

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145668	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Belleville		STREET ADDRESS, CITY, STATE, ZIP CODE  150 North 27th Street Belleville, IL 62226	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49494</b></p> <p>Based on record review and interview the facility failed to protect residents' clothing from loss for 4 of 16 residents (R7, R10, R15, R16) reviewed for homelike environment in the sample of 16.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>R7's Minimum Data Set, MDS, dated [DATE] documented that R7 is cognitively intact.</li> </ol> <p>On 8/6/24 at 9:20 AM R7 stated that she recently bought several new clothing items online and that they are all missing. R7 stated that she is missing two pairs of blue jeans and four brand new shirts. R7 stated she reported it to the CNAs (Certified Nursing Assistants) a few weeks ago and that they replied it is laundry's job to make sure her clothes are labeled. R7 stated that she then reported it to the laundry staff and that they said it is the CNAs responsibility to label the clothes. R7 stated that no other facility staff have come to talk to her about her missing clothes. R7 stated that it has had her upset because she spent a lot of her money on new clothes.</p> <ol style="list-style-type: none"> <li>R10's MDS, dated [DATE], documented that R10 is cognitively intact.</li> </ol> <p>On 8/6/24 at 9:33 AM R10 stated that she is missing a lot of her clothes and that she has reported it, but the facility has not found any of her items, nor have they replaced them. R10 stated that she knows they were labeled with her name because she did it herself. R10 stated the laundry s**** around here.</p> <ol style="list-style-type: none"> <li>R15's MDS, dated [DATE], documented that R15 is cognitively intact.</li> </ol> <p>On 8/8/24 at 8:56 AM R15 stated that he has lost a lot of his clothes since he has been at the facility and that they never found them, nor did they replace them. R15 stated that he is missing two pairs of blue jeans, six shirts, and a pair of shoes. R15 stated that he did report the missing items but never received any response to his complaint.</p> <ol style="list-style-type: none"> <li>R16's MDS, dated [DATE], documented that R16 is cognitively intact.</li> </ol> <p>On 8/8/24 at 9:00 AM R16 stated that he is missing a nice long sleeve dress shirt that he likes to wear to church and that he is also missing several t-shirts. R16 stated that he reported it to the staff, but he never got his items back nor have they replaced them.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 8/8/24 at 9:05 AM V15 CNA stated that the residents complain to him all the time about missing clothes.</p> <p>On 8/8/24 at 11:37 AM V16 Social Service Director stated that the staff did not tell him about R7's missing clothes but that R7 just reported it to him today. V16 stated he was not aware of R10, R15, and R16 missing clothing.</p> <p>On 8/8/24 at 12:55 PM V14 CNA stated that the resident's family members are supposed to label the resident's clothes.</p> <p>On 8/8/24 at 1:22 PM V1 Administrator stated that they are aware missing clothing has been a problem so in July they brought out a rack of lost and found clothing so the residents could look through them.</p> <p>The facility's Resident Council Minutes, dated 5/23/24, documented clothing is not being returned, clothes missing, other residents wearing their clothes.</p> <p>The facility's Resident Council Minutes, dated 6/27/24, documented clothes not returning, sending wrong clothes to room.</p> <p>The facility's Missing Items policy, dated 6/2015, documented it is the policy of the facility to take seriously all issues of missing items and take the necessary measure to locate the items. 1. All reports of missing items shall be discussed with the resident. 2. A search for the missing items will occur. 3. If the item is located, it will be returned to the resident. 4. If the item is not located, then the Administrator will discuss the possible options with the resident.</p> <p>The facility's Grievances/Concerns policy, dated 6/2015, documented it is the policy of the facility to allow and encourage residents and their representatives to express grievances and concerns that they may have regarding the facility, services, and staff. It continues, 3. Any staff member in the facility may receive a grievance or concern from a resident or family member. 4. If possible, upon receiving the grievance or concern, attempt to resolve the grievance or direct the resident or family member to the appropriate department head or the Administrator. 5. If the Administrator or appropriate department head are not available (weekends, after hours, holidays), the staff member will gather as much information as possible about the grievance or concern and complete a facility concern form. 6. The staff member will submit the concern form to the appropriate department head or the Administrator.</p>		