STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to notify the Power of Attorney for the use of a narcotic and refusing therapy for 1 of 3 residents (R6) reviewed for notification in the sample of 21. Findings include: R6's Face Sheet, print date of 3/20/25, documents R6 was admitted on [DATE] and has diagnoses of Schizophrenia, Dementia, Alzheimer's Disease, and Dependence on Renal Dialysis. This Face Sheet also documents V3 as R6's legal guardian. R6's Minimum Data Set, dated dated [DATE], documents R6 is severely cognitively impaired. R6's Physician Progress Note, dated 2/26/25, documents, Interval history: Patient seen and examined today for acute care visit. Nursing staff reports patient is having difficulty sleeping at night. Staff also reports patient having concerns with pain unrelieved by PRN (as needed) Tylenol. Patient reports severe chronic pain in both feet and all over at times. Patient is unable to use NASIDs (Non-Steriodal Anti- Inflammatory) due to HD/ESRD (Hemodialysis/ End Stage Renal Disease). will add PRN Tramadol 50 mg (milligrams) Q (every) 12 hr (hour) for pain control and Trazadone 50 mg QHS (every hour of sleep) nightly. R6's Physician Order, dated 2/27/25, documents, traMADol HCl Oral Tablet 50 MG (Tramadol HCl). Give 1 tablet by mouth every 12 hours as needed for Pain. R6's Controlled Drug Receipt Record/ Disposition Form, dated 2/26/25, documents R6 received 7 doses of Tramadol 50 milligrams between 2/28/25 and 3/16/25. R6's Therapy Notes documents R6 started Speech Therapy on 1/31/25 and was released from Speech Therapy on 2/26/25. R6 started Physical Therapy on 2/1/25 and was released from Physical Therapy on 2/21/25. R6's Electronic Medical Record Fails to document V3 was notified or gave consent for the use of Tramadol. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R6's Electronic Medical Record Fails to document V3 was notified of R6's refusal of therapy and termination of therapy. On 3/19/25 at 4:25 PM, V3 (R6's Power of Attorney), stated she was never notified of R6 being ordered Tramadol for pain in R6's feet. V3 stated, I would have never given consent for this. Pain medication makes her crazy. The strongest thing she can have is Tylenol. I want to know exactly what she is getting so I can monitor her behaviors since she has Dementia and from what I am reading a lot of medications will have negative results with Dementia. I have told them that. I was never notified of R6 refusing therapy. On 3/18/25 at 11:03 AM, V9, Therapy Director, stated R6 would refuse therapy often. She would get hateful about it. R6 is a Medicaid resident. The facility will pay for 6 visits at a time. Once a resident refuses 3 times in a row we discharge them from the program for non-participation. I am not sure if her Power of Attorney was contacted about refusal or not. I will check into it. On 3/18/25 at 11:33 AM, V1, Administrator, stated that she does not know if therapy notified V3. On 3/19/25 at 8:50 AM, V9, stated she was unable to find any documentation of V3 being notified of R6 refusing therapy but V12, Physical Therapy Assistant, did say she called and left a message but V3 never called back. On 3/19/25 at 12:28 PM, V12, stated V3 wanted to know how R6 was doing. I did make a phone call to her. It wasn't answered. I did not leave a voice mail because of privacy issues. R6 would refuse therapy often. On 3/19/25 at 12:35 PM, V2, Director of Nurses, stated V3 should have been notified before the Tramadol was started. The policy change in Resident Condition, dated 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 of condition. Policy: 1. Nursing will notify the resident's physician or nurse practitioner when: a. The resident is involved in an accident or incident. b. There is a significant change in the resident's physical, mental or emotional status. c. There is a pattern of refusing treatments or medications. d. the resident wants to be discharged AMA (against medical advice). e. It is deemed necessary or appropriate in the best interest of the resident. 2. Once the physician has been notified and a plan developed, the nursing or social service staff will alert the resident and family of the issue and any physician orders. 