

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 10/30/2024
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 0776</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them.</p> <p>42636</p> <p>Based on interview and record review, the facility failed to schedule a colonoscopy ordered by the physician in 1 of 4 residents (R2) reviewed for radiology/other diagnostic services in the sample of 4.</p> <p>Findings include:</p> <p>On 10/30/24 at 8:15 AM, R2 stated he went out to the hospital recently because he had vomiting and diarrhea. R2 stated they couldn't find out what was wrong with him at the hospital. R2 stated he had to have colon surgery a few years back but he hasn't seen that doctor because he is in a different county, further away. R2 stated his last colonoscopy was about 5 or 6 years ago at the local hospital and he hasn't had one since.</p> <p>On 10/30/24 at 9:20 AM, V8, R2's POA (Power of Attorney)/Emergency Contact, returned call and stated approximately 2-3 weeks ago, R2 was sent to the hospital with a bowel obstruction, it was cleared and he was sent back to the facility. V8 stated R2 had colon resection surgery years ago and it is important that he has a colonoscopy. V8 stated he has notified V2, DON (Director of Nurses), but the appointment still hasn't been made and he just wants to make sure R2 gets that done.</p> <p>R2's Face Sheet, undated, documents R2 has a diagnosis of Ulcerative Colitis.</p> <p>R2's MDS (Minimum Data Set), dated 10/5/24, documents R2 has a BIMS (Brief Interview for Mental Status) score of 15, indicating R2 is cognitively intact.</p> <p>R2's POS (Physician Order Sheet), documents an order dated 9/10/24 to refer R2 for a colonoscopy screening.</p> <p>On 10/30/24 at 12:25 PM, V2, DON, stated she has been having trouble getting doctors offices to return her calls and she is waiting for the doctor's office to call her back so she can schedule R2's colonoscopy. V2 stated she has talked to V8, R2's POA/Emergency Contact, unsure of date, about him wanting R2 to have a colonoscopy scheduled. V2 stated she tries to follow up so she can get those appointments and transportation set up.</p> <p>On 10/30/24 at 2:05 PM, V1, Administrator, stated they do not have a policy on radiology/diagnostic services.</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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