

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2024
NAME OF PROVIDER OR SUPPLIER Bria of Godfrey		STREET ADDRESS, CITY, STATE, ZIP CODE 1623 29 West Delmar Godfrey, IL 62035	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49578</p> <p>Based on interview and record review, the facility failed to assess and treat pressure wounds for 1 of 3 residents (R2) reviewed for pressures ulcers in the sample of 5.</p> <p>Findings include:</p> <p>1. R2's ELH (electronic health record) encounter for orthopedic aftercare for surgical amputation; type 2 diabetes mellitus without complications; unspecified severe protein calorie malnutrition; elevated white blood cells; major depressive disorder; vitamin d deficiency; anxiety; vitamin b12 deficiency, anemias; adult failure to thrive; acquired above the left knee amputation; personal history of diseases of the skin and subcutaneous tissue; pulmonary hypertension unspecified; peripheral vascular disease; hyperlipidemia.</p> <p>R2's ELH dated 05/06/24 documents that the resident was admitted into the facility.</p> <p>R2's MDS (Minimum Data Set), dated 5/15/2024, documents alert and oriented to self and place. BIMS (Brief Interview for Mental Status) indicates a score of 3; severe cognitive impairment. Dependent upon assistance of ADLs (activities of daily living), has bilateral AKA (above the knee amputation), atrial fibrillation and other dysrhythmias, and congestive heart failure, and indwelling urinary catheter.</p> <p>R2's Braden scale, dated 5/6/2024, documents a high risk for pressure ulcers and requires assistance with turning and repositioning.</p> <p>R2's care plan, dated 5/7/2024, documents dietary supplements as indicated. Monitor areas for s/s(signs/symptoms) of infection: odor, drainage, color, or size. 2)use pressure redistribution surface if bed/chair bound. 3)skin assessment weekly. 4)treatment as ordered.</p> <p>R2's POS (physician order sheet) ordered 5/14/2024 to start 5/15/2024; Santyl ointment (collagenase) apply to verbal per additional directions topically every day shift for wound care, wound cleanser, then apply Santyl and calcium alginate to coccyx wound daily, cover with Opti foam.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145656
		If continuation sheet Page 1 of 5

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Nurses Note dated 05/06/24 at 5:15 PM documents The resident arrived via Ems (Emergency Medical Services), placed in room [ROOM NUMBER]. Vitals were obtained, body assessment completed, order from 2L of oxygen. The resident has pressure wound to coccyx, bruising to left groin, left forearm, and surgical site from left above the knee amputation. (R2) a&o (Alert and Oriented) 1-2, regular diet, and (mechanical lift). She's now in bed with call in reach, bed in low position.</p> <p>The hospital records, dated on 5/18/2020 through 5/22/2024, documents from US (Ultrasound) right AKA (above the knee amputation) soft tissue edema throughout without hypervascularity. There is a hypoechoic fluid collection along the medial aspect of the right lower extremity stump, inferior to the skin staples measuring at 0.9 x 0.8 x 4.8 cm. Pictures show yellow drainage from the incision site of the stapled area. The CT (Computed Tomography) sacral area soft tissues overlying the sacrum are slightly thickened. Decubitus sacral ulcer necrotic tissue noted. Started on empiric antibiotics due to Sepsis of the decubitus sacral ulcer. Please correlate clinically for decubitus ulcer reported in history.</p> <p>TAR (treatment administration record) documents wound care on 5/15,5/16, and 5/18; no documentation of wound care from admission 5/6/2024 to 5/14/2024, nor 5/17/2024. No indwelling catheter care documented on the TAR.</p> <p>On 5/22/2024 at 11:25 AM, V4, Registered Nurse/RN stated R2 arrived at the ER (emergency room) via stretcher 5/18/24 late night until Sunday, then transferred from the ER to the ICU (intensive care unit). V4 stated R2 was alert to self and place. V4 stated R2 came because the facility said she had an elevated WBCs (white blood cells) urine catheter looked nasty and filthy. The catheter looked like (R2) had no catheter care, and it was removed and replaced upon arrival in the ER. Upon her arrival, (R2) had two wounds stage 3/4; pictures were taken of the sacral area. V4 stated R2 was in the hospital around the beginning of May, about the 3rd. She had pictures taken at that time of the sacrum with a barely stage 1 of the left gluteal; Stage 3, and stage 1/2 bilateral aka (above knee amputation). V4 stated right AKA (above the knee amputation) dressing was crusted and dried on that it had to be wet down to remove. (R2) had an infection in the surgical site, had to be drained by doctor. V4 stated R2's dressings were not being changed and she can't do it herself. V4 stated R2 is alert to self only. V4 stated blood cultures, wound cultures and labs were obtained with urine culture in the ER.</p> <p>On 5/28/2024 at 9:00 AM, V11, Nurse Practitioner/NP, stated, The notification of any resident admitted with a wound (pressure wound) should occur within the shift of the nurse on duty that has admitted the resident. It also depends on the orders.