3. Communication with the resident and their responsible party as well as the physician will be documented in the resident's medial record or other appropriate documents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to prevent physical and sexual abuse for 5 of 5 (R17, R18, R19, R20, R21) reviewed for abuse in the sample of 21. This failure resulted in R17 being sexually inappropriately touched by another resident. Findings Include: 1. R17's Face Sheet, print date of 3/24/25, documents R17 was admitted on [DATE] and has diagnoses of Type 2 Diabetes Mellitus, cocaine abuse, and mood disorder. R17's Minimum Data Set (MDS), dated [DATE], documents R17 is severely cognitively impaired. R17's Nurses Note, dated 3/18/2025 13:14, documents, This nurse was notified that this resident was inappropriately touched by another resident. Both residents involved were separated and (R16) put on 1:1 Upon investigation and questioning resident said nothing happened. Admin (Administrator) DON (Director of Nurses) and NP (Nurse Practitioner) notified. Police called and reported to IDPH (Illinois Department of Public Health). Skin check completed and resident has no skin issues and has no trauma from event. No complaints of pain or discomfort. R17's and R16's facility Final Serious Injury Incident and Communicable Disease Report, dated 3/18/25, documents, 2 staff members reported in the dining the two residents sitting close at the same table. they noted that (R17) had her pants down and stated that (R16) had his hand in her vaginal area. Staff intervened and removed (R17) from the area to help redress her. Police called, with MD. (R16) put on enhanced monitoring until future investigation. (R17) denied any sexual activity and stated that she does feel safe in the facility. (R16) denied any sexual activity and did state that (R17) did have her pants down, but he did not touch her. All other staff in the dining room did not witness incident. The police did not do a report as (R17) denied the incident and she stated that she felt safe. The nurse did complete a head to toe assessment and noted that resident had no noted skin impairment. (R17) denied pain or trauma. IDT (Interdisciplinary) intervention is for Staff to monitor the residents in the dining room and keep (R17) and (R16) separate at all times. R16's Face Sheet, print date of 3/25/25, documents R16 was admitted on [DATE] and has diagnoses of Major Depressive Disorder, Schizophrenia, Epilepsy, and Cerebral Palsy. R16's MDS, dated [DATE], documents R16 is cognitively intact. R16's Electronic Medical Record fails to document any Nurses Notes or Social Service Notes related to the allegation of sexual abuse. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	On 3/21/25 at 12:20 PM, V1, Administrator, stated she reported the incident to IDPH (Illinois Department of Public Health) and completed the investigation. The resident who it happened to is currently in the hospital at (hospital) for psychiatric issues. She was homeless, has schizophrenia and is relatively new here. We just found out her daughter is the POA (Power of Attorney). She has a BIMS (Brief Interview of Mental Status) of 6 and the man has a BIMS around 12. The incident was witnessed by two of the kitchen workers who reported it. It happened in the dining room where she took off her pants and he had his hand in her (vaginal) area. The residents were separated immediately. The lady denied it, said she felt safe in the facility. He denied it too. There were no other witnesses. All staff who may have been coming or going through the dining room were interviewed. We called the police but they did not file a report because the resident was denying it. The same day the lady threw a phone at another resident and that is why we sent her out. She is aggressive and having behaviors. She went out because she was a danger to others. On 3/24/25 at 2:10 PM, R16 stated, (R17) took her clothes off. I didn't fondle that woman. On 3/24/25 at 10;42 AM, V19, Dietary Aide, stated, R16 and R17 were sitting next to each other. R17 was in her wheelchair. R17 had her pants down and was showing R16 her private area. R16 put his hand on her pubic area. I yelled for V20 the Dietary Manager because we are not allowed to touch the residents. When I yelled at him to stop, he stopped. V20 told R17 not to do that. R17 started to yell we shouldn't be looking at us. V20 told the Administrator. On 3/24/25 at 1:55 PM, V20, Dietary Manager, stated, I was in the back of the kitchen V19 and V23 hollered at me to come out. R17 was sitting next to R16 she had her pants down. R16 was being taken away and staff were covering R17 up. I went to tell V2 immediately. On 3/25/25 at 10:49 AM, V23, Dietary Aide, stated, I was in the kitchen doing dishes. The kitchen staff were saying look at that man. V23 was questioned who were saying look at that man, V23 stated, (V19) and (V25, Dietary Aide). So, I went to the door window and saw (R16) rubbing (R17's) pubic area, then her thigh, and butt. I walked away because there is nothing I could do. There was no staff in the dining room. The door was opened to tell him to go to his room but he must have heard the door open because then he moved his hand. We called for (V20 Dietary Manager) but by that time (R16) was propelling himself away from the dining room. R17 didn't say anything. Her pant were off. We are contracted staff, and we cannot touch the residents. On 3/25/25 at 11:55 AM, V28, Business Office Manager, stated I was in the kitchen I heard hey they are way to close. I went out and separated R16 an R17. I draped R17's gown back over her legs lap area. I took R16 away from the dining room in his wheelchair and someone took R17 out of the dining room. On 3/26/25 at 10:30 AM, V2, Director of Nurses, stated, someone came to my office and told me we have a situation going on in the dining room by the time I got there residents R16 and R17 had been separated. It all happened very quickly. After that V1 was handling the situation. I would never allow abuse in this facility. 