

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  08/02/2024
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 - Some</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> 33110</p> <p>Based on interview and record review the facility failed to provide routine drugs in a timely manner for 4 of 4 residents (R1,R2, R3, R4) reviewed for Pharmacy services in the sample of 10. This failure resulted in residents missing medications such as insulin, antihypertensives, and anticoagulants.</p> <p>Findings Include:</p> <p>1. R1's Face Sheet documents R1 was admitted to the facility on [DATE] with the diagnoses of Pulmonary Hypertension, Mitral Valve Prolapse, Congestive Heart Failure, and Bacteremia. R1's Facesheet also documents R1's facility assigned pharmacy is 274 miles away, which is 4 hours and 16 minutes travel.</p> <p>R1's Medication Administration Record (MAR) for the month of July documents R1 did not receive Empagliflozin 10 mg (milligrams) daily for Diabetes Type 2, Spironolactone 25 mg daily for Edema, Tamsulosin 0.4 mg daily for Urinary Retention, Carvedilol 12.5 mg one twice daily for High Blood pressure/Heart Failure, Gabapentin 300 mg one twice daily for Nerve Pain, Sacubitril-Valsartan 24-26 mg one twice daily for Heart Failure, and Metronidazole 500 mg three times a day for infection was not given on 7/6/24.</p> <p>R1's Nurses Note dated 7/6/24 documents new admit medications not in. R1's Nurses Note dated 7/5/24 documents R1 arrived at the facility at 8:37 PM.</p> <p>2. R2's Face sheet dated 7/10/24 documents R2 was admitted to the facility on [DATE] with the diagnoses of Thoracic Aortic Aneurysm, Acute Respiratory Failure, Cerebrovascular Disease, Hypokalemia, Hyperglycemia, Atherosclerotic Disease, Hypertension, and Major Depressive Disorder Recurrent</p> <p>R2's MAR for the month of July documents R2 did not receive Bupropion 100 mg three times daily for Major Depressive Disorder Recurrent, Amiodarone 200 mg daily for VFIB (Ventricular Fibrillation), Aspirin 81 mg daily for Prophylaxis, Ezetimibe 10 mg daily to maintain healthy cholesterol levels, Heparin Sodium solution inject 5000 units subcutaneously every eight hours for clotting prevention were not given on 7/10/24. Xopenex Nebulization Solution 1.25 mg/3 ml (Milliliters) 3 ml every 8 hours for respiratory management was not given on 7/10/24 or 7/11/24.</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 - Some</p>	<p>R2's Nurses Notes dated 7/11/24 documents medications are awaiting delivery from the pharmacy. R2's Nurses Note also documents resident C/O (complaining of) sternum incision site from surgery and states feeling dehydrated and requests to be sent to ED (Emergency Department) Telehealth doctor spoke with resident and stated to go ahead and send resident to (local hospital) for eval. (evaluation). R2's Nurses Note dated 7/10/24 documents she arrived at the facility at 5:41 PM.</p> <p>3. R3's MAR for the month of July documents R3 did not receive Hyoscyamine 0.125 mg give one tablet one time daily for excessive secretions related to disease of the tongue. R3's MAR further documents that Hyoscyamine was charted as given 8 times from July 10th through July 17th, 2024.</p> <p>On 7/19/24 at 2:00 PM V12 Pharmacist from assigned facility pharmacy stated, for (R3) the hyoscamine was filled on 7/9/24 for three pills, it was filled for three days because either they needed a diagnosis or the insurance would not pay I don't know which one. Some of those medications are available in the (Automated Medication Dispensing Machine)</p> <p>4. R4's Face sheet dated 7/16/24 documents R4 was admitted on [DATE] with the diagnoses of Cerebral Infarction, DMII (Diabetes Mellitus 2) Narcolepsy, Acute Respiratory Failure, Aphasia, Dysphasia, Fluid Overload, Retention of Urine, Tracheostomy, and Gastrostomy.</p> <p>R4's Nurses Note dated 7/16/24 documents resident arrived to facility via stretcher with EMT's (Emergency Medical Technicians) x2 at 8:30 PM from a Regional Respiratory Specialty Hospital. Resident has trach (Tracheostomy) 7 Bivona on 6L. Peg tube in Left-upper quadrant appears patent continuous tube feeding of Glucerna 1.5/65hr (hour) with 40 ml (milliliters) of H2O (water) every hour flush. 16in (inch) Fr (french) (indwelling) catheter draining gold color urine. Respiratory set high flow oxygen machine with concentrator in room with suction machine. Resident appears to have involuntary jerking movements. Alert x0 (oriented). Resident transfer with slide do to fistula graph. No s/s (signs and symptoms) of pain observed at this time.