

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S0000	Initial Comments		S0000				
	Annual Certification and Licensure						
S9999	Final Observations		S9999				
	Statement of Licensure Violations:						
	(1 of 2)						
	300.610a)						
	300.1010h)						
	300.1210b)						
	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.						
	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, injury or change in condition at the time of notification.						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 1 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. These regulations were not met as evidence by: Based on observation, interview, and record review the facility failed to initiate and implement progressive interventions to prevent falls for 3 of 10 residents (R2, R19, and R51) reviewed for falls in a sample of 41. Findings Include: 1) R2's Undated Face Sheet documents R2 was admitted to the facility on 3/28/2025 and has a medical diagnosis of reduced mobility, muscle weakness, difficulty in walking, dementia, abnormalities of gait and mobility, and repeated falls. R2's Minimum Data Set (MDS) dated 11/27/2025 documents R2 is severely cognitively impaired, uses a wheelchair, needs substantial/maximal assistance with sitting to standing and chair/bed to chair transfers. R2's Care Plan Date Initiated 3/30/2025 documents Fall: R2 is at high risk for falls related to incontinence, weakness, history of fall, glaucoma, confusion, and use of psychotropic meds. Intervention Date Initiated 8/10/2025 documents out to er. Intervention Date Initiated 11/13/2025 documents brightly colored reminder on wheelchair to not stand up without assist. R2's Care Plan was reviewed in its entirety as viewed in R2's Electronic Health Record. R2's Care Plan Date Initiated 5/8/2025 Transferring: R2 has a self-care deficit in transferring related to impaired balance, weakness. R2's Quarterly Fall Risk Evaluation Dated 7/22/2025 documents R2 is a high fall risk. R2's Nurses Notes dated 8/10/2025 at 11:33 PM documents "patient sent to Local Hospital related to falling in		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 2 room trying to take himself to the bathroom. Complaining of 10/10 pain, barely able to move around from the pain. Survival flight called for transportation and took patient to hospital." The Facility's Fall Investigation for R2's Fall dated 8/10/2025 contains R2's Face Sheet, Physician Orders, Care Plan, and Minimum Data Set Section O (Special Treatments, Procedures, and Program, Section C (Cognitive Patterns, Section GG (Functional Abilities (Admission), Section GG (Functional Abilities- Discharge). No root cause analysis or intervention noted. R2's Local Hospital XR Pelvis 1 or 2 views dated 8/11/2025 documents "impression: intertrochanteric fracture of the right hip" R2's Nurses Notes dated 8/13/2025 at 6:48 PM documents "resident readmitted to facility at this time for post right hip fracture after fall, surgically replaced." R2's Nurses Notes dated 11/13/2025 at 10:48 AM documents "0902 (9:02 AM) Resident was in wheelchair sitting at nurses' station with staff present. Resident continued to try and stand and was redirected to stay in his wheelchair. As staff member turned her back resident stood and fell into medication cart hitting the back of his head and shoulder on the wheel of the medication cart. Resident denies any pain associated with fall. Resident assisted back to wheelchair with use of gait belt and two assist transfer. Nurse Practitioner stated to send resident to hospital as resident hit head and is on blood thinner." R2's Nurses Notes dated 11/16/2025 at 5:36 PM documents "the resident arrived at the facility at 14:00 (2:00 PM) on a stretcher, accompanied by Emergency Medical Technicians (EMTs) x2 from Local Hospital. The resident was alert and oriented x2, but exhibited some discomfort when moved, related to a fractured clavicle on the left side. The left arm is currently in a sling that should be worn while up." R2's Nurses Notes dated 11/17/2025 at 10:33 AM documents "resident was sitting by nurses station, partially down hall. resident states that he "was trying to go to the bathroom" and fell while ambulating without assistance. Fall was unwitnessed. Resident is complaining of left hip pain. pain check, range of motion (rom), skin check, Neuro check, vital signs obtained. resident sent to local hospital." R2's Nurses Notes dated 11/17/2025 at 11:01 AM		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 3 documents "resident was sitting at nurses station, partially down 500 hall. resident then attempted to stand without assistance, was unwitnessed, resident then fell to the floor. resident complaining of left hip pain. resident sent to local hospital for evaluation." R2's