

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  05/10/2024
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</b></p> <p>Based on interview and record review, the facility failed to obtain and properly document code status for 5 of 6 residents (R58, R261, R264, R265, R266) reviewed for advanced directives, in the sample of 43.</p> <p>Findings include:</p> <p>1. R261's Face Sheet, undated, documented that R261 was admitted to the facility on [DATE] with diagnoses including type 1 diabetes mellitus, end stage renal disease, and dependence on renal dialysis.</p> <p>On [DATE] at 2:00 PM, R261's Electronic Health Record did not list a Code Status.</p> <p>On [DATE] at 2:10 PM, requested R261's Physician Orders and the State Agency Uniform Practitioner Order for Life-Sustaining Treatment (POLST) Form from V2, Director of Nursing (DON).</p> <p>R261's Order Summary Report, printed [DATE] at 2:55 PM, documented that R261 was a Full Code as of [DATE]. There was no Code Status listed prior to [DATE].</p> <p>R261's State Agency Uniform Practitioner Order for Life-Sustaining Treatment (POLST) Form, dated [DATE], documented, Yes CPR: Attempt cardiopulmonary resuscitation (CPR).</p> <p>2. R58's Face Sheet, undated, documented that R58 was admitted to the facility on [DATE] with diagnoses of traumatic subdural hemorrhage, chronic obstructive pulmonary disease, and paranoid schizophrenia.</p> <p>On [DATE] at 2:00 PM, R58's Electronic Health Record did not list a Code Status.</p> <p>On [DATE] at 2:10 PM, requested R58's Physician Orders and POLST Form from V2, DON.</p> <p>R58's Order Summary Report, printed [DATE] at 2:58 PM, documented that R58 was a Full Code as of [DATE]. There was no Code Status listed prior to [DATE].</p> <p>R58's POLST Form, dated [DATE], documented, Yes CPR: Attempt cardiopulmonary resuscitation (CPR).</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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. R266's Face Sheet, undated, documented that R266 was admitted to the facility on [DATE] with diagnoses including encephalopathy, systolic heart failure, and end stage renal disease on dialysis.</p> <p>On [DATE] at 2:00 PM, R266's Electronic Health Record did not list a Code Status.</p> <p>On [DATE] at 2:10 PM, requested R266's Physician Orders and POLST Form from V2, DON.</p> <p>R266's Order Summary Report printed [DATE] at 2:56 PM documents R266 is a Full Code as of [DATE]. There was no Code Status listed prior to [DATE].</p> <p>R266's POLST Form dated [DATE] documents, Yes CPR: Attempt cardiopulmonary resuscitation (CPR).</p> <p>4. R264's Face Sheet documents R264 was admitted to the facility on [DATE] with diagnoses including femur fracture, cerebral infarction, and acute kidney failure.</p> <p>On [DATE] at 2:00 PM, R264's Electronic Health Record did not list a Code Status.</p> <p>On [DATE] at 2:10 PM, requested R264's Physician Orders and POLST Form from V2, DON.</p> <p>R264's Order Summary Report, printed [DATE] at 3:00 PM, documented that R264 is a Full Code as of [DATE]. There was no Code Status listed prior to [DATE].</p> <p>R264's POLST Form, dated [DATE], documented, No CPR: Do Not Attempt Resuscitation (DNAR).</p> <p>5. R265's Face Sheet, undated, documented that R265 was admitted to the facility on [DATE] with diagnoses including acute myocardial infarction, atherosclerotic heart disease, and cocaine and alcohol abuse.</p> <p>On [DATE] at 2:00 PM, R265's Electronic Health Record did not list a Code Status.</p> <p>On [DATE] at 2:10 PM, requested R265's Physician Orders and POLST Form from V2, DON.</p> <p>R265's Order Summary Report, printed [DATE] at 2:58 PM, documented that R265 was a Full Code as of [DATE] and there was no Code Status listed prior to [DATE].</p> <p>R265's POLST Form, dated [DATE], documented, Yes CPR: Attempt cardiopulmonary resuscitation.</p> <p>On [DATE] at 3:22 PM, V2, Director of Nursing (DON), stated that V11, Social Services Director, was currently collecting the POLST forms for the above residents. She also stated they were all new admissions, so they were getting them now.</p> <p>On [DATE] at 10:09 AM, V1, Administrator, stated that the Code status was part of the admission paperwork and if residents do not already have a Code Status, the facility talks to the residents if they are able to make their own decisions. V1, continued to state that if they are unable to make their own decisions, the facility talks to their family about their wishes, then contacts the physician. V1, also stated that if there was no Code Status listed, residents are considered to be Full Code.