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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145655 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/09/2024 |
| NAME OF PROVIDER OR SUPPLIER Bria of Woodriver | | STREET ADDRESS, CITY, STATE, ZIP CODE 393 Edwardsville Road Wood River, IL 62095 | |

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

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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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636</p> <p>Based on observation, interview and record review, the facility failed to install the correct bed rail and get consent from the resident/resident representative prior to the installation/use of the bed rails in 4 of 4 residents (R2, R4, R7 and R8) reviewed for bed rails in the sample of 8.</p> <p>Findings include:</p> <p>1. On 4/9/24 at 8:00 AM, R2's bed was observed with a 1/2 (half) side/bed rail to the right side of the bed. R2 stated she uses the bed rail to turn and move in the bed.</p> <p>R2's Face Sheet, undated, documents R2 has a diagnosis of Weakness, TIA (Trans-Ischemic Attack) and Hemiparesis/Hemiplegia.</p> <p>R2's Minimum Data Set, MDS, dated [DATE], documents R2 has a Brief Interview for Mental Status, BIMS, score of 15, indicating R2 is cognitively intact. R2's MDS documents R2 is independent with rolling in bed.</p> <p>R2's Care Plan, dated 3/18/24, documents R2 needs assistance with daily care needs.</p> <p>R2's Side Rail Review, dated 2/22/24, documents R2 utilizes 1/2 side/bed rails to enable the resident to attain and maintain his/her practicable level.</p> <p>R2 did not have consent for the side rail prior to 4/9/24.</p> <p>2. On 4/8/24 at 9:15 AM, R4's bed was observed with a grab bar to the left side of the bed.</p> <p>R4's Face Sheet, undated, documents R4 has a diagnosis of Cerebral Vascular Accident.</p> <p>R4's MDS, dated [DATE], documents R4 requires substantial/maximal assist with rolling in the bed.</p> <p>R4's Care Plan, dated 11/29/22, documents R4 requires assistance with daily care needs with an intervention for 1/2 side/bed rails for bed mobility/transfers.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>R4's Physician Order Sheet, POS, documents an order dated 4/24/23 for half side rails for bed mobility.</p> <p>R4's Side Rail Review, dated 1/9/24, documents R4 utilizes a 1/2 side/bed rail to enable the resident to attain and maintain his/her practicable level.</p> <p>There was no consent for the side rail.</p> <p>3. On 4/8/24 at 9:40 AM, R7's bed was observed with bilateral 1/2 side/bed rails on the bed.</p> <p>R7's Face Sheet, undated, documents R7 has a diagnosis of Muscle Weakness.</p> <p>R7's MDS, dated [DATE], documents R7 requires supervision/touch assist with rolling in the bed.</p> <p>R7's Care Plan, dated 11/25/22, documents R7 has a self-care deficit in bed mobility related to decreased ability to position or reposition self in bed.</p> <p>R7's Side Rail Review, dated 4/3/24, documents R7 utilizes 1/4 side/bed rails to enable the resident to attain and maintain his/her practicable level.</p> <p>R7 did not have consent for the side rail prior to 4/9/24.</p> <p>4. On 4/9/24 at 9:55 AM, R8 was observed in bed with bilateral 1/2 side/bed rails up. R8 stated they help her to turn in bed.</p> <p>R8's Face Sheet, undated, documents R8 has a diagnosis of Cerebral Infarction and Weakness.</p> <p>R8's MDS, dated [DATE], documents R8 has a BIMS of 13, cognitively intact, and requires supervision/touch assist with rolling in the bed.</p> <p>R8's Care Plan, dated 12/19/23, documents R8 has a self-care deficit in bed mobility.</p> <p>R8's Side Rail Review, dated 4/4/24, documents R8 utilizes 1/2 side/bed rails to enable the resident to attain and maintain his/her practicable level.</p> <p>R8 did not have consent for the side rail prior to 4/9/24.</p> <p>On 4/9/24 at 10:55 AM, V1 (Administrator) stated V8 (MDS/Restorative Nurse) was told not to do side/bed rail consent previously. V1 stated they checked with corporate, and they are supposed to be getting consent, so they are getting them now.</p> <p>On 4/9/24 at 11:35 AM, V8 (MDS/Restorative Nurse) stated they were looking at bed rails prior to this survey. V8 stated she does the bed rail assessment. V8 stated prior they had a restorative aide that completed the assessment, but she is no longer at the facility. V8 stated they assess they resident for the least restrictive bed rail needed.</p> <p>(continued on next page)</p> | | |

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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>The Bed Rails/Side Rails policy, dated 10/2021, documents bed rails may be used in order to assist with mobility to ensure that residents maintain the optimal amount of independence. All residents will be assessed for the use of bed rails upon admission and upon significant change utilizing the Restorative: Side Rail Review Form. If it is determined that the resident requires the use of bed rails, the restorative nurse will follow up accordingly and update the plan of care. Upon installing bed rails, maintenance will ensure that the appropriate manufacturer guidelines are followed for safe installation and use.</p> | | |