Local Hospital XR Hip Left 2 or 2 views with pelvis dated 11/17/2025 documents "Pelvis/left hip: there is a comminuted fracture of the intertrochanteric proximal left femur with moderate displacement of the lesser trochanter fragment and mild displacement of the main distal fracture fragment." R2's Nurses Notes dated 11/18/2025 at 10:20 AM documents This nurse called local hospital to get an update on this resident. Resident is currently awaiting surgery on hip." R2's Nurses Notes dated 11/20/2025 at 6:15 PM documents resident returned to facility at this time, alert and oriented to self, has visual hallucinations upon arrival. hospital states that he had visual hallucinations at hospital as well. he's returning with left I(t) hip fracture (fx) with surgical repair, also has a recent lt clavical fx, prior to this hospital stay." On 2/6/2026 at 9:33 AM R2 observed trying to stand up without assistance from his wheelchair in front of nurses station. No brightly colored reminder to not standup without assist noted to R2's wheelchair. On 2/13/2026 at V22, MDS Coordinator, stated after a resident experiences a fall, the facility will investigate the fall, determine a root cause analysis for the fall, and implement an intervention for the fall. V22 stated the resident's care plan is updated with an intervention after each resident fall. On 2/13/2026 at 9:18 AM V13, LPN, stated R2 is a high fall risk and use to always try to get up on his own and would fall. V13 stated R2 requires assistance with transferring. On 2/13/2026 at 9:29 AM V2, Director of Nursing, stated she expects the facility to implement a fall intervention and update the resident's care plan with the intervention after every fall. On 2/13/2026 at 9:51 AM V18, Nurse Practitioner, stated she expects the facility to follow their fall policy and implement interventions for residents to help with falls.		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued from page 4 On 2/13/2026 at 11:00 AM V23, Certified Nursing Assistant, stated R2 has had falls and requires assistance with getting up and transfers. 2) R51's EMR (Electronic Medical Record) undated documents that the resident was admitted to the facility on 4/28/25. R51's EMR dated 3/27/24 documents a diagnosis of Cerebral Infarction, unspecified. R51's EMR dated 2/28/25 documents a diagnosis of Difficulty in walking, not elsewhere classified. R51's EMR dated 6/17/25 documents a diagnosis of Repeated Falls. R51's MDS 12/5/25 documents a BIMS score of 14 out of 15. The MDS documents that the resident requires supervision or touching assistance for roll left and right. The MDS documents that the resident requires partial/moderate assistance for sit to lying, lying to sitting on side of bed, sit to stand, chair/bed to chair transfer, and toilet transfer. R51's Care Plan dated 3/6/25 documents "FALL: high risk for falls r/t (related to) incontinence, impaired balance, history of fall, psychotropic meds." Interventions: 3-12-25 - non-skid strips by bed. 3-22-25 - toileting pgm (program). 3-6-25 - low bed when arrives. 4-10-25 - assist with gripper socks. 4-14-25 - non-skid strips by toilet. 4-20-25 - keep in high traffic area. 5-17-25 - anti roll backs when arrives. 5-31-25 - dycem in wheelchair. 6-18-25 - gripper socks when up in chair. 6-22-25 - grab bars x's 2 assist with positioning and transfers dc'd (discontinued) 11-21-25 changed to half rail on right side.			S9999			

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued from page 5 7-13-25 - Keep frequently used items within reach. 7-14-25 - clinical evaluation. 7-26-25 - leave wheelchair in locked position by bed. 8-10-25 - no cloth pads in wheelchair. 8-22-25 - wheelchair seat modified. 8-25-25 - encourage participation in afternoon activities. 8-8-25 - bed against wall. 9-3-25 - Brightly colored visual aid on call light. 10-5-25 - remind to ask for assist with standing. 11-15-25 - brightly colored reminder on wheelchair not to stand without assist. 11-15-25 - therapy to eval. 11-24-25 - frequent observation and assist to have gripper socks in place. 11-27-25 - Staff to remind resident to sit up straight in wheelchair. 11-9-25 - Encourage AM diversional Activity, involve in activity of choice. 12-11-25 - toileting pgm to be modified. 12-30-25 - call before you fall sign by bed. 12-31-25 - redirect to hall as needed. 1-13-26 - re-educate on wheelchair positioning. 1-17-26 - dycem under resident in chair and under pad chair. 1-23-26 - during rounds staff to observe for covers to be straight. 1-26-26 - given reacher. 1-27-26 - therapy to eval for wheelchair saddle cushion. R51's Nurses Notes dated 3/6/25 at 9:33 PM documents "Resident was put into his bed this evening. When the			S9999			