2. R18's Face Sheet, print date of 3/24/25, documents R18 was admitted on [DATE] and has diagnoses of recent stroke and End Stage Renal Disease. R18's MDS, dated [DATE], documents R18 is cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	The facility Final Serious Injury Incident and Communicable Disease Report, dated 3/18/25, documents, (R17) was sitting at the nurse's station when (R18 approached (R17) and she hit him with the phone on the head. They were immediately separated. (R18) was assessed by the nurse and noted to have a small red mark on forehead. He denied any pain at the time. police and ambulance called to send (R17) to (hospital) for evaluation. R18's Skin Condition Report, dated 3/18/25, documents R18 has a red area on the top of his scalp and he stated R17 hit him with the phone. R17's Face Sheet, Print date of 3/24/25, documents R17 was admitted on [DATE] and has diagnoses of Type 2 Diabetes Mellitus, cocaine abuse, and mood disorder. R17's MDS, dated [DATE], documents R17 is severely cognitively impaired. R17's Nurses Note, dated 3/18/2025 3:37 PM, documents, This nurse was attempting to remove resident from behind the desk when resident got upset at just being asked to come from behind the desk that she started to toss the phone about the nurses desk. (R18) was on the phone at the time, and this caused the receiver to be pulled from his hands, and he reported that it hit him in the head. R17's Nurse Note, dated 3/18/25, documents, this nurse was attempting to remove resident from behind the desk when resident got upset at just being asked to come from behind the desk that she started to toss the phone about the nurse's desk. (R18) was on the phone at the time, and this caused the receiver to be pulled from his hands, and he reported that it hit him in the head. Resident stayed aggressive by trying to pull stuff off the walls at the nurse's station and very abusive to staff. Removed resident from area and away from victim. (Nurse Practitioner) notified and orders to send out for eval. (evaluation) Involuntary admission to (Psychiatric Hospital) given to resident for being a threat to the residents and staff, 10-day bed hold sent with resident as well. Report called to (Psychiatric Hospital) ED (Emergency Department). On 3/25/25 at 9:18 AM, V13, Wound Nurse, stated, R17 wanted to get behind the desk. I was trying to get her out from behind it because of the privacy issue. She started shaking her arms and hands and ripped the phone out of R18's hands and it hit him in the head. She had only been here for 3 or 4 days. She was refusing her medications. She was hard to keep calm. 3. R20's Face Sheet, print date of 3/24/25, documents R20 was admitted on [DATE] and has diagnoses of Dementia and Schizoaffective Disorder. R20's MDS, dated [DATE], documents R20 is moderately cognitively impaired. R20's Final Serious Injury Incident and Communicable Disease Report, dated 3/16/25, documents, (R20) has a diagnosis of dementia with a BIMS of 6. He is noted to wander around in his wheelchair going to other resident's rooms. He wandered into (R19's) room. (R19) asked him to leave and when he did not, he hit him in the chest. The residents were immediately separated. The nurse performed a head-to-toe assessment on (R20) and noted no change in condition. R20's Nurses Note, dated 3/15/2025 10:00 PM, documents, Resident entered resident (R19's) room, causing (R19) to get upset at resident and got punched in the chest. Admin (Administrator) was notified, and investigation started. Skin check, and pain assessment completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	R19's Face Sheet, print date of 3/24/25, documents R19 was admitted on [DATE] and has diagnosis of Diabetes Mellitus. R19's MDS, dated [DATE], documents R19 is cognitively intact. R19's Nurses Note, dated 3/15/2025 10:14 PM, documents, Resident was upset that another resident (R20) entered his room and took it upon his self to take care of the situation by punching (R20). in the chest. CNA (Certified Nurse's Aide) witnessed it and removed (R20) out of resident's room. Resident was educated on not taking matters into his own hands and putting his hands on residents in such a manner. On 3/24/25 at 2:10 PM, R19 was questioned if he ever hit another resident, R19 stated, (R20) came in my room. He comes in and gets in my bed and steals stuff. I got him out of my bed, but I never put knuckles on him. I just used my open hand. On 3/25/25 at 10:37 AM, V22 LPN, stated, R19 is pretty non-confrontational. He is blind. R20 is truly our only geriatric patient. he has dementia and is alert to himself only. He wanders around with no intent. He will go into others rooms. He is like a toddler. On 3/25/25 at 12:59 PM, V13 LPN, stated, I was working the hall the evening R19 hit R20. R20 wanders into other people's rooms. 