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 12:35 PM, V2, DON, stated that the Code Status should be addressed as soon as possible after admission.</p> <p>The Facility's Advance Directives and DNR Policy, reviewed ,d+[DATE], documented, When a resident is admitted to the facility, a discussion of advance directives will take place between the resident and family, if the resident is unable to make decisions. This enables the staff to readily and clearly ascertain how to treat the resident in advance of an emergency. It continues, Under state and federal law, people have the right to make decisions regarding health care treatment. This includes their right to determine in advance what life-sustaining treatment will be provided, if any, in the future if they are unable to communicate those desires themselves. It continues, It is the policy of this facility to follow an individual's physician order made in accordance with state law regarding advance directives limiting life-sustaining treatment. It continues, A DNR order is valid with a POLST or IDPH Uniform DNR form completed and/or a physician order is completed. It continues, A Full Code/DNR order will be noted in the resident's medical record. It continues, The POLST form should be scanned into the medical record and must accompany the resident when they are transferred or discharged from the facility. It continues, The POLST Form should be reviewed when the resident is transferred from one care setting to another, there is a substantial change in the residents' health status or the resident treatment preference changes.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 33110</p> <p>Based on interview and record review, the facility failed to transcribe and carry out a physician order for a specialist appointment for 1 of 1 resident (R57) reviewed for quality care, in the sample of 43.</p> <p>Findings Include:</p> <p>R57's Admission Record, dated 3/28/24, documented that R57 had a diagnosis of unspecified cirrhosis of liver, malignant neoplasm of the colon, ascites, thrombocytopenia unspecified and decreased white blood cell count unspecified that were added to the diagnosis list on 4/19/24.</p> <p>R57 Minimum Data Set (MDS), dated [DATE], documented that R57 was moderately cognitively impaired.</p> <p>R57's Physician Order Sheets, (POS), dated 4/19/24, documented, Refer to the hematologist diagnoses Leukopenia and Thrombocytopenia one time only related to decreased white blood cell count and unspecified Thrombocytopenia.</p> <p>R57's POS, dated 4/27/24, documented, Refer to hematologist for Leukopenia and Thrombocytopenia.</p> <p>On 5/6/24 at 10:00, V20 Transportation/Appointment [NAME], stated, I was not aware of that appointment.</p> <p>On 5/7/24 at 1:00 PM, V3, ADON (Assistant Director of Nursing), stated, We print off the order and give it to (V20 Transportation/Appointment [NAME]), and she calls them, if they need paperwork sent to the doctor, she (V20) notifies me. I pull the paper and she (V20) sends it off to the doctor so we can get the appointment.</p> <p>On 5/9/24 at 11:35 AM, V20, Physician, stated, This is a chronic issue this guy (R57) has Cirrhosis of the liver and receives paracentesis. It will not make any difference that the appointment was delayed.</p> <p>R57's Lab Results Report, dated 4/22/24, documented that R57's WBC (White Blood Count) was low at 2.5, which was indicative of Leukopenia. and the Normal range was 3.9- 10.6. It continued to document that R57's Platelet Count was 56 which was indicative of thrombocytopenia, and the normal lab value range was 150-399.</p> <p>R57 Lab Results Report, dated 4/19/24, documented that R57's WBC (White Blood Count) was 1.9 and the normal is 3.9-10.6. R57's Platelet Count was 51 and the normal is 150-399.</p> <p>R57's Nurses Note, dated 4/18/24, documented, Lab called this nurse with critical labs WBC 1.9 and Platelets 51.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility Policy, Appointments and Transportation, dated 8/2018, documented. The staff nurse or designee will call the place of appointment to verify the date, time, and location. If the resident is unable to keep the appointment, it is the staff nurse responsibility to cancel the appointment and reschedule it at the earliest time. The facility did not have a policy that covered the making of initial appointments.