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued from page 6 CNAs (Certified Nursing Aid) went to check on him, he had his diaper off, knees on the floor with the rest of his body lying on the bed. The CNAs got him off the floor and into his bed, and re-educated him to stay in bed, because it's nighttime. He then began to scoot his feet and legs back to the side of the bed. I retrieved a fall mat and placed it on the side of his bed. Plan of care ongoing." R51's intervention dated 3-12-25 documents "non-skid strips by bed." On 2/10/26 at 1:13 PM, observation of R51's room. No non-skid strips noted by R51's bed. R51's Nurses Notes dated 4/10/25 at 4:21 PM documents "res (resident) was found sitting on floor mat, no injury/pain noted at this time. Will continue to monitor. VS (Vital signs) WNL (Within Normal Limits)." R51's intervention dated 4-14-25 documents "non-skid strips by toilet." On 2/10/26 at 1:13 PM, observation of R51's room. No non-skid strips noted by R51's toilet. R51's Nurses Notes dated 7/26/25 at 2:12 PM documents "Resident was trying to transfer from his bed to the chair in his room unaided and fell on his buttocks. This nurse along with other staff assisted him to his bed. Resident was assessed, no physical injuries noted. Vital signs checked BP (blood pressure) 126/68 P (pulse) 60." R51's Intervention dated 7-26-25 documents "leave wheelchair in locked position by bed." On 2/10/26 at 1:13 PM, observation of R51's room. R51's wheelchair was noted to be across the room from resident's bed. R51's Nurses Notes dated 11/27/25 at 4:10 PM documents " At 1555, (3:55 PM) this nurse observed Resident slide from his w/c (wheelchair) to the floor onto his buttocks. Did not hit his head. Assessment completed. Hand grips are strong and equal bilaterally. PERRL (Pupils Equal Round Reactive to Light). ROM (Range of Motion) WNL per baseline. Denies any pain or discomfort. VSS (Vital signs Stable). Assisted Resident using gait belt and two assists back to his w/c. Director of Nursing notified. R51's Intervention dated 11-15-25 documents "brightly colored reminder on wheelchair not to stand without			S9999			

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 7 assist." On 2/10/26 at 1:13 PM, observation of R51's room. No brightly colored reminder noted on R51's wheelchair. R51's Nurses Notes dated 12/30/25 at 4:45 PM documents "At 1625, (4:25 PM) CNA called this nurse to Residents room. Observed Resident sitting on the floor in front of his w/c next to his bed. Resident stated he was being stubborn and tried to transfer himself from his w/c to his bed. He denied hitting his head. Denied pain. Head to toe assessment completed. No apparent injuries. No changes in cognition. Hand Grips strong and equal bilaterally. ROM WNL per baseline. PERRL. Resident w/c was not locked. His call light was within his reach. Had on non-skid shoes. Y (temperature) 97.3HR (heart rate) 59 RR (respirations) 18 BP 129/50 SpO2 (oxygen saturation) 97% on RA (room air). Assisted back to his w/c." R51's Intervention dated 12-30-25 documents "call before you fall sign by bed." On 2/10/26 at 1:13 PM, observation of R51's room. No "call before you fall" sign noted by resident's bed. R51's Nurses Notes dated 1/23/26 at 3:00 AM documents "This nurse was notified by cna that resident was on the floor. When asked what happened? Resident stated he was tossing and turning in his sleep when he noticed he was on edge of the bed it was too late so he scooted to floor. VS T 98.6 bp 114/55 R 18 P 66 spo2 96% RA. ROM WNL. No injuries no c/o (compliant of) pain. Resident assisted back into bed via (mechanical lift) with assist of 2. Resident in bed at thus time resting." R51's Intervention dated 1/27/26 documents "given reacher." On 2/10/26 at 1:13 PM, observation of R51's room. No reacher noted in resident's room. On 2/13/26 at 9:41 AM, V2, DON (Director of Nursing) stated that care plan interventions should be implemented after the facility determines the appropriate fall intervention for the resident. 3-02/05/2026 10:33 AM R19 stated she had just fell a day ago and her ankle still hurts. R19's POS dated January 2026 documents a diagnosis of Type 2 diabetes mellitus, weakness, unsteadiness on feet, cognitive communication deficit, acute kidney failure, chronic kidney disease stage 3, muscle		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 8 weakness, heart failure, hypertension, generalized anxiety disorder, depression, anemia, insomnia. R19's MDS dated 1/17/2026 document R19 was severely impaired for cognition for activities of daily living. R19's Progress Notes dated 2/3/2026 at 2:28 PM, "Resident was trying to get into the bathroom in her wheelchair and fell to the floor. The resident claimed she landed on her right side and that her ankle