

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 01/15/2025
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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview and record review, the Facility failed to provide three meals daily at regular times for 4 of 6 residents (R6, R7, R8, and R10) reviewed for food and nutrition services in the sample of 10.</p> <p>Findings include:</p> <p>1-R6's Face Sheet documents R6 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction and abnormalities of gait and mobility.</p> <p>R6's Minimum Data Set (MDS) dated [DATE] documented R6 was cognitively intact, ambulated with walker and wheelchair, required supervision with eating, and was on a therapeutic diet.</p> <p>R6's Physician Order dated 6/11/21 documents regular diet order with fortified cereal at breakfast and fortified pudding or ice cream with all meals.</p> <p>R6's Facility Grievance dated 12/19/24 documents, Fri (Friday) the 13th dinner was not given to (R6) when ask (asked) kitchen said they would get - but was on phone it took from 6 PM to 8:10 (PM) to get grilled cheese.</p> <p>The Facility's Grievance response dated 12/20/24 documents items need to go out in a timelier manner and staff members need to stay off their phones.</p> <p>On 1/15/25 at 9:50 AM, R6 stated the food is always late. She said, I don't want to eat at 8:00 PM.</p> <p>2-R7's Face Sheet documents R7 was admitted to the facility on [DATE] with diagnoses including moderate protein calorie malnutrition, oral dysphagia (difficulty swallowing), and weakness.</p> <p>R7's MDS dated [DATE] documented R7 was cognitively intact, ambulated with wheelchair and walker, required supervision with eating, had weight loss not on physician-prescribed weight-loss regimen, and was on a therapeutic, mechanically altered diet.</p> <p>R7's Physician Order dated 12/30/24 documents renal diet with regular texture and thin liquids.</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 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 1/15/25 at 7:45 AM, R7 stated the meals are always late and you never know when they are going to come.</p> <p>3-R8's Face Sheet documents R8 was admitted to the facility on [DATE] with diagnoses including protein calorie malnutrition and ileostomy status.</p> <p>R8's MDS dated [DATE] documented R8 was cognitively intact, independent with ambulation, required setup or clean up assistance with eating, and was on a therapeutic diet.</p> <p>R8's Physician Order dated 12/16/24 documents regular, low fat, low cholesterol diet with double portions.</p> <p>R8's Facility Grievance dated 10/10/24 documents, I was sitting in the dining hall at 7:35 AM. I received my coffee, 3 milks, apple juice and silverware but no food after sitting for 30 mins (minutes). She said nobody told her that I was there so she continues making trays for the carts for the halls instead of making my plate. I had no breakfast. Something needs to be done about kitchen workers.</p> <p>The Facility's Grievance Response dated 10/10/24 documents the situation should not have happened.</p> <p>On 1/14/25 at 1:45 PM, R8 stated he filed the grievance because he never got breakfast that day and the kitchen issues need to be addressed.</p> <p>4-R10's Face Sheet documents R10 was admitted to the facility on [DATE] with diagnoses including chronic obstructive pulmonary disease and chronic kidney disease stage four (severe).</p> <p>R10's MDS dated [DATE] documented R10 was cognitively intact, ambulated via wheelchair and walker, required supervision with eating, and was on a therapeutic diet.</p> <p>R10's Physician Order dated 3/12/22 documents regular diet with no added salt.</p> <p>On 1/15/25 at 9:52 AM, R10 stated the food is always late.</p> <p>On 1/15/25 at 10:25 AM, V2, Director of Nursing, stated she expects residents to receive three meals a day and expects them to be delivered timely.</p> <p>On 1/15/25 at 1:50 PM, V1, Administrator, stated she would expect the Facility to provide three meals a day and serve them on time.</p> <p>The Facility's Frequency of Meals Policy revised 10/2022 documents, At least three daily meals will be provided, at regular times comparable to normal mealtimes in the community. The Dining Services Director will ensure that each meal is served within the designated time frame unless there is an emergency situation or a resident request.</p> <p>The Facility's Meal Times document breakfast is served at 7:30 AM, lunch is served at 11:30 AM, and dinner is served at 5:30 PM.</p>		