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</b></p> <p>Based on interview and record review, the Facility failed to ensure palatable and appetizing meals for 5 of 5 residents (R18, R13, R24, R33, R267) reviewed for food palatability and temperature in the sample of 43.</p> <p>Findings include:</p> <p>1-R18's Face Sheet documents R18 was admitted to the facility on [DATE].</p> <p>R18's Minimum Data Set (MDS) dated [DATE] documented R18 was cognitively intact.</p> <p>R18's Physician Order dated 2/12/24 documents R18 is on a regular diet.</p> <p>On 5/5/24 at 9:52 AM, R18 stated the food is not good, and even when it is decent, it is always still cold.</p> <p>2-R13's Face Sheet documents R13 was admitted to the facility on [DATE].</p> <p>R13's MDS dated [DATE] documented R13 was cognitively intact.</p> <p>R13's Physician Order dated 2/12/24 documents R13 is on a regular diet.</p> <p>On 5/5/24 at 11:40 AM, R13 stated the food is horrible. R13 stated she has to order meals from outside the Facility.</p> <p>3-R24's Face Sheet documents R24 was admitted to the facility on [DATE].</p> <p>R24's MDS dated [DATE] documented R24 was cognitively intact.</p> <p>R24's Physician Order dated 2/12/24 documents R24 is on a regular diet with double portions.</p> <p>On 5/6/24 at 12:20 PM, R24 made the statement about the Facility food, Usually it's crap on a plate.</p> <p>4-R33's Face Sheet documents R33 was admitted to the facility on [DATE].</p> <p>R33's MDS dated [DATE] documented R33 was cognitively intact.</p> <p>R33's Physician Order dated 2/12/24 documents R33 is on a regular diet with double portions and fortified pudding with meals twice per day.</p> <p>On 5/6/24 at 12:22 PM, R33 stated the food could be better.</p> <p>5-R267's Face Sheet documents R267 was admitted to the facility on [DATE] with diagnoses including protein calorie malnutrition, weakness, and end stage renal disease requiring dialysis.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R267's MDS dated [DATE] did not evaluate R267's cognitive status.</p> <p>R267's Physician Order dated 3/4/24 documents R267 was on a mechanical soft diet with no bananas, oranges, orange juice, or tomatoes.</p> <p>R267's Grievance Form dated 7/7/23 documents breakfast food was cold. This Grievance was confirmed.</p> <p>The Facility's Grievance Form from Resident Council Meeting dated 5/25/23 documents vegetables are overcooked at times. This Grievance was confirmed.</p> <p>On 5/9/24 at 8:13 AM, test tray temperatures were obtained on the 300 Hall after last resident hall tray was served. The scrambled eggs measured 112 Fahrenheit (F), the orange juice measured 60 F, and the cranberry juice measured 61 F.</p> <p>On 5/9/24 at 11:48 AM, V1, Administrator, stated she expects staff to follow food service policies.</p> <p>The Facility's Untitled Policy dated 2014 documents, Hot foods should be served at 135 F or higher. Cold foods should be served at or below 41 F.</p> <p>The Facility's Dining and Food Preferences Policy revised 9/2017 documents, Individual dining, food, and beverage preferences are identified for all residents/patients. Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverage will be offered an alternative selection of comparable nutrition value.</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45947</p> <p>Based on interview and record review, the Facility failed to follow their alternative menu for 6 of 6 residents reviewed for alternative food choices in the sample of 43.</p> <p>Findings include:</p> <p>1-R40's Face Sheet documents R40 was admitted to the facility on [DATE] with diagnoses including chronic systolic heart failure, chronic obstructive pulmonary disease, and atherosclerotic heart disease.</p> <p>R40's Minimum Data Set (MDS) dated [DATE] documented R40 was cognitively intact.</p> <p>R40's Physician Order dated 2/12/24 documents R40 is on a NAS (No Added Salt) diet.</p> <p>On 5/5/24 at 10:05 AM, R40 stated there is too much pork served at meals and no good substitutes offered.</p> <p>2-R263's Face Sheet documents R263 was admitted to the facility on [DATE] with diagnoses including functional dyspepsia, cerebral infarction, and dysphagia.</p> <p>R263's MDS dated [DATE] documented R263 was independent with cognitive skills for daily decision making.</p> <p>R263's Physician Order dated 2/12/24 documents R263 is on a NCS/NAS (No Concentrated Sweets/No Added Salt) diet.