

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/24/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Alton		STREET ADDRESS, CITY, STATE, ZIP CODE  3523 Wickenhauser Alton, IL 62002	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Let each resident or the resident's legal representative access or purchase copies of all the resident's records.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</b></p> <p>Based on Interview and Record Review, the facility failed to provide timely access to medical records, for 2 of 2 (R3, R4) residents, reviewed for rights to access medical records, in a sample of 12.</p> <p>Findings Include:</p> <p>R3's Face sheet, undated, documented an admitted [DATE].</p> <p>On 4/18/2024 at 3:00PM, V10, R3's daughter, stated I have asked for (R3's) medical records and still have not received anything. I emailed (V5, Medical Records) worker, all the required documents on 2/9/2024. I then followed up with (V5) on 2/15/2024 and needed to send another proof of identification. I sent that proof in the same day and have not heard anything. I sent (V5) an email in March to see if (V5) had heard anything about (R3's) medical records, and she emailed back that she sent everything to the corporate office and knew nothing else. I still have none of (R3's) medical records.</p> <p>On 4/18/2024 at 11:00AM V5, Medical Records, stated, R3's Power of Attorney, POA, put in a request for (R3's) medical records. The facilities do not give out medical records. The records are sent from the corporate office. I send in the request form. The family must provide a copy of the death certificate and identification. After I have the required documents, I send everything on to our corporate office. After that it is out of my hands. I do not get updates and don't know anything beyond when I send the documents in. (R3's) daughter sent me an email for an update on (R3's) records and I explained in the email that I do not get any updates.</p> <p>R4's Face sheet, undated, documented an admitted [DATE].</p> <p>On 4/19/2024 V9, R4's Guardian, stated, I have had a terrible time dealing with the facility. I spoke with (V1, Administrator), in the beginning of March, about getting (R4's) medical records. (V1) said yes, I could get them. (V1) did not get back to me. On 3/28/2024, I spoke with (V3, Social Services Director) and explained I needed (R4's) medical records. (V3) said he would get back to me. He did not call me back. I then called on 3/29/2024 and spoke with (V5, Medical Records) worker. I explained to (V5) that I needed (R4's) medical records. On 4/1/2024, (V5) told me I had to pay for the medical records. (V5) then called me back on 4/2/2024 and I re-explained everything again. On 4/2/2024 (V5) sent the documents that I was to fill out and I sent the required documents back on 4/2/2024 with the correct attachments. It looks like I received an invoice to pay for the records on 4/12/2024. I did not see this email until today. I still do not have any medical records.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0573</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/18/2024 at 2:45PM, V11, Corporate Consultant, stated, Requests for medical records are sent on to a data processing company. I do not have access to that information.</p> <p>On 4/18/2024 at 3:30PM V12, Data Processing Company Employee, stated, I received the request for (R4's) medical records and the invoice was sent to (V9, R4's Guardian) email on 4/12/2024. Once the fee is paid the medical records will be released. I have not received any request for R3's medical records.</p> <p>On 4/19/2024 at 10:35AM, V1, Administrator, stated, I knew (V7, R3's daughter), and (V10, R3's daughter), requested medical records, but they said they would not pay the fee. I don't know anything after that. V1(Administrator) also stated, (V9, R4's Guardian), has requested records in the past. I didn't know anything about her wanting more records.</p> <p>The facility's policy, MR Procedure for Medical Records, dated 2/26/2023 does not document a time frame for which the facility has to request medical records for residents and/or their power of attorney from their Health Information Management group.</p>		