| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057489 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/03/2025 |
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| **BRIA OF WOODRIVER** | **393 EDWARDSVILLE ROAD , WOOD RIVER, Illinois, 62095** |

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| S0000 | Initial Comments<br><br>Complaint Investigation: 2549131/2622709 | S0000 | | |
| S9999 | Final Observations<br><br>Statement Of Licensure Violations:<br><br>300.610a)<br><br>300.650e)<br><br>300.650h)<br><br>300.1210a)<br><br>300.1210b)<br><br>300.1210d)3)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.650 Personnel Policies<br><br>e) All personnel shall have either training or experience, or both, in the job assigned to them.<br><br>h) Licensed staff who administer life sustaining treatments and high-acuity services as described in Sections 300.697(d) and 300.1035(b)(2) shall be adequately trained to administer those treatments.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care | S9999 | | |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| S9999 | Continued from page 1<br><br>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.<br><br>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.<br><br>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:<br><br>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<br><br>These regulations were not met as evidenced by:<br><br>Based on interview and record review, the Facility failed to ensure staff were educated and competent in providing the necessary care and services for tracheostomies for 4 of 4 residents (R2, R4, R5, R6) in the sample of 6, failed to provide Cardiopulmonary Resuscitation (CPR) according to accepted professional standards for 2 of 2 residents (R2, R1) reviewed for CPR in the sample of 6, failed to ensure changes in condition were reported for timely assessment and intervention for 1 of 3 residents (R2) reviewed for change in condition in the sample of 6, and failed to ensure nursing staff had the knowledge, skills, and necessary supplies to provide tracheostomy care for 5 of 5 residents (R1, R2, R4, R5, R6) reviewed for respiratory care in the sample of 6.This failure | S9999 | | |

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| S9999 | Continued from page 2<br>resulted in R2, R4, R5, and R6 being sent out emergently for routine tracheostomy care. R2 was found unresponsive in the Facility and staff performed CPR that was not in accordance with professional standards using R2's primary airway because they did not know how to do so. R1 and R2 died in the Facility, and death certificate is pending.<br><br>Findings include:<br><br>1-R1's Face Sheet documents R1 was admitted to the Facility on 8/22/24 with diagnoses including chronic obstructive pulmonary disease, asthma, and tracheostomy status.<br><br>R1's MDS dated 6/26/25 documented R1 was cognitively intact and independent with mobility.<br><br>R1's Physician Orders do not document supplemental oxygen orders.<br><br>R1's Care Plan initiated 8/22/24 documented R1 was a full code.<br><br>R1's Progress Note by V34, Registered Nurse (RN), on 9/16/25 at 10:27 PM documents V11, Certified Nursing Assistant, informed V34 that the R1 appeared blue and to come assess him. Staff initiated CPR and continued until Emergency Medical Services (EMS) arrived. EMS continued resuscitation efforts until (Local Hospital) cleared them to call time of death at 7:14 PM.<br><br>On 9/25/25 at 1:15 PM, V34 stated we tried to do CPR for R1 over his tracheostomy, but we did not have the correct tubing to attach it, so we just tried to cover the tracheostomy with a gloved hand and attempted "bagging" (placing Bag Valve Mask, "BVM") over his mouth.<br><br>On 9/25/25 at 1:45 PM, V11 stated staff did not provide any ventilation for R1 during CPR and only did chest compressions. There were multiple (BVM) bags in the room, but none would fit over his tracheostomy. The one on the crash cart did not work either, so they continued with compressions, but did not provide any ventilation during the resuscitation.<br><br>2-R2's Face Sheet documents R2 was admitted to the Facility on 8/14/25 with diagnoses including anoxic brain damage, respiratory failure, and tracheostomy status.<br><br>R2's Minimum Data Set (MDS) dated 8/25/25 documented R2 was severely cognitively impaired, dependent for | S9999 | | |

