

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2025
NAME OF PROVIDER OR SUPPLIER Bria of Cahokia		STREET ADDRESS, CITY, STATE, ZIP CODE 3354 Jerome Lane Cahokia, IL 62206	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on observation, interview, record review, the facility failed to provide incontinence care to 2 of 3 residents (R1, R4) reviewed for incontinent care in the sample of 6.</p> <p>Findings include:</p> <p>1.R4's Face sheet documents an admitted [DATE] with diagnoses of Cerebral Palsy, Intellectual Disabilities, Neuralgia and Neuritis Contracture of Left and Right Knee, Schizoaffective Disorder, Bipolar type, Contracture Right Elbow.</p> <p>R4's Minimum Data Set, MDS, updated 3/27/2025 documents R4 has no cognitive impairments and is dependent for mobility and transfers. MDS dated [DATE] documents R4 is always incontinent of bladder and bowel.</p> <p>R4's Care Plan updated 3/3/2025 documents Activities of Daily Living, ADL: R4 is alert with a diagnosis of Cerebral Palsy, Mental Retardation, Schizoaffective disorder, and Depression. R4 requires extensive to total assistance of one with his daily care tasks He has functional incontinence of both bowel and bladder and is noted to demand to wear multiple depends at one time. Interventions include keep clean and dry after each incontinent episode.</p> <p>On 4/8/2025 at 9:19 AM, R4 stated he has to wait a long time after pushing his call light for staff to come change him and clean him up. R4 stated he has to wait at least 40 minutes after pushing his light for staff to come into his room. R4 stated he often sits in a wet (incontinence brief) and bedding for long periods of time, especially at night and this does not make him feel good at all.</p> <p>On 4/9/2025 at 6:00AM V13, Certified Nursing Assistant, CNA, and V14, CNA, entered R4's room. V14 took R4's incontinence brief off. R4's incontinence brief was heavily wet with urine. V14 discarded R4's brief. V14 then put new brief on R4 without performing incontinent care or peri care. Then V14 proceeded to dress R4.</p> <p>2.R1's Face sheet documents an admitted [DATE] with diagnoses of Cerebral Infarction, Hemiplegia Unspecified affecting left nondominant side, Osteoarthritis, Schizoaffective Disorder.</p> <p>R1's MDS dated [DATE] is in progress due to being new admit.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Baseline Care Plan dated 4/2/2025 documents FALL: R1 is at risk for falls Functional Deficits, Poor Balance, Use of Psychotropic Medication. Interventions include educated R4 to call for assistance when needing help to go to the bathroom.</p> <p>On 4/8/2025 at 1:51 PM R1 was wheeling self-down the hallway in his wheelchair. V1, Administrator, stopped in hallway to talk to R1. R1's pants observed to be saturated in groin area to R1's knees with smell of urine noted. V1 did not notify staff that R1 was wet with urine.</p> <p>On 4/8/2025 at 1:55 PM R1 stated he is incontinent at times, and it takes staff a long time to come clean him up and he will often sit in wet pants for a long time. R1 stated staff does not usually come to clean him up unless he calls for them.</p> <p>On 4/8/2025 at 3:06 PM R1 was in wheelchair in room with no pants on, wet pants noted on R1's floor. R1 stated nursing staff has not come to help clean him up.</p> <p>On 4/8/2025 at 3:40 PM R1's wheelchair up against door, wet pants and jacket noted to be lying on R1's floor. R1 observed to be on bathroom floor on his knees, R1 stated he is trying to go to the bathroom.</p> <p>On 4/9/2025 at 12:00PM V1, Administrator stated We go over incontinent care all the time. I cannot believe they did not perform peri care when changing (R4).</p> <p>Facility's incontinence care policy dated 4/2024 states Incontinence care is provided to keep residents as dry, comfortable, and odor free as possible. It also helps in preventing skin breakdown.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42834</p> <p>Based on observation, interview, and record review, the facility failed to maintain an effective pest control program for 6 of 6 residents (R1, R2, R3, R4, R5, R6) reviewed for pest control in Facility in the sample of 6.</p> <p>Findings include:</p> <p>1.On 4/8/2025 at 9:00AM, there were many gnats in R2's room.</p> <p>2.On 4/8/2025 at 3:00PM, there were many gnats in R5's room flying into surveyor's face and landing on clothes. Many gnats in conference room and staff restrooms. R5 stated she sees gnats and flies.</p> <p>R5's Minimum Data Set (MDS) dated [DATE] documents R5 has no cognitive deficits.</p> <p>3.On 4/8/2025 at 1:40 PM R3 stated she has seen gnats in the hallways and in the kitchen/dining area. R3 stated seeing the gnats around her in the hallways makes her feel nasty, and the facility needs to do something about them.</p> <p>R3's Minimum Data Set (MDS) dated [DATE], documents R3 is cognitively intact.</p> <p>4.On 4/8/2025 at 1:55 PM R1 stated he has seen bugs and gnats in the facility and there are gnats in his room. R1 stated the gnats will be around his bed and by food and he will hide under the covers from them. R1 stated they had been an issue since admission on 3/31/25.</p> <p>5.On 4/8/2025 at 3:05PM R6 stated she has seen gnats.</p> <p>R6's MDS dated [DATE] documents R6 has no cognitive deficits.</p> <p>6.On 4/9/2025 at 9:19AM R4 stated there are a lot of bugs in the facility, including gnats that fly around him when he is trying to sleep. R4 stated it is not nice to have bugs flying around him while he sleeps and is gross.</p> <p>R4's MDS dated [DATE] documents R4 has no cognitive deficits.</p> <p>On 4/8/2025 at 3:45PM V1, Administrator, stated We have a resident that came to us with several wounds including frost bite. I think that is where the gnats came from. I'm not sure what to do about the gnats. V1 stated the gnats had been an issue for approximately one week.</p> <p>On 4/8/2025 at 11:10AM V5, Housekeeping, stated Every day we mop, empty trash, wipe down door handles, surfaces. There are gnats in the facility. I think they are from a resident on this hall.</p> <p>On 4/8/2025 at 2:25PM V10, Certified Nursing Assistant, CNA stated gnats are in the facility.</p> <p>On 4/9/2025 at 5:15AM V12, CNA, stated I have not seen any bugs except gnats.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/9/2025 at 5:30AM V15, Registered Nurse, RN, stated she sees gnats but no roaches or mice.</p> <p>Facility's updated pest control policy states Facility shall maintain an effective pest control program. The facility maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents.</p>		