hurt. This nurse assessed her and there were no open wounds or bruises. The hall CNA's (certified nursing assistants) aided the resident into the wheelchair. This nurse asked if there was any pain, and she claimed there was pain in her right ankle and right hip. Vital signs were within range." R19's Care Plan with a date initiated of 1/15/2025 documents under Fall: "is at risk for falls r/t (related to) frequent falls, impaired safety awareness, impaired balance and gait, incontinence." R19's Care Plan dated 3/17/2025 documents, frequent rounding during the day." (No interventions were documented for R19's fall on 2/3/2026. On 2/6/2026 at 11:48 AM, R19's Fall Report and investigation was requested to V1, Administrator. On 2/6/2026 at 4:30 PM, R19's Fall report and investigation information was requested from V1, Administrator. On 2/7/2026 at 10:10 AM, R19's Fall report and investigation was requested from V1. On 2/7/2026 at 3:30 PM, a green folder with R19's POS, Care Plan and nurse's notes were provided by V2, Director of Nursing (DON). On 2/7/2026 at 3:35 PM, V2, Director of Nursing (DON) stated that was everything they had for R19's fall. R19's folder did not contain any interventions and/or anything addressing her fall other than the progress note for her fall on 2/3/2026. The Facility Fall Log documents R19 had a fall on 2/3/2026, No other falls were documented for R19 for the past six months. On 2/10/2026 at 12:44 PM, V1, Administrator stated policy she expects all fall interventions to be documented in the Resident's Care Plans. The Facility Fall Policy with a review date of 10/2018		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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
S9999	Continued from page 9 documents, "The 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 as 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. Evaluate the resident for any injury and notify the physician and emergency contact. Complete a fall incident report in the (Computer) risk management portal. Care plan to be updated with a new intervention based on root cause analysis after each all occurrence." (A) (2 of 2) 300.610a) 300.1210b) 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. 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. These regulations were not met as evidence by:			S9999			

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 10 Based on observation, interview, and record review, the facility failed to provide catheter care, including irrigation, in 1 of 5 residents (R75) reviewed for bowel/bladder incontinence, catheter, and UTI (Urinary Tract Infection) in the sample of 41. This failure resulted in R75 being hospitalized for a UTI. Findings Include: On 2/5/26 at 1:43 PM, R75 was observed in his room with a suprapubic catheter draining clear tea colored urine. R75 stated he has a suprapubic catheter, he does not take care of it himself, the staff cleaned it two or more days ago and he has had a recent urine infection. On 2/10/26 at 12:25 PM, R75 stated he was sent to the hospital about a month ago because his catheter was clogged up and it had to be replaced. R75 stated the staff only clean his catheter site every 2-3 days. Catheter care was observed with V5, Wound Nurse, and R75 complained of penile pain and tenderness around the suprapubic catheter site. R75's Face Sheet, undated, documents R75 has the following diagnoses: UTI, Sepsis, and Obstructive/Reflux Uropathy. R75's MDS, dated 2/1/26, documents the following: R75 has a BIMS (Brief Interview of Mental Status) score of 14, indicating R75 is cognitively intact, he requires partial/moderate assist with toileting, and has an indwelling urinary catheter. R75's Care Plan, dated 9/21/25, documents R75 has a suprapubic catheter. R75's (POS) Physician Order Sheet documents an order dated 1/30/26, to flush suprapubic catheter with 60cc (cubic centimeters) of sterile water every 12 hours. There were no orders for R75's catheter or catheter care. R75's Progress Note, dated 1/9/26 at 10:10 PM, documents R75's suprapubic catheter was changed.		