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| S9999 | Continued from page 3<br>mobility, and received high concentration oxygen therapy and tracheostomy care.<br><br>R2's Physician Order dated 2/16/25 documented R2 had a tracheostomy.<br><br>On 9/25/25 at 1:45 PM, V11, Certified Nursing Assistant (CNA), stated she was helping another aide clean R2 on 9/19/25. She noticed R2's skin was cool, and he seemed more relaxed than normal. She said usually R2's eyes are wide open and moving from side to side, but this day they were more droopy and he just seemed calmer than normal. V11 did not tell the nurse about these changes and went on to help another resident.<br><br>R2's Care Plan initiated 3/5/25 documented R2 was at risk for breathing difficulty and complications related to tracheostomy placement.<br><br>R2's Progress Note dated 7/20/25 at 8:20 AM documents R2 had two episodes of brown tube feeding colored fluid projecting from trach in a large amount. EMS was called for transport to hospital, and there was no documentation that R2's tracheostomy was suctioned.<br><br>R2's Emergency Room (ER( Note dated 7/20/25 documents R2 came from Facility with tube feeding coming out of tracheostomy. R2 had no distress in the hospital and had been seen there frequently for the same issue.<br><br>R2's Progress Note dated 8/30/25 at 1:00 PM documents R2 had increased secretions that changed from clear to brownish in a large amount. EMS was called for transport to hospital, and there was no documentation that R2's tracheostomy was suctioned.<br><br>R2's ER Note dated 8/30/25 documents R2's tracheostomy tube was suctioned, cleaned, and monitored without any additional increased secretions. The cause of R2's symptoms was "unclear" with a plan to send him back to the nursing home.<br><br>R2's Progress Note by V9, Licensed Practical Nurse (LPN), dated 9/29/25 at 6:00 PM documents, "Aides were in room giving patient care when they grabbed nurse and alerted her that resident was unresponsive at 4:50pm, CPR started for 1q0 (10) minutes before EMTS (Emergency Medical Technicians) arrived and took over." "EMT performed CPR until 5:30pm when they called timeof {sic} death."<br><br>On 9/23/25 at 1:55 PM, V9 stated there were two CNAs whose names she was unable to recall in R2's room caring for him. V9 was standing outside in the hallway | S9999 | | |

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| S9999 | Continued from page 4<br>with the medication cart waiting for them to finish care so she could go in and give R2 his medications. V9 left for a break at 4:43 PM, and the CNAs let her know at that time R2 would probably need suctioning when they were finished. When V9 returned from break, EMS was in the Facility and had already stopped resuscitation efforts.<br><br>On 9/25/25 at 12:43 PM, V8, CNA, stated she helped perform CPR on R2 on 9/19/25. V10, Registered Nurse (RN), started compressions while she placed the respiratory bag over R2's mouth because she was not aware it needed to be on the tracheostomy. She stated, "I don't even know how to attach the thing. I have never bagged a trach before. I think that is something we need to be educated on. None of us in there knew. I even asked. (V10) gave me the oxygen and I just took the bag and went with the mouth because that's all I knew how to do. (V10) said she did not know how to attach it either.<br><br>On 9/23/25 at 2:55 PM, V10, Registered Nurse (RN), stated a CNA whose name she cannot remember told her R2 was unresponsive. R2's nurse was on break at that time. CPR was performed for 15-20 minutes, then EMS arrived and took over. V10 was checking vital signs and was "never able to get anything, like he was already gone." V10 stated there was tube feeding coming out of R2's tracheostomy during CPR, so they just placed the respiratory bag over his face and turned the oxygen up.<br><br>On 9/23/25 at 11:00 AM, V8, CNA, stated R2 was already starting to stiffen up during CPR.<br><br>On 9/23/25 at 1:48 PM, V19, CNA, stated R2 was already cold when CPR was being performed.<br><br>On 9/23/25 at 2:09 PM, V20, CNA, stated she helped perform CPR on R2 and he was already cold.<br><br>The (Local Fire Department) Incident Report dated 9/19/25 at 5:15 PM documents Fire Department arrived while staff were performing CPR on R2. Staff stated they were bagging the patient's mouth and not his tracheostomy tube due to secretions coming from the tube while CPR was being performed. FD crew marked the patient was cold to the touch while attempting to find a femoral pulse, no pulse was found. FD crews moved the patient to the floor, continued CPR and ventilation. The BVM (Bag Valve Mask) was taken off the patients mouth, mask was removed, and the BVM was connected to the patients trach tube. Staff left the room and came back a few minutes later with paper work for the patient, showing the patients extensive medical | S9999 | | |