4. R19's and R21's Pintail Serious Injury Incident and Communicable Disease Report, incident report of 2/7/25, dated 2/7/25, documents, it was reported that a possible altercation happened between (R19) 58 yr (year) year old male and (R21) [AGE] year-old male. Assessments completed, no injuries to note. Residents were separated immediately. R19's Nurses Note, dated 2/7/25 at 1:13 PM, documents, Resident was involved in an altercation with another resident. Coffee was thrown on patient. No obvious scars or blisters to be noted at this time. Both residents denied the altercation. Eyewitness from the dietary department claims to have seen this resident hitting the other. Administrator aware. Patient is his own responsible party. Resident denies pain and discomfort. Resident remains in the dining room eating lunch. R21's Nurses Notes, dated 2/7/2025 14:19, documents, It was reported to this writer that resident had an altercation with another resident (R21) in the dining room, this resident was reported to had thrown coffee at another resident. It was stated by nursing staff that the two-resident started swinging at each other, but they didn't witness any physical contact, dietary staff stated that the other resident had hit this resident, and she had physically pulled the other resident off of him. Statements from both residents were obtained and both parties denied any physical altercation. Assessment completed upon this resident; no injury noted at this time. resident denies any pain or discomfort. Vs: T-97.1 P (pulse)-81, R-16, BP- 163/93, O2 (oxygen saturation)-97% RA. resident is now sitting up by the nurses station , will continue to monitor. Resident is his own responsible party, Emergency contact call (V21 R21's Power of Attorney) with no answer voicemail left, Admin made aware. On 3/24/25 at 2:07 PM, R19 is in his room. He states that he is blind and does not see well at all. On 3/24/25 at 2:07 PM, R19 was questioned if he has ever been hurt by other residents, R19 stated, Somebody threw hot coffee on me. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	R19's and R21's Final Serious Injury Incident and Communication Disease Report, incident report date of 2/9/25, dated 2/9/25, documents, resident to resident altercation. Both residents were in dining room and started to argue. (R19) hit (R21) in chest. staff immediately separated them. nurse assessed (R21). no injuries noted. R19's Nurses Note, dated 2/9/2025 08:45, documents, At approximately 8:30 am, I heard a commotion in the dining room and a CNA was almost there in DR (dining room) when she witnessed a resident from 200 hall wiped his hand across the table to push his dishes to the floor as this was happening this resident had already stood up and was heading to the microwave to heat up his oatmeal and this resident in turn hit him in his chest. R21's Nurses Note, dated 2/9/2025 14:54, documents, This resident had an altercation with another resident in the DR during breakfast. According to the CNA on duty, this resident attempted to throw his breakfast tray at another resident but missed. However, the other resident (R19) retaliated by striking this resident with his fist in his left upper chest region. The resident was unable to describe the events that led up to this incident. Denied pain/discomfort. The two residents were separated. Full body assessment was performed. No apparent injuries noted. ROM (range of motion) and V.S. (vital signs) are WNL (within normal limits). Administration, DON and ADON (Assistant Director of Nurses) were all made aware. POA (power of Attorney) and MD (Medical Director) to be notified. Q (every) 15-minute checks were implemented. Observation continues. Will pass on to oncoming staff. R19's Face Sheet, print date of 3/24/25, documents R19 was admitted on [DATE] and has diagnosis of Diabetes Mellitus. R19's MDS, dated [DATE], documents R19 is cognitively intact. R21's Face sheet, print date of 3/24/25, documents that R21 was admitted on [DATE] and has a diagnosis of Dementia. R21's MDS, dated [DATE], documents that R21 is severely cognitively impaired. On 3/25/25 at 10:37 AM, V22 Licensed Practical Nurse, stated, I was just told about the alteration between R19 and R21. I do not remember who the CNA was. R21 was not injured. He is alert to himself only. He is blind and has psychiatric issue. He will hit and yell at whoever when he is in the mood. On 3/25/25 at 11:11 AM, V24, Certified Nurse Aide, stated I just put R21's tray on the table and R21 immediately knocked it off. R19 was not in his chair he had just gotten up or the tray would have hit him. R19 walked around and hit R21 in the chest. They were immediately