</p> <p>On 5/5/24 at 10:17 AM, R263 stated the Facility never cooks enough food, and the substitute is always grilled cheese.</p> <p>3-R24's Face Sheet documents R24 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes, human immunodeficiency virus, and hemiplegia and hemiparesis following cerebral infarction.</p> <p>R24's MDS dated [DATE] documented R24 was cognitively intact.</p> <p>R24's Physician Order dated 2/12/24 documents R24 is on a regular diet.</p> <p>On 5/6/24 at 12:20 PM, R24 stated, If we don't like the meal, all we get is a grilled cheese. It would be nice if we got something different. Sometimes we get leftovers but . (nothing else).</p> <p>4-R33's Face Sheet documents R33 was admitted to the facility on [DATE] with diagnoses including essential hypertension, chronic obstructive pulmonary disease, and unsteadiness on feet.</p> <p>R33's MDS dated [DATE] documented R33 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R33's Physician Order dated 2/12/24 documents R33 is on a general diet.</p> <p>On 5/6/24 at 12:22 PM, R33 stated the food alternative is always grilled cheese.</p> <p>On 5/7/24 at 1:00 PM during the Group Resident Council Meeting, R6 and R55 stated grilled cheese is the only alternative if you do not want the meal served.</p> <p>On 5/7/24 at 1:55 PM, V16, Dietary Manager, was asked what alternatives were served for lunch today. She stated, We had spaghetti (regular menu item), we had grilled cheese, we had green beans, mashed potatoes, and lunch meat sandwiches.</p> <p>On 5/7/24 at 1:58 PM, V15, Certified Nursing Assistant (CNA), stated, (If residents do not like the meal item served), I try to offer grilled cheese, and I think they just started (offering) hamburgers. There's not a lot of options, but I usually try to offer grilled cheese and hamburgers.</p> <p>On 5/7/24 at 2:24 PM, V17, Regional Ombudsman, stated, For the past 7 years, the only alternatives have been grilled cheese or leftovers. If they didn't like the meal the first time, they are not going to like it leftover. I have had so many discussions with the Facility, but nothing has changed. It's still grilled cheese and leftovers.</p> <p>On 5/9/24 at 11:48 AM, V1, Administrator, stated she expects staff to follow food service policies.</p> <p>The Facility's Dining and Food Preferences Policy revised 9/2017 documents, Individual dining, food, and beverage preferences are identified for all residents/patients. Upon meal service, any resident/patient with expressed or observed refusal of food and/or beverage will be offered an alternative selection of comparable nutrition value.</p> <p>The Facility's Undated Always Available Menu documents deli sandwich, jelly sandwich, grilled cheese, mixed fruit cup, cottage cheese, side, salad, and mashed potatoes are always available.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42834</p> <p>Based on Observation, Interview, and Record Review, the facility failed to maintain infection control during dialysis treatment on 7 residents (R266, R41, R10, R30, R261, R53, R32) in the sample of 43.</p> <p>Findings Include:</p> <p>R266's Face sheet documents an admitted [DATE] and diagnosis includes Encephalopathy, Cirrhosis of the Liver, End Stage Renal Disease, Ascites. R266's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R41's Face sheet documents an admitted [DATE] and diagnosis includes End Stage Renal Disease, Chronic Obstructive Pulmonary Disease, Vascular Prosthetic, Type 2 Diabetes, Bacteremia. R41's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R10's Face sheet documents an admitted [DATE] and diagnosis include End Stage Renal Disease, Toxic Encephalopathy, Respiratory Failure, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease. R10's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R30's Face sheet documents an admitted [DATE] and diagnosis include End Stage Renal Disease, Chronic Kidney Disease, Type 2 Diabetes. R30's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R261's Face sheet documents an admitted [DATE] and diagnoses include End Stage Renal Disease, Type 1 Diabetes Mellitus with Diabetic Neuropathy, Chronic Embolism and Thrombosis. R261's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R53's Face sheet documents an admitted [DATE] and diagnosis include End Stage Renal Disease, Polyneuropathy, Acute Kidney Failure, Obstructive and Reflux Uropathy, Morbid Obesity. R53's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>R32's Face sheet documents an admitted [DATE] and diagnosis includes End Stage Renal Disease, Cerebral Infarction, Chronic Obstructive Pulmonary Disease, Pleural Effusion. R32's order sheets dated 4/1/2024 document Hemodialysis in house with dialysis company.