additional information was obtained, the police department would be contacted. I provided (V13) with my department issued business card and report number."</p> <p>R2's Follow-Up Investigation Report, dated 6/14/24, documents the following: "Resident was scared to report the issue but is now feeling better that she did. Resident claims that a tall woman grabbed her by the wrist and yelled in her ear that she was going to bed now - resident couldn't remember the exact date, but it happened on night shift. Resident claims she stayed up late because she doesn't sleep much, and staff kept telling her she needed to go to bed.</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 6</p> <p>She told them she wasn't tired yet and she just keeps requiring less and less sleep the older she gets. Then, they came in the room and forced her in bed. One grabbed her arm and yelled in her ear that she was going to bed now. Resident appeared scared to tell what happened. (V12) claims that she, (V15, CAN), and (V16, Agency CNA), put the resident to bed. She stated that they got the sit to stand and kept telling the resident she needed to go to bed because of her wound and she needed to put her legs up and get out of the wheelchair. V15 claims that she put the resident to bed in the sit to stand. (V16), states that (V15) put resident to bed while she was fighting because she didn't want too yet. (V15), told R2 she was going to bed and got the sit to stand and forced her, the nurse was in the room." The conclusion was the allegation of abuse was substantiated due to evidence collected during the investigation. The investigative evidence contains the following information: "On 6/10/24, Resident claims a tall white woman grabbed her arm and yelled into her ear that she was going to bed now but she didn't know what date it happened - either 6/6 or 6/7. Resident had a bruise and small cut on her left forearm - skin assessment completed. A review of camera footage showed that (V12) and (V15, CNA) went into residents' room with a sit to stand to put resident to bed on 6/6/24 at 11:32 PM. (V12) claims that she informed resident that she needed to go to bed to put her legs up due to her wound. (V15) claims that she put resident to bed in the sit to stand. (V16) claims that the resident was fighting by kicking, hitting, and biting but (V15) still made her go to bed with the sit to stand. Resident claims she kept telling them that she didn't want to go to bed yet because she wasn't tired, and she doesn't need much sleep anymore. (V12) and (V15) were suspended</p> | S9999 | | |

Illinois Department of Public Health

| | | | |
|--|--|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009534 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 06/17/2024 |
|--|--|---|---|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER | STREET ADDRESS, CITY, STATE, ZIP CODE 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 | <p>Continued From page 7</p> <p>immediately. (V12) was terminated on 6/13/24 on an unrelated issue. (V15), was terminated on 6/14/24 for violating resident rights to choose what time to go to bed."</p> <p>On 6/14/24 at 7:10AM - V3, Human Resources, stated that V12 was being terminated today for a HIPPA violation and due to an abuse investigation.</p> <p>On 6/17/24 at 7:55 AM, V2, Director of Nursing, DON, stated V12 and V15 were terminated due to forcing R2 into bed.</p> <p>The Abuse Policy, dated 10/2022, documents the facility affirms the right of their residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. Abuse means any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish to a resident.</p> <p>(B)</p> | S9999 | | |