separated and R19 went back to his room. The Abuse Policy and Prevention Program, dated 10/22, documents, The facility affirms the right to our residents to be free from abuse. It continues, Abuse: Abuse mean any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to provide a final abuse investigation report for 2 of 5 residents (R19, R20) reviewed for abuse reporting in the sample of 21. Findings include: R19's and R21's Initial Serious Injury Incident and Communicable Disease Report, incident report of 2/7/25, dated 2/7/25, documents, it was reported that a possible altercation happened between (R19) 58 yr (year) year old male and (R21) [AGE] year-old male. Assessments completed, no injuries to note. Residents were separated immediately. R19's Nurses Note, dated 2/7/25 at 1:13 PM, documents, Resident was involved in an altercation with another resident. Coffee was thrown on patient. No obvious scars or blisters to be noted at this time. Both residents denied the altercation. Eyewitness from the dietary department claims to have seen this resident hitting the other. Administrator aware. Patient is his own responsible party. Resident denies pain and discomfort. Resident remains in the dining room eating lunch. R21's Nurses Notes, dated 2/7/2025 14:19, documents, It was reported to this writer that resident had an altercation with another resident (R21) in the dining room, this resident was reported to had thrown coffee at another resident. It was stated by nursing staff that the two-resident started swinging at each other, but they didn't witness any physical contact, dietary staff stated that the other resident had hit this resident, and she had physically pulled the other resident off of him. Statements from both residents were obtained and both parties denied any physical altercation. Assessment completed upon this resident; no injury noted at this time. resident denies any pain or discomfort. Vs/vital signs: T-97.1 P-81, R-16, BP- 163/93, O2-97% RA. resident is now sitting up by the nurses station, will continue to monitor. Resident is his own responsible party, Emergency contact call (V21 R21's Power of Attorney) with no answer voicemail left, Admin made aware. On 3/24/25 at 12:49 PM, V2, Director of Nurses, stated, I did report the initial report on 2/7/25. I think what happened is V1, old Administrator, investigated the incident on 2/7/25 and 2/9/25 together since they were so close together. On 3/24/25 at 12:55 PM, V1, current Administrator, stated that she could not find a file on the incident on 2/7/25 and the only documentation that she can find came from V2's email that documents the initial report was made. The Abuse Policy and Prevention Program, dated 10/22, documents, The facility affirms the right to our residents to be free from abuse. It continues, Abuse: Abuse mean any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. It continues, The administrator or person designated to act as administrator in the administrator's absence will review the report. The administrator or designee is then responsible for forwarding a final written report of the results of the investigation and of any corrective actions taken to the Department of Public Health within five working days of the reported investigation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to conduct an investigation for 2 of 5 residents (R19, R21) reviewed for abuse reporting in the sample of 21. Findings include: R19's and R21's Initial Serious Injury Incident and Communicable Disease Report, incident report of 2/7/25, dated 2/7/25, documents, it was reported that a possible altercation happened between (R19) 58 yr (year) year old male and (R21) [AGE] year-old male. Assessments completed, no injuries to note. Residents were separated immediately. R19's Nurses Note, dated 2/7/25 at 1:13 PM, documents, Resident was involved in an altercation with another resident. Coffee was thrown on patient. No obvious scars or blisters to be noted at this time. Both residents denied the altercation. Eyewitness from the dietary department claims to have seen this resident hitting the other. Administrator aware. Patient is his own responsible party. Resident denies pain and discomfort. Resident remains in the dining room eating lunch. R21's Nurses Notes, dated 2/7/2025 14:19, documents, It was reported to this writer that resident had an altercation with another resident (R21) in the dining room, this resident was reported to had thrown coffee at another resident. It was stated by nursing staff that the two-resident started swinging at each other, but they didn't witness any physical contact, dietary staff stated that the other resident had hit this resident, and she had physically pulled the other resident off of him. Statements from both residents were obtained and both parties denied any physical altercation. Assessment completed upon this resident; no injury noted at this time. resident denies any pain or discomfort. Vs : T-97.1 P-81, R-16, BP- 163/93, O2-97% RA. resident is now sitting up by the nurses station , will continue to monitor. Resident is his own responsible party, Emergency contact call (V21 R21's Power of Attorney) with no answer voicemail left, Admin made aware. On 3/24/25 at 12:49 PM, V2, Director of Nurses, stated, I did report the initial report on 2/7/25. I think what happened is V1, old Administrator, investigated the incident on 2/7/25 and 2/9/25 together since they were so close together. On 3/24/25 at 12:55 PM, V1, current Administrator, stated that she could not find a file on the incident on 2/7/25 and the only documentation that she can find came from V2's email that documents the initial report was made. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Abuse Policy and Prevention Program, dated 10/22, documents, The facility affirms the right to our residents to be free from abuse. It continues, Abuse: Abuse mean any physical or mental injury or sexual assault inflicted upon a resident other than by accidental means. It continues, Any incident or allegation involving abuse, neglect, exploitation, mistreatment of misappropriation of resident property will result in an investigation. It continues, The appointed investigator, will at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable, any written statements that have been submitted will be reviewed, along with any pertinent medical records or other documents. Residents to whom the accused has regularly provide care, and employees with whom the accused has regularly worked, will be interviewed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to send a resident for evaluation and treatment after multiple refusals for dialysis for 1 of 3 residents (R6) reviewed for change of condition in the sample of 21. This failure resulted in R6 being sent to the emergency room , being admitted to the Intensive Care Unit, and having a Central Line placed. Findings Include: R6's Face Sheet, print date of 3/20/25, documents R6 was admitted on [DATE] and has diagnoses of Schizophrenia, Dementia, Alzheimer's Disease, and Dependence on Renal Dialysis. R6's Minimum Data Set, dated dated [DATE], documents R6 is severely cognitively impaired. R6's Physician Order, dated 1/30/25, documents, Dialysis: 5 days a week. R6's Hemodialysis Treatment Times, dated 2/3/25 - 3/17/25, documents the last dialysis treatment was on 3/11/25. R6's Nurses Note, dated 3/19/25 at 1:05 PM, documents, Res/resident appeared lethargic, not responding to verbal stimuli. Provider at facility assessed and N.O. (new order) received to send res to ER (emergency room) for eval (evaluation). Attempted to obtain vitals and res (resident) became combative, hitting at staff. Call placed to POA (Power of Attorney) who agrees with plan of care and wanted res sent to (local hospital). EMS (Emergency Medical Services) notified, report called to (local hospital), resident currently on way to ED (Emergency Department). R6's HOSPITALIST ADMISSION HISTORY & PHYSICAL EXAM, dated 3/19/25, documents, (R6) is a 73 y.o. (year of) female with a PMHx (past medical history) of Alzheimer's dementia, Parkinson's disease, ESRD (End Stage Renal Dialysis) on dialysis, CHF (Congestive Heart Failure), GERD (Gastroesophageal Reflux Disease), HTN (Hypertension), HLD (Hyperlipidemia), OSA (Osteoarthritis), Anemia, and Schizophrenia who presented to the ED (Emergency Department) with complaints of altered mental status. HPI (History of Present Illness) limited due to underlying Alzheimer's dementia. Information obtained per chart review. The patient presented to the ED earlier today from (facility) skilled nursing facility with report per staff of refusing all care for the past week. The patient has a history of ESRD and is supposed to receive dialysis 5 days a week (Monday through Friday). Per staff, the patient has been refusing dialysis all week, with her last completed dialysis treatment on 3/13. No further details surrounding the presenting illness are available. Per chart review, the patient has underlying Alzheimer's dementia and is oriented times 1-2 at baseline. During the ED evaluation, the patient was hemodynamically unstable with bradycardia and hypotension. Central venous access was obtained, and the patient was subsequently started on dopamine and Levophed. Per chart review, nephrology was consulted by the ED provider for dialysis management. Additionally, the intensivist was also consulted in the emergency department. Patient was subsequently admitted to ICU (Intensive Care Unit) for further management. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	On 3/19/25 at 12:35 PM, V2, Director of Nurses, stated, V14, Dialysis Nurse, spoke with V15, Nephrologist, and I spoke with V15, Medical Director. We are going to send her to the hospital because she needs dialysis and here I cannot chemically restrainer her to be able to do it. I know V3 doesn't want her to go out, but we have no choice. On 3/19/25 at 12:50 PM, V14, Dialysis Nurse, stated, R6 would refuse dialysis. If they could get her down here, she would refuse to transfer from the wheelchair to the dialysis chair. If she would agree to sit for dialysis when she would say she was done she was done. She would hit, kick, scream, and spit. She hit one of the technicians in the head with the blood pressure machine. One time we had to call (V3) to come because she was to agitated to take her off of the machine. It was just too unsafe to try and pull her dialysis needles. I was letting (V15 Nephrologist) know that she was refusing, and he told me to do what I could. Today I did call him and let him know that she has not had dialysis in 8 days, and he said to send her out because that has been too long. Usually if they miss 3 treatments in a week, we send them out. On 3/19/25 at 2:20 PM, V15, stated, R6 should have been sent to the hospital on her 3rd missed treatment. I spoke with V14 and told her that and told her to have the nursing home sent out. After missing 3 treatments the electrolytes are off and at that point it is not even safe to dialysis them without new lab work. That is why they go to hospital, get the labs drawn, and then they can get dialysis. When V14 called me today and said she still hadn't been to dialysis I told her if the nursing home won't send her out, I will give you an order to do it. On 3/19/25 at 2:27 PM, V2 stated V14 never came to me and told me that R6 needed to be sent out before today. On 3/19/25 at 3:30 PM, V14 stated, on 3/14/25 the nurse came down and told me that R6 was not coming for dialysis. I then told her that R6 needs to be sent to the emergency room . I do not remember who the nurse was. I personally could not send her out to the emergency room because she was not in the dialysis clinic but over on the nursing home side. On 3/25/25 at 10:40 AM, V22 Licensed Practical Nurse stated, I took care of R6 only a few times. Dialysis never told me that since she missed dialysis again, she needed to go to the hospital. If I was told that I would have notified the Doctor and let him know. The policy change in Resident Condition, dated 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 of condition. Policy: 1. Nursing will notify the resident's physician or nurse practitioner when: a. The resident is involved in an accident or incident. b. There is a significant change in the resident's physical, mental or emotional status. c. There is a pattern of refusing treatments or medications. d. the resident wants to be discharged AMA (against medical advice). e. It is deemed necessary or appropriate in the best interest of the resident. 2. Once the physician has been notified and a plan developed, the nursing or social service staff will alert the resident and family of the issue and any physician orders. 3. Communication with the resident and their responsible party as well as the physician will be documented in the resident's medial record or other appropriate documents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to provide the Physician prescribed pain medication for 1 of 5 residents (R5) reviewed for pain in the sample of 21. This failure resulted in R5 having pain requiring him to stay in bed all day, feeling frustrated, and enjoy his normal daily activities. Findings include: R5's Face Sheet, print date of 3/19/25, documents R5 was admitted on [DATE] and has diagnoses of Spina Bifida, Anxiety, and Bipolar Disorder. R5's Minimum Data Set, dated dated [DATE], documents R5 is cognitively intact. R5's Physician Order, dated 6/26/24, documents, Oxycodone HCL Oral Tablet 10 MG (milligrams) give 1 tablet by mouth every 4 hours related to osteomyelitis of vertebra, lumbar region. R5's Medication Administration Record documents R5 did not receive the scheduled doses of Oxycodone 10 mg on 3/18/25 the 9 AM, 1 PM, 5 PM, an 9 PM schedule doses. On 3/19/25 the 1 AM and 5 AM scheduled doses. The 3/18/25 5 PM dose has a pain level of 6 charted. On 3/18/25 at 9:05 AM, R5 stated that he did not get his morning dose of Oxycodone because they ran out of it. On 3/18/25 at 2:00 PM, V13, Licensed Practical Nurse, stated R5 did run out of his Oxycodone, and it supposed to come on the pharmacy delivery tonight. Our pharmacy is in Chicago, so we have to wait for the delivery. V13 stated that she was unable to pull it out of the (automatic medication dispensing machine) because there was none in the (automatic medication dispensing machine). R5 has a lot of abdominal pain due to multiple hernias and he has been on this pain medication for a long time. On 3/19/25 at 9:40 AM, R5 stated I received by Oxycodone this morning. R5 was questioned what his pain level was without his pain medication on the 0-10 scale, R5 stated, It got up to about a 7. I have a lot of abdominal pain from hernias. I pretty much had to lay in bed all day because of it. It makes me frustrated they know I need my medication. The policy Pain Management, dated 10/23, documents, General: to facilitate and provide guidance on pain observations and management. To facilitate resident independence, promote resident comfort and preserve resident dignity. This will be accomplished through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhanced dignity and life involvement.