</p> <p>Facility's Policy SKIN MANAGEMNT: Pressure Injury Treatment/General Wound Treatment, revised 4/2024, documents:</p> <p>General: The following treatment guidelines have been developed to serve as a general protocol for selecting the type of treatment or dressing to be used. However, the facility recognizes that the selection of treatment protocols is individualized based on the resident condition and Health Care Provider practice patterns. Therefore, these are only guidelines and not all inclusive. An order is required for all treatment orders.</p> <p>Responsible Party:</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>All Nursing Staff</p> <p>General Treatment Guidelines:</p> <ol style="list-style-type: none"> 1. Review the physicians order in the EHR and place all necessary supplies in treatment cart. 2. Perform the treatment as ordered using proper techniques of infection prevention. 3. Document routine and PRN treatments in the treatment administration record of the EHR. Document all significant observations in the Nursing Progress Notes. 4. Mobility turn and reposition every 2 hours and PRN using a person centered approach. 		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33110</p> <p>Based on interview and record review, the facility failed to perform catheter care for 3 of 3 residents (R2, R3, R4) reviewed for catheter care in the sample of 5.</p> <p>Findings Include:</p> <p>1. R2's Minimum Data Set (MDS), dated [DATE], documents R2 is severely cognitively impaired.</p> <p>R2's Care Plan, dated 5/7/24, documents R2 requires use of indwelling catheter related to Obstructive Uropathy and Urinary Retention. R2's Care Plan did not document to clean the catheter as an intervention.</p> <p>R2's Local Hospital Notes, dated 5/18/24, documents the nurse noted R2 had a contaminated catheter. On 5/18/24, R2's (Indwelling) catheter was changed.</p> <p>R2's Treatment Administration Records (TAR) for the months of March and April did not document any catheter care. The TAR for the month of May did not document any catheter care until 5/22/24.</p> <p>2. R3's MDS, dated [DATE], documents R3 is moderately cognitively impaired.</p> <p>R3's Electronic Health Record diagnosis, dated 1/12/23, documents Obstructive and Reflex Uropathy Unspecified.</p> <p>R3's Care Plan, dated 4/3/24, documents R3 requires the use of an indwelling catheter R/T (related to) Neurogenic Bladder from Central Cord Syndrome and Obstructive Uropathy.</p> <p>On 5/24/24 at 9:55 AM, V2, Director of Nursing (DON), stated, I don't see why he is on contact and droplet isolation. I spoke with the treatment nurse and she stated the Nurse Practitioner (V11) put him on Isolation. We just collected a UA (Urinalysis) today to see if it cleared.</p> <p>On 5/24/24 at 10:10 AM, V11, Nurse Practitioner, stated, He is on isolation for Acineboacter Baumanii in his urine, and it is a Multidrug Resistant Organism.</p> <p>R3's Nurses Note, dated 4/24/24 at 1:18 PM, documents, resident has a new order for Bactrim DS for a bladder infection.</p> <p>R3's Nurses Note, dated 1/20/24 documents, UA results sent to NP , resd (R3) is started on Ciprofloxacin 500mg PO q12H (by mouth every 12 hours) x 7 days, NP(Nurse Practitioner) would like to be notified with sensitivity in case there is a change needed. Sensitivity will be available 1/22-1/23.</p> <p>R3's Treatment Administration Record (TAR) for the months of March and April did not document indwelling catheter care. R3's TAR for the month of May did not document catheter care until 5/22/24.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 10:15 AM, V6, Certified Nursing Assistant (CNA,) took no rinse peri-wipe cloths and cleansed on each side of the suprapubic catheter with a different wipe. She also cleansed the area around his opening of the suprapubic and down the tubing. No issues with this catheter care.</p> <p>3.R4's Electronic Health Record Diagnosis, dated 3/8/24, documents R4 has a diagnosis of Obstructive and Reflex Neuropathy.</p> <p>R4's Care Plan, dated 5/14/24, documents Enhanced Barrier Precautions due to a indwelling catheter. R4's Care Plan does not address the cleaning and care of the indwelling catheter.</p> <p>R4's MDS, dated [DATE], documents R4 is moderately cognitively impaired.</p> <p>R4's TAR for the months of March and April does not document catheter care. R4's TAR for the month of May does not document catheter care until 5/22/24.</p> <p>On 5/23/24 at 10:15 AM, V6, CNA, stated, We are doing the catheter care today.</p> <p>On 5/23/24 at 10:17 AM, V7, CNA, stated, We are starting to do catheter care today.</p> <p>On 5/23/24 12:30 PM, V9, CNA, stated, No I haven't done catheter care here.</p> <p>On 5/23/24 at 1:00PM V8, CNA, stated, This is my first day back here. No I haven't done any catheter care.</p> <p>The Facility Policy Foley Catheter Care, dated 4/2019, documents Daily and PRN (as needed) catheter care will be done to promote comfort and cleanliness.</p>		