STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145668	A. Building B. Wing	06/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Belleville	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide dignified existence in 2 of 5 residents (R8, R9) reviewed for resident rights in the sample of 11. Findings Include:On 6/11/26 at 8:00 AM, R8 stated the CNAs (Certified Nursing Assistants) are on their phones 24 hours a day, 7 days a week, they're on their phone while in providing care to her or they will stand outside her room, talking on the phone and won't come in to assist her until they are finished with their phone call. R8 stated when they are on their phones, sometimes they are disrespectful or cursing on the phone, and she feels that is disrespectful to her too because she doesn't want to hear that. R8 stated some of the staff will say they're tired because of stuff going on in their personal lives and again she doesn't want to hear that, it's their business, not hers, and when they're in the building, they should leave their personal lives at home. R8 stated some of the CNAs don't like her because when something is done right, she will tell V1, Administrator, and they don't like that. R8 stated the bad staff will stand outside her room gossiping with staff about other staff members so the runoff a lot of the good staff. R8 stated the agency staff is better than the facility staff. R8 stated she has heard staff telling the residents their breath if funky, you stink, you smell like p***. R8 was unable to provide any staff names or resident names. On 6/11/26 at 8:15 AM, R9 stated some of the staff are rude and disrespectful, but not abusive. R8's MDS (Minimum Data Set) dated 3/8/26, documents R8 has a BIMS (Brief Interview of Mental Status Score) of 15, indicating R8 is cognitively intact. R9's MDS, dated [DATE], documents R9 has a BIMS score of 15, indicating R9 is cognitively intact. The Resident Council Minutes, dated 3/26/26, documents CNAs: call lights not answered, talking on their phones, cursing, agency staff doesn't help to pass trays, and the CNAs sleep on the night shift. The Resident Council Minutes, dated 5/26/26, documents CNAs: getting residents up late, agency workers are bad, call lights are not getting answered, CNAs leave the halls, on their phones while taking care of the residents, they are disrespectful and rude. On 6/11/26 at 1:30 PM, V1, Administrator, stated she would expect resident rights to be followed. The Resident Rights Policy, dated 8/1/22, documents the objective of the accommodation of resident needs and preferences is to create an individualized, home-like environment to maintain and/or achieve independent functioning, dignity, and well-being to the extent possible in accordance with the residents' own needs and preference.

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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F 0604 Level of Harm - Actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the Facility failed to keep residents free from physical restraints for 1 of 3 residents (R2) reviewed for abuse in the sample of 9. This failure resulted in mild soft tissue swelling of R2's left hand and mental anguish, fear, agitation, irritation, or confusion, occurring for any reasonable person. This Past Non-Compliance occurred from 4/16/26 through 4/16/26.Findings include: 1-R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including hemiplegia and hemiparesis following cerebral infarction and aphasia. R2's Minimum Data Set (MDS) dated [DATE] documented R2 was severely cognitively impaired, had no behaviors, had impairment on both sides of upper and lower body, and was dependent for mobility. R2's Care Plan updated 4/19/26 documents R2 is non-verbal and has impaired functional mobility to right upper extremity and bilateral lower extremities due to stroke. The Care Plan documents R2 requires total assistance with care and is at risk for abuse and neglect. R2's Physician Orders do not document R2 ever having orders for restraints or behavior monitoring. R2's April 2026 Progress Notes do not document physical restraint use or need to obtain an emergency physical restraint. The Facility's Initial Report sent to Illinois Department of Public Health (IDPH) on 4/16/26 documents, CNA (Certified Nursing Assistant) reported alleged abuse to administrator and DON (Director of Nursing) at 10:55am. Resident assessed immediately, no injuries noted. Police, NP (Nurse Practitioner) and RP (Responsible Party) notified of incident. Investigation initiated. Final summary to follow. R2's Progress Note by V17, Licensed Practical Nurse (LPN), dated 4/16/26 at 10:55 AM documents CNA notified her that R2's arm had been tied to the bed. The Facility's 4/15/26 Written Statement from V4, Confidential Interview #1, documents, Went into room after the co-worker walked out and found the resident tied to the bed rail with a shirt. On 6/10/26 at 8:37 AM, V4, Confidential Interview #1 stated V5, CNA, left before her scheduled shift was over. V4 went in R2's room where he was in bed with genitals exposed and a shirt tied from his left wrist to the bed rail. R2 cannot walk or talk, and his left arm that was tied to the bed is the only body part he can really move. The Facility's 4/16/26 Written Statement from V6, LPN, documents, CNA from 300 hall came into my office asking me to come and look at Resident, went to Resident Room, Resident left arm tied to bed Rail with a brown shirt. Call HR (Human Resources) to inform them to a picture, sent to my administrator, assess Resident arm no bruise at this time, Inform (V14, Former DON). On 6/10/26 at 10:34 AM, V6 stated V4 told her to go to R2's room. V6 went down the hall and saw R2's arm was tied to the side of the bed rail with a shirt or bed sheet. The knot was on the bed rail, and it was a slip knot like you would do with a restraint. V5's Written Statement dated 4/16/26 documents, I, (V5, CNA), accidently had a Resident arm twisted in his shirt on his bed rail. I did that cause I was changing him and he was grabbing and clawing me. I didn't abuse him and never had to any of my Residents or clients I ever worked with or worked for. I apologize about it but he was truly not intended to be abuse. On 