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| S9999 | Continued from page 5<br>history. The Lucas and the defib pads were placed on the patient, showing an initial rhythm of asystole. FD crew gained IO access in the left tibial tuberosity. IO drew and flushed. First epi at 1723 (5:23 PM). ACLS protocols were followed with pulse checks every 2 minutes and Epi every 3-5. Initial end tidal reading was an 11. AMA crew arrived on scene and briefed on patient. Patient remained in asystole for the duration of the resuscitation attempt. AMA medic called medical control for directions. Medical control advised crews to terminate resuscitation efforts, per DM 153. FD gathered restock from the ambulance and returned to service."<br><br>On 9/23/25 at 2:37 PM, V22, (Local) Fire Department Chief, stated when his staff arrived to the Facility on 9/19/25, Facility staff were bagging R2 with the BVM (Bag Valve Mask) over the naso-oral pharynx which is not the standard place for the BVM when the resident has a tracheostomy. The BVM should have been via tracheostomy. V22 stated over the past several months, the Fire Department has encountered multiple issues with tracheostomy residents at the Facility, making him question the care they receive, as far as keeping airways clear and patent so the residents can breathe. He stated they get calls for shortness of breath on a tracheostomy resident, and it is often something as simple as suctioning or cleaning of the tracheostomy tube or applicator. He stated these should be part of routine maintenance that he would expect from a facility that allows tracheostomies to be there<br><br>On 9/24/25 at 8:12 AM, V3, Local Fire Department Paramedic, stated R2 was sent to the hospital frequently for tracheostomy secretions and does not think the Facility has the staff they need to care for the residents with tracheostomies.<br><br>On 9/24/25 at 9:30 AM, V4, Local Fire Department Paramedic, stated they get called to the Facility every day for suctioning or other non-emergent issues.<br><br>On 9/25/25 at 3:15 PM, V35, Assistant Director of Nursing (ADON), stated there is a bag that goes over the tracheostomy when you provide CPR.<br><br>On 9/25/25 at 3:20 PM, V2, Director of Nursing (DON), stated there is a bag that goes on the trach, and those BVMs should be at bedside. She was not previously informed of any issues with staff getting the BVMs on the tracheostomy.<br><br>On 9/25/25 at 3:33 PM, V1, Administrator, stated standard CPR protocol should be followed for residents | S9999 | | |

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| S9999 | Continued from page 6<br>with tracheostomies, but the respiratory bag should go over the tracheostomy site or the residents would not be getting air.<br><br>On 9/25/25 at 3:50 PM, V33, Medical Director, stated he would expect staff to know how to perform CPR on residents with tracheostomies and would expect the Facility to have the necessary equipment and supplies for both maintenance and emergent situations<br><br>2-R4's Face Sheet documents R4 was admitted to the Facility on 7/18/25 with diagnoses including acute and chronic respiratory failure with hypoxia and tracheostomy status.<br><br>R4's MDS dated 8/7/25 documented R4 was severely cognitively impaired, dependent with mobility and required tracheostomy care, suctioning and oxygen therapy.<br><br>R4's Care Plan dated 7/21/25 documents R4 is at risk for complications due to tracheostomy. The interventions include performing tracheostomy care as ordered and as needed and suctioning mouth and tracheostomy as needed.<br><br>R4's Progress Note dated 9/14/25 at 4:55 PM documented R4 had several episodes of emesis that day. R4 was found with agonal breathing, emesis and what appeared to be water coming out of his tracheostomy and mouth. EMS was contacted for transport, and there was no documentation that R4's tracheostomy was suctioned at that time.<br><br>R4 Hospital Record dated 9/14/25 documents R4 has had multiple troubles with tracheostomy management and partial (mucus) plugs. On arrival to the hospital, R4 had a very dirty, partially plugged tracheostomy, but was breathing much better with no signs of distress after it was cleaned by respiratory therapy.<br><br>On 9/24/25 at 11:59 AM, R4 was lying on stretcher in his room with Emergency Medical Services (EMS) present. EMS suctioned out clear, thick, frothy sputum that was bubbling from the tracheostomy. V4, Local Fire Department Paramedic, and V27, Local Fire Department Captain, both stated there was suction tubing in R4's room, but no yankeur (suction tip), so they used theirown equipment to suction R4. R4 was transported from the Facility on stretcher at 12:02 PM.<br><br>R4's Progress Note dated 9/24/25 at 12:02 PM documents blood was expelled through R4's trachea while being suctioned. There was a scant amount of red clotted | S9999 | | |

