

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  06/28/2024
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34964</p> <p>Based on interview and record review, the facility failed to administer Intravenous (IV) Medications as ordered for 1 of 11 residents (R2) reviewed for medications in the sample of 14.</p> <p>Findings include:</p> <p>R2's Face Sheet, printed 6/28/24 documents she was admitted to the facility on [DATE] with the diagnoses of Resistance to Vancomycin Related Antibiotics, Pyothorax without Fistula, Peritoneal Abscess, Encounter for Surgical Aftercare Following Surgery on the Respiratory and Digestive Systems.</p> <p>R2's Hospital Discharge Summary dated 6/12/24 documents orders for the following IV antibiotics: Tigecycline 50 mg (milligrams) by intravenous injection every 12 hours for 20 days and Voriconazole 200 mg Reconstituted Solution -inject 300 mg by intravenous injection every 12 hours for 20 days.</p> <p>R2's Progress Note dated 6/13/24 at 1:45 PM documents, Talked to pharmacy (staff) about 2 IV ABX (antibiotics) that are to be infused every 12 hours. I was told 1 of the ABX will be here this afternoon, and the 2nd one needs to be ordered and will not be here till tomorrow afternoon. Last dose of both were given yesterday morning at hospital before being released to us at (facility).</p> <p>R2's Progress Note dated 6/13/24 at 2:05 PM documents, Reviewed with (V14, Medical Assistant for V15, Infectious Disease Doctor). She has notified (V15) of the challenges encountered in obtaining Tygacil (Tigecycline) and Vfend (Voriconazole). He would like updated tomorrow on when doses are given and when the medication will arrive.</p> <p>R2's Progress Note dated 6/14/24 at 1:19 PM documents, Pharmacy notified facility that IV antibiotic Vfend will not be obtainable by them. It is a hazardous medication and they are not able to mix it. They also reported that the other facility that they use to mix medications can not mix this as well. Their facilities are not equipped to do so. This medication is unavailable to us.</p> <p>R2's Progress Note dated 6/14/24 at 1:24 PM documents, Spoke with (V14) at (V15's) office. She has relayed the unavailability of the Vfend to V15. He would like (R2) to return to (hospital) for further ID (Infectious Disease) management. EMS (Emergency Medical Service) is being arranged.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Pharmacy Packaging Slip dated 6/13/24 documents the pharmacy delivered 4 doses of Tigecycline IV antibiotic for R2 on 6/13/24 at 6:11 PM, making it available to be administered for that evening dose.</p> <p>R2's Medication Administration Record (MAR) dated 6/1/24 - 6/30/24 does not document R2's available antibiotic, Tigecycline, was administered as ordered for 8:00 PM dose on 6/13/24. There was no documentation as to why this medication was not administered as ordered.</p> <p>On 6/28/24 at 11:53 AM V2, Director of Nursing, provided documentation of pharmacy packaging slip which documents 4 doses of R2's IV antibiotic, Tigecycline 50mg/100 ml was delivered on 6/13/24 at 6:11 PM. V2 stated this IV antibiotic should have been administered on 6/13/24 in the evening because it was available. She stated, This is a teaching moment for me.</p> <p>On 6/28/24 at 11:00 AM spoke with V14, Medical Assistant for V15, Infectious Disease Doctor who stated she did receive phone calls from V2, DON on 6/13/24 stating they were unable to obtain the antibiotics as ordered and were waiting on pharmacy to get them.V14 stated she has never had a problem with facilities obtaining Voriconazole as ordered before, but R2 was also ordered to get Tigecycline IV antibiotic also, so it should have been administered as ordered when they got it from the pharmacy. V14 stated R2 did not receive any of her antibiotics for 48 hours after she left the hospital.</p> <p>The facility's policy, Medication Administration revised 5/2017, documents, All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Guideline: 22. If medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required. 26. If medication is ordered, but not present, check to see if it was misplaced and then call pharmacy to obtain the medication.</p>		