</p> <p>On 5/6/2024 at 9:30 AM Observed in house dialysis by dialysis company. Staff present were V12, RN (Registered Nurse) and V13 PCT (patient care technician). Six hemodialysis stations were present on the unit. The dialysis home provides hemodialysis for seven residents. Six residents are provided dialysis five days a week Monday through Friday. One resident is provided dialysis four days a week Monday, Tuesday, Thursday, and Friday.</p> <p>(continued on next page)</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/6/2024 at 9:30 AM V12 and V13 not wearing gloves, gowns, or masks. Observed six syringes with clear liquid inside of each syringe laying on the counter behind the nurse's desk. Observed the six syringes labeled with each resident's name. When asked V13, PCT what was in each of the syringes. V13, PCT stated it was heparin flush solution. The syringes were labeled with the names of R261, R53, R41, R10, R30, and R266.</p> <p>On 5/7/2024 at 8:30 AM V12, RN and V13, PCT observed with dialysis residents, without proper PPE (gown, gloves, and mask). V12 and V13 applied PPE after surveyor entered the unit. Observed V13 disconnect R30 from the dialysis machine and placed pressure onto the right arm of R30 for 10 minutes, taped the arm of R30 without using a dressing. V13 stated he was applying a dressing gauze to the site of the arm of where he removed the needle. V13 stated that they were out of the dressing kits at this time. Asked V12 if the unit was limited of dressing kits and needles used to stick the residents to connect to the dialysis machines, she checked and was unaware. V13 stated that supplies have been ordered and they should be in on 5/8/24.</p> <p>On 5/7/2024 at 8:45AM V13 removed R41 off the dialysis machine placed tubing and filter into the bag hanging on the IV pole, removed the bag off the IV pole then tossed the bag into a red bag into a box. V13 removed his gloves and tossed into the box. V13 proceeded to apply more gloves without using hand sanitizer.</p> <p>On 5/7/2024 at 8:45 AM observed V13 go towards the rear window place his gloved hand into the box with the red bag and pull an item unrecognizable into his hand and drop into the sharp's container next to the box with the red bag. V13 proceeded to remove his gloves discarded into the box and put on another pair of gloves without using hand sanitizer or washing hands.</p> <p>On 5/7/2024 at 8:45AM, R53 removed himself from the dialysis chair and transferred to scooter. R53 left the dialysis floor, due to illness. V6, CNA, brought R32 into the dialysis unit into wheelchair. V6 did not apply PPE (personal protective equipment) gown, gloves or mask and proceeded to push R32 to the dialysis chair of R53. V6 was getting ready to transfer R32 into the dialysis chair. Dialysis chair had not been cleaned or sanitized since R53 left the unit. Surveyor asked V12 if the chair had been cleaned. V12 yelled to V6 not to transfer him, she stated that she had to clean that chair. V12 went to the sink and removed a paper towel from a container (resembled a transparent shoe box) with clear liquid filled halfway in the container. V12 walked down to the station and clean the chair, the side table, IV pole, and dialysis machine with the same wet paper towel. V12 told the resident and V6 not to place the resident into the chair yet. V12 returned to the desk. This writer asked V12 what was in the container, she stated bleach and water. Asked V12 the strength of bleach was, she stated 10%. Asked V12 how much water should be added with the bleach, she did not answer at that time.</p> <p>On 5/7/2024 at 8:30AM, V12 stated the proper technique to maintain infection control of dialysis sites after inserting and removing the dialysis needles. V12 stated to make sure the site is covered with a sterile gauze and tape.</p> <p>On 5/9/2024 at 12:30PM, V2, Director of Nursing, DON, stated she would expect all staff, including dialysis staff, to utilize proper infection control practices.</p> <p>Facility policy dated 4/2024 states To provide guidance to the facility on how to care for the dialysis resident.</p>		