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| S9999 | Continued from page 7<br>blood, and R4 was sent out with EMS.<br><br>R4's Hospital Record dated 9/24/25 documents R4 presents due to blood being noted in his tracheostomy at the Facility. Paramedics are highly skeptical as to this history given that when they arrived on scene there was no noted blood and the suction equipment that staff were reporting using was not hooked up to any mechanical suction. Paramedics got normal colored secretions and one small drop of blood from R4's tracheostomy. R4 was seen here 5 days ago after an episode of vomiting and perceived issues with his tracheostomy being obstructed after vomiting. His tracheostomy was suctioned copiously, and the X-ray was unrevealing. R4 has been seen in the ER several times in the last week and has had normal lab workups.<br><br>3-R5's Face Sheet documents R5 was admitted to the Facility on 9/13/25 with diagnoses including COPD, chronic respiratory failure, and tracheostomy status.<br><br>R5's MDS dated 4/16/25 documented R5 was cognitively intact, independent with bed mobility, required supervision with transfer, and required tracheostomy care, suctioning, and oxygen therapy.<br><br>R5's Care Plan dated 10/22/24 documents R5 has potential for difficulty breathing related to bronchiectasis, COPD, chronic respiratory failure, obstructive sleep apnea, and dyspnea.<br><br>R5's Progress Note dated 4/20/25 at 10:44 PM documents R5 was transferred to (Local Hospital) to have tracheostomy evaluated. R4 tole EMS that her tracheostomy was supposed to have been replaced last month, but never was. V58, RN, was unable to change it in the Facility.<br><br>R5's (Local) Fire Department Incident Report dated 4/20/25 documents, "Upon arrival found pt (patient) sitting in a wheelchair at the nurses' station. The nurse advised that the pt was complaining of difficulty breathing and felt like something was in her airway. Pt was able to talk as normal, breathing was normal, and SPO2 (Peripheral Oxygen Saturation) was 94% on RA (Room Air). Visualized the trach opening and nothing noted to be obstructing; however, the area around it appeared to be pus, and the gauze was saturated with saliva and pus. Asked pt when was the last time the trach was last replaced. She advised it was supposed to be replaced over a month ago, and it's not been done yet. Asked the nurse if they have the proper supplies to switch out her trach, and she advised that she "didn't know anything about it, she was agency." And just working | S9999 | | |

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| S9999 | Continued from page 8<br>her {sic} temporarily."<br><br>R5's 4/20/25 Hospital Records document R5 was short of breath at Facility. Staff tried to suction her, but had trouble getting to the left (side) and she feels the left side is plugged. R5 was suctioned with removal of mucus plug, then saturations were fine with no further symptoms or distress.<br><br>R5's 4/20/25 Hospital "After Visit Summary" documents R5 was seen for tracheostomy tube change.<br><br>4-R6's Face Sheet documents R6 was admitted to the Facility on 7/2/25 with diagnosis of acute respiratory failure with hypoxia.<br><br>R6's MDS dated 9/13/25 documented R6 was severely cognitively impaired, required partial assistance with rolling from side to side, was dependent with transfer, and required oxygen therapy.<br><br>R6's Care Plan does not contain any documentation regarding tracheostomy.<br><br>R6's Fire Department Incident Narrative dated 7/4/25 documents Fire Department responded for transport to hospital when R6 removed his tracheostomy.<br><br>R6's Hospital Records dated 7/4/25 document R6 pulled out tracheostomy in the Facility.<br><br>R6's Fire Department Incident Narrative dated 7/5/25 documents Fire Department responded for transport when R6 pulled out his tracheostomy tube. Staff reported R6 was admitted to the Facility two days prior and had pulled out his tracheostomy every day since admission.<br><br>R6's Hospital Records dated 7/12/25 document R5 removed his own tracheostomy and was just discharged from (Regional Hospital) earlier today for the same issue.<br><br>R6's Fire Department Incident Narrative dated 7/20/25 documents Fire Department responded for transport when R6 removed his tracheostomy and feeding tube.<br><br>R6's Fire Department Incident Narrative dated 7/21/25 documents Fire Department responded for transport R6 removed his tracheostomy. This time, staff had replaced R6's tracheostomy, but still wanted him to be transported due to redness around the tracheostomy site.<br><br>R6's Medical Record does not document any interventions to prevent R6 from removing tracheostomy. | S9999 | | |