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 11 R75's Progress Note, dated 1/15/26 at 4:46 PM, documents the following: This nurse obtained the residents' vital signs and received a blood pressure of 200/152. This nurse attempted to contact telehealth with no answer. This nurse contacted the DON (Director of Nurses) who instructed this nurse to send the resident to the hospital. EMTs (Emergency Medical Technician) arrived at 4:40 PM and took the resident to the hospital. R75's Progress Note, dated 1/17/26 at 6:39 PM, documents the following: Resident arrived back to facility via ambulance accompanied by two on a stretcher. Resident arrived with a change in orders and some new orders, there are some follow-up appointments as well, which will be adjusted accordingly. Kitchen staff made aware of patients return to facility. No c/o (complains of) pain or discomfort. Resident is up, alert and oriented x4 to person, place, situation, and month. Resident in room with call light in reach awaiting food tray. Vital signs are as follows: 128/68; 97%; 98.9; 16; and 78. R75's Progress Note, dated 1/18/26 9:09 PM, documents the following: Resident currently on ABT (antibiotic) for UTI. Metronidazole 500 mg (milligrams) PO (by mouth) TID (three times daily) for 3 days, with the first dose being administered at bedtime, tolerated well. Foley catheter in place, patent draining yellow urine, and denies pain/discomfort at this time. R75's Progress Note by V18, Nurse Practitioner, dated 2/9/26 at 12:36 PM, documents the following: Obstructive and reflux uropathy, unspecified. Benign prostatic hyperplasia with lower urinary tract symptoms. Chronic indwelling suprapubic foley catheter for urinary retention. Foley, patent and draining. Oxybutynin ER (extended release) 5mg QAM (every morning) for overactive bladder, no current antibiotics, recent levofloxacin for UTI, now completed on 2/5/26. High risk for UTI: monitor for fever, confusion, dysuria, foul-smelling/dark urine. UA (urinalysis) ordered if symptoms arise. Regular assessment for pain (recent penile pain, managed with acetaminophen as needed). Nursing Care - Routine catheter care per protocol. Perineal hygiene reinforced. Foley care provided each shift. Catheter output and urine color monitored (recently straw-colored, no odor, no discomfort). Recent Complications - UTI treated with metronidazole and levofloxacin (Jan/Feb 2026). No current signs of		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 12 infection. Acetaminophen 500 mg PRN (as needed) for pain (recent penile pain episodes, responsive to medication). Notify provider for new/worsening confusion, pain/burning with urination, odorous/foul-smelling urine, or dark urine. R75's Progress Note, dated 2/9/26 at 5:53 PM, documents the following: Resident has had loose stool, brown in color, odor noted. Alert and oriented x3, confused about the day and time. Skin warm and dry, color pale. Lungs clear x4. Vitals obtained 113/64, pulse 98, Resp 19, non-labored. temp 98.0, o2 sat 96%. Unable to stand, unsteady, poor balance. Sitting up in bed head elevated. PO fluids encouraged. Suprapubic catheter intact, patent, amber urine. R75's Progress Note, dated 2/9/26 at 6:13 PM, documents the following: Collected the stool sample, placed in the refrigerator. Spoke with NP (Nurse Practitioner), new orders to collect a urine sample, r/t (related to) resident complaining of burning, and pain. NP will place order for antibiotic to be started after the UA is collected. R75's Progress Note, dated 2/9/26 at 7:57 PM, documents the following: Pinched off the suprapubic catheter for one hour, collected urine sample, cloudy yellow urine with no odor, placed in refrigerator. R75's Hospitalist History and Physical, dated 1/22/26, documents the following: Assessment: Catheter associated UTI. Urine culture: greater than 100,000 CFU (colony forming unit) of pseudomonas aeruginosa and enterococcus faecalis. R75's MAR/TAR (Medication Administration Record/Treatment Record) document R75's catheter was last changed on 1/9/26. There was no documentation of catheter care or irrigation of the catheter for January or February 2026. On 2/10/26 at 12:25 PM, catheter care was observed on R75 with V5, Wound Nurse, and during care R75 complained of penile pain and tenderness around the suprapubic catheter site. On 2/10/26 at 1:36 PM, V19, LPN (Licensed Practical		S9999				

Illinois State Department of Health

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 02/13/2026	
NAME OF PROVIDER OR SUPPLIER BRIA OF WOODRIVER				STREET ADDRESS, CITY, STATE, ZIP CODE 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	
S9999	Continued from page 13 Nurse), stated R75 is supposed to get his catheter irrigated every 12 hours and she believes it is done on evening shift, she doesn't do it on the day shift. On 2/10/26 at 12:25 PM, V5, Wound Nurse, stated catheter care should be done every shift. On 2/10/26 at 2:12 PM, V2, DON (Director of Nurses) stated catheter care/irrigation of the catheter would be documented on the MAR/TAR. On 2/13/26 at 9:40 AM, V2, DON, stated she would expect physician orders to be followed. On 2/13/26 at 9:53 AM, V18, Nurse Practitioner, stated in part she would expect the nurses to use their nursing judgement when following physician orders. The Foley Catheter Care Policy, dated 4/2019, documents daily and PRN catheter care will be done to promote comfort and cleanliness. (A)		S9999				