</p> <p>R4's MAR for the month of July documents R4 did not receive Amlodipine 5 mg (milligrams) once daily for Hypertension, Bumetanide 0.5 mg in the morning for</p> <p>Fluid Retention, Finasteride 5 mg in the morning for Urinary Retention, Modafinil 200 mg in the morning for Sleep Apnea and Narcolepsy, Tamsulosin 0.4 mg in the morning for Urinary Retention, Insulin Glargine 40 units twice daily for Diabetes, Heparin Sodium Solution Inject 1 ML subcutaneously every 8 hours on 7/17/24. They were awaiting a delivery from pharmacy.</p> <p>On 7/31/24 at 1:10 PM V13 Nurse Practitioner (NP) stated, we don't have a lot of control over it (medications) We can't put in admitting orders before they come, because they might not come. No its not ok obviously some medications are more important than others. We have to decide what is needed in the Ekit (Emergency Kit). The delay in medications may be because we need a more local pharmacy or a need to decide what is important for the EKit.</p> <p>On 7/18/24 at 11:25 AM V2 Director of Nursing stated, it's (missing doses of medication) situational. We try to investigate why the meds (medications) aren't given. Sometimes it's an ordering issue (or) sometimes it's a pharmacy issue. Sometimes its available in the automatic dispensing machine. On 7/31/24 at 10:19 AM V2 DON stated all nurses have access to the automatic dispensing machine. They all have a username and passcode that pharmacy sets up for them, agency nurses don't have access. Pharmacy will get them in if they call. The pharmacy is open 24 hours a day.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/31/24 at 9:00 AM V10 Registered Nurse (RN) stated I don't have access to the (automated medication dispensing machine) I'm agency I guess I could call pharmacy and get access.</p> <p>On 7/31/24 at 9:02 AM V11 RN stated, I'm suppose to have one ( a passcode for the automated medication dispensing machine) but I haven't tried it yet.</p> <p>On 7/31/24 at 9:05 AM V7 Licensed Practical Nurse (LPN) stated, no I don't have access to the (automated medication dispensing machine).</p> <p>The facility policy Medication Administration dated 4/24 documents If the medication is ordered, but not present. check to see if it was misplaced, and then call the pharmacy to obtain the medication. Or obtain from the contingency or convenience box. If the physician order cannot be followed for any reason the physician should be notified in a timely manner.</p>		

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<p>F 0836</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</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 to provide a competent licensed nurse to provide care for one of one residents (R9) review for licensing compliance in the sample of 10.</p> <p>Findings Include:</p> <p>R9's Minimum Data Set (MDS) dated [DATE] documents R9 is cognitively intact.</p> <p>R9's Pain Care Plan dated 3/1/24 documents pain: alteration in comfort. Goal: (R9) will maintain adequate level of comfort as evidenced by no s/s (signs or symptoms) of pain or distress. Intervention: administer pain meds (medications) and treatments as ordered. Assess effectiveness of pain med.</p> <p>R9's POS (Physician Order Sheet) dated 3/1/24 documents Acetaminophen tablet 325 mg (milligrams) give two tablets by mouth every 4 hours as needed for pain.</p> <p>On 7/31/24 at 2:30 PM R9 stated, I started asking for Tylenol at 2:30 AM in the early hours of Saturday Morning (7/27/24). At 5:00 AM V20 the CNA (Certified Nursing Assistant) came to my room and I asked her to tell the nurse again that I needed pain medication. At around 5:30 AM (V20) CNA brought me my Tylenol. The nurse (V19 Registered Nurse RN) gave it to her (V20) to give to me. I told the day shift nurse what happened when she came in.</p> <p>R9's Emar (Electronic Medication Administration Record) Medication Administration Note dated 7/27/24 at 6:41 PM documents Acetaminophen 325 mg given.</p> <p>R9's Medication Administration Record for the month of July documents that the last dose of Acetaminophen was charted on 7/27/24 at 6:41 PM. (V19 did not chart the dose of acetaminophen given by V20).</p> <p>On 7/31/24 at 11:52 AM V2 (Director of Nursing) stated, I don't condone what the nurse (V19) did. The nurse on day shift notified me Saturday morning as soon as I learned of it. I talked to V1 (administrator). I reached out to the CNA (V20) (Certified Nursing Assistant), and she admitted to having administered the medication. The agency nurse was told she (V19) cannot come back and her agency (staffing agency) was notified.</p> <p>On 7/31/24 at 12:15 V1 Administrator stated, that nurse (V19) will not be back. I thought she was pretty good. She usually works on day shift.</p> <p>On 7/31/24 at 1:00 PM an attempt to interview both V19 RN and V20 CNA was made, but they did not respond to this request.</p> <p>The Facility policy Medication Administration dated 4/24 documents all medications are administered safely and appropriately to aid residents to overcome illness. Medications are administered by licensed personnel.</p>		