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| S9999 | Continued from page 9<br><br>On 9/23/25 at 4:17 PM, V23, Licensed Practical Nurse (LPN), stated she did not receive any training at the Facility regarding tracheostomies.<br><br>On 9/23/25 at 4:20 PM, V17, LPN, stated the Facility does not provide routine training on tracheostomy care.<br><br>On 9/24/25 at 7:45 AM, V24, LPN, stated she has not had any training in the Facility regarding tracheostomy care. If a resident's tracheostomy ever came out and there was no RN at the Facility she would send the resident to the hospital.<br><br>On 9/24/25 at 1:56 PM, V25, LPN, stated she has not had any in-services regarding tracheostomy care in the Facility.<br><br>On 9/25/25 at 12:56 PM, V31, CNA, stated she has not had any training in the Facility on CPR for residents with tracheostomies and would always place the respiratory bag over the resident's mouth.<br><br>On 9/25/25 at 1:00 PM, V32, LPN, stated she is not comfortable caring for residents with tracheostomies and did not know how to provide respiratory support to a resident with a tracheostomy needing CPR. She has not had any training regarding tracheostomies in the Facility.<br><br>On 9/24/25 at 2:00 PM, V16, CNA, stated she wishes CNAs were allowed to suction residents because sometimes nurses are so busy and she thinks it would cut back on sending residents out to the hospital and save a lot of people.<br><br>On 9/25/25 at 3:15 PM, V35, Assistant Director of Nursing (ADON), stated there has not been much staff education regarding tracheostomies, and there has been no formal training in the Facility.<br><br>On 10/2/25 at 9:03 AM, V2, Director of Nursing (DON), stated she expects nursing staff to be proficient in providing routine tracheostomy care, including suctioning and cannula changes, and know what to do during emergencies.<br><br>The Facility's "Registered Nurse/Licensed Practical Nurse" Job Description, Undated, documents, "Under the direction of the physician, is responsible for total nursing care to all residents on assigned unit during the assigned shift including responsibility for delegation of duties, resident nursing care, staff performance and adherence by staff members to facility | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057489 | (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING | (X3) DATE SURVEY COMPLETED 10/03/2025 |
|---|---|---|---|

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BRIA OF WOODRIVER | 393 EDWARDSVILLE ROAD , WOOD RIVER, Illinois, 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) COMPLETION DATE |
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| S9999 | Continued from page 10<br>policies and procedures." "Remain current in facility policies, procedures and nursing trends by participating in in-service and continuing education programs."<br><br>The Facility's "Facility Assessment" reviewed 6/18/25 documents the Facility provides care for COPD, pneumonia, asthma, chronic lung disease, and respiratory failure. Specialized Rehabilitation Services include Respiratory. Special Care Needs include tracheostomy care and ventilator care.<br><br>The Facility's "Change In Resident Condition" Policy reviewed 10/2024 documents, "It is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician and resident's responsible party of a change in condition." The policy does not contain documentation pertaining to communication between nurse aids and licensed nurse staff.<br><br>The Facility's "Tracheostomy Care Policy" reviewed 10/2024 documents, "It is the policy of this facility that residents with tracheostomies receive care to maintain a patent airway."<br><br>The Facility's "Code Blue" Policy reviewed 10/2024 documents, "Breathing: provide 2 breaths via ambu or manually if ambu is not available." "Continue CPR per BLS guidelines until EMS arrives and takes over CPR."<br><br>The Facility provided CPR Certificates for Nursing Staff which document V19, V54, and V55, CNAs, did not have CPR certification from the American Red Cross or American Heart Association with hands on, in person training.<br><br>The Facility's "CPR Certification" Policy revised 9/5/24 documents, "Staff will have CPR certification from the American Red Cross or the American Heart Association" "The CPR Certification will be the CPR/BLS for Healthcare Providers level and include in-person training, hands on training"<br><br>(AA) | S9999 | | |