6/10/26 at 1:39 PM, V5 stated she left the Facility around 9 or 10:00 AM at which time R2 was lying in bed. R2's shirt was partially on and V5 was unable to tell whether or not R2 was connected to the bed. R2 would try to inappropriately touch staff but was not combative during care. On 6/10/26 at 1:50 PM, V1, Administrator, provided the photograph V6 sent her on 4/16/26. The photograph shows an appendage extending from underneath a blanket and resting on top of the bed rail with a dark colored material securing the appendage to the top of the bed rail. R2's X-Ray dated 4/16/26 documents mild soft tissue swelling of left hand. The Facility's Final Summary sent to IDPH on 4/16/26 documents, Based on the investigation, including staff statements, physical findings, and completed interviews, the allegation is substantiated. The application of fabric to secure the resident's wrist to the bedrail constitutes an unauthorized restraint and neglect, regardless of stated intent. On 6/10/26 at 11:57 AM, V12, Medical Director, stated R2 is non-verbal and has had a stroke so his psychosocial impact from the restraint is (continued on next page)

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F 0604 Level of Harm - Actual harm Residents Affected - Few	pretty minimal. It would be hard to say whether the soft tissue swelling on R2's left hand was related to the restraint. On 6/10/26 at 3:05 PM, V1, Administrator, stated V6 and V14 notified her that V5 left the Facility after getting into an argument with another CNA, then V4 found R2's arm tied to the bed. V5 said R2 was combative, and she was trying to keep his arm down and it must have gotten wrapped up on accident. R2 did not have previous orders for a restraint and had never had one before. R2 had occasionally been resistive to care but was generally not known to have been combative. V1 stated she would expect all staff to follow the Facility's policy regarding restraint use. The Facility's Physical Restraint/Device Policy reviewed 10/2025 documents, A physical restraint is any manual method, physical or mechanical device/equipment or material that limits a resident's freedom of movement and cannot be removed by the resident in the same manner as it was applied by staff. If it is determined that the physical device is a restraint: A physician order will be obtained. Education will be provided to the resident/resident representative regarding the risks and benefits of the physical device. Informed consent will (be) obtained from the resident/resident representative using the Consent for use of Restraint/Device Form. If a resident is assessed to require the use of an emergency physical device, other less restrictive interventions will have been proved ineffective and documented in the medical record. The Physician shall be contacted immediately for an order. The behavior incident that prompted the use of the physical device will be documented in the progress note. The date and time the physical device was applied and released will be documented in the progress note. The name and title of the person responsible for the application and supervision of the physical device will be documented in the progress note. The action by the physician upon notification of the physical device use will be documented in the progress note. Prior to the survey date of 6/10/26, the Facility took the following steps to correct the non-compliance: 1. The Facility immediately removed the restraint, assessed the resident, and initiated a full investigation.2. Corrective actions were implemented immediately, including staff removal from resident care, facility-wide education, and restraint audits.3. Abuse, Seclusion, Protective Oversight Inservice was completed.4. Facility-wide restraint audit was completed.5. Audits of three staff were completed weekly for four weeks, then monthly for three months. Results to be reviewed in QAPI (Quality Assurance and Performance Improvement) with any variances addressed with immediate re-education and disciplinary action, if indicated. The Facility's Past-Noncompliance was confirmed through interviews with V1, V8, V16, V18, and V20-V23, review of in-service sign in sheets, and review of all Facility audits.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to maintain temperatures and palatability of the food in 2 of 4 residents (R8, R9) reviewed for dietary services in the sample of 9. Findings Include: On 6/11/26 at 8:00 AM, R8 stated the food is horrible, sometimes she isn't sure what it is, it's over seasoned and tastes bad. R8 stated if she asks for something different to eat, they get her grilled cheese but it's so greasy she can't eat it. R8 stated if she goes to the dining room the food is warm, if she gets it in her room, as long as it is passed right away, it's warm, if not it's cold. R8 stated the kitchen is trying to find out what they like and don't like but there haven't been any improvements yet. On 6/11/26 at 8:15 AM, R9 stated she doesn't eat hamburger or turkey, the kitchen knows that and it's on her diet card, but they send it to her anyway. R9 stated they offer her a salad, but it also has turkey in it. R9 stated she has asked for grilled cheese, and it is burnt and black, so she can't eat it. On 6/10/26 at 8:45 AM, the 500-hall meal trays were observed with the following noted: served in a closed Styrofoam container, the eggs, hashbrowns were 94 degrees. The eggs were watery and the toast was dark in color. On 6/10/26 at 8:50 AM, the eggs on the serving line were observed and were watery. R8's MDS (Minimum Data Set) dated 3/8/26, documents R8 has a BIMS (Brief Interview of Mental Status) of 15, indicating she is cognitively intact. R9's MDS, dated [DATE], documents R9 has a BIMS score of 15, indicating she is cognitively intact. On 6/11/26 at 1:30 PM, V1, Administrator, stated she would expect the food to be at the correct temperature and to maintain palatability. The Palatability and Nutritive Value Policy, dated 3/9/23, documents food will be prepared, held, and served in a manner that preserves nutritive value and palatability. Best efforts will be made to present hot and cold foods at the point of service by using thermal lids and bases, heated or chilled plates and thermal pellets as necessary.