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0755 Level of Harm - Actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to provide the Physician prescribed pain medication for 1 of 5 residents (R5) reviewed for medications in the sample of 21. This failure resulted in R5 having pain requiring him to stay in bed all day, feel frustrated, and not enjoy his normal daily activities. Findings include: R5's Face Sheet, print date of 3/19/25, documents R5 was admitted on [DATE] and has diagnoses of Spina Bifida, Anxiety, and Bipolar Disorder. R5's Minimum Data Set, dated dated [DATE], documents R5 is cognitively intact. R5's Physician Order, dated 6/26/24, documents, Oxycodone HCL Oral Tablet 10 MG (milligrams) give 1 tablet by mouth every 4 hours related to osteomyelitis of vertebra, lumbar region. R5's Medication Administration Record documents R5 did not receive the scheduled doses of Oxycodone 10 mg on 3/18/25 the 9 AM, 1 PM, 5 PM, and 9 PM. On 3/19/25 the 1 AM and 5 AM scheduled doses. On 3/18/25 at 9:05 AM, R5 stated that he did not get his morning dose of Oxycodone because they ran out of it. On 3/18/25 at 2:00 PM, V13, Licensed Practical Nurse, stated R5 did run out of his Oxycodone and it supposed to come on the pharmacy delivery tonight. Our pharmacy is in Chicago, so we have to wait for the delivery. V13 stated that she was unable to pull it out of the (automatic medication dispensing machine) because there was none in the (automatic medication dispensing machine). R5 has a lot of abdominal pain due to multiple hernias and he has been on this pain medication for a long time. On 3/19/25 at 9:40 AM, R5 stated I received by Oxycodone this morning. R5 was questioned what his pain level was without his pain medication on the 0-10 scale, R5 stated, It got up to about a 7. I have a lot of abdominal pain from hernias. I pretty much had to lay in bed all day because of it. It makes me frustrated they know I need my medication. The policy Medication Administration, dated 2/24, documents, If medication is ordered, but not present, check to see if it was misplaced and then call pharmacy to obtain the medication. If available, obtain it from the contingency or convenience box.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33112 Based on interview and record review, the facility failed to offer a nighttime snack for 4 of 6 residents (R2, R3, R4, R5) reviewed for snacks in the sample of 21. Findings include: 1. R2's Face Sheet, print date of 3/19/25, documents R2 was admitted on [DATE] and has a diagnosis of End Stage Renal Disease. R2's Minimum Data Set (MDS), dated [DATE] documents R2 is cognitively intact. On 3/17/25 at 11:34 AM, R2 stated, I am not offered a snack at bedtime. 2. R3's Face Sheet, print date of 3/19/25, documents R3 was admitted [DATE] and has a diagnosis of dependence on Renal Dialysis. R3's MDS, dated [DATE], documents R3 is moderately cognitively impaired. On 3/17/25 at 9:05 AM, R3 stated, R3 stated sometimes he gets a snack at night but not every night. 3. R4's Face Sheet, print date of 3/19/25, documents R3 was admitted on [DATE] and has a diagnosis of Diabetes Mellitus. R3's MDS, dated [DATE], documents R4 is cognitively intact. On 3/17/25 at 1:35 PM, R4 stated I am a diabetic and they never offer me a snack. The aides will bring out a box of like oatmeal pies but there are 4 residents that wait for that cart and take all the snacks so there is nothing left for everyone else. Nurses have even had to go to the vending machine and buy me a snack with their money because my sugar was so low. They shouldn't have to do that. 4. R5's Face Sheet, print date of 3/19/25, documents R3 was admitted on [DATE] and has diagnosis of Bipolar Disorder. R5's MDS, dated [DATE], documents R5 is cognitively intact. On 3/17/25 at 1:40 PM, R5 stated, they never offer snacks at night. On 3/18/25 at 8:45 AM, V1, Director of Nurses stated, Residents can have snacks whenever they want. We keep them at the nurse's station so the nurses can pass them out when someone asks for them. The Resident Council Meeting minutes, dated 12/18/24, documents, 'Dietary. No snacks after they leave. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145427	A. Building B. Wing	03/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Alton	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)
F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The policy Snacks, dated 10/2022, documents, Nursing Services is responsible for delivering the individual snacks to the identified residents and for offering evening snacks to all other residents.