

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

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 06/30/2026
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)		
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 ensure its residents were treated with dignity/respect and failed to answer their call lights in 5 of 6 residents (R29, R63, R68, R79, and R100) reviewed for resident rights in the sample of 49. Findings Include: 1) On 6/23/26 at 11:20 AM R29 stated it depends on who is working, it happens mostly during the evening time, it takes a long time to get care, get his call light answered, and the staff aren't rough with care but are rude. R29's MDS (Minimum Data Set), dated 4/8/26, documents that R29 has a BIMS (Brief Interview of Mental Status) score of 14, indicating R29 is cognitively intact. 2) On 6/23/26 at 10:42 AM R63 stated the attitudes of some staff are terrible. R63 stated some staff don't like him and have an attitude with him. R63's MDS, dated [DATE], documents R63 has a BIMS score of 15, indicating R63 is cognitively intact. 3) On 6/23/26 at 10:20 AM R100 stated the staff attitudes are horrible, they don't care to help her or other residents. R100's MDS, dated [DATE], documents R100 has a BIMS score of 14, indicating R100 is cognitively intact. 4) R68's Face Sheet documents R68 was admitted to the facility on [DATE] with diagnoses including cerebral infarction and muscle weakness. R68's MDS dated [DATE] documented R68 was cognitively intact. On 6/25/2026 at 11:00 AM during the Small Group Resident Council Meeting, R68 stated call light response times are delayed and once had to wait two hours to get help. 5) R79's Face Sheet documents R79 was admitted to the facility on [DATE] with diagnoses including fibromyalgia and asthma. R79's MDS dated [DATE] documented R79 was cognitively intact. On 6/25/26 at 11:00 AM during the Group Resident Council Meeting, R79 stated call lights take too long to get answered. R79 added it is scary if you're having a breathing problem and it takes staff a long time to help you. On 6/26/26 at 2:30 PM, V1, Administrator, stated she would expect that all residents are treated with dignity and respect. On 6/30/26 at 2:30 V1, Administrator, stated it depends on what is happening, but they should be responding as soon as they can, preferably within 15 minutes. The Resident Council Minutes, dated 8/28/25, 2/26/26, and 5/26/26, document the CNAs (Certified Nursing Assistants) are rude and disrespectful. The Resident Council Minutes, dated 7/31/25, document the CNAs have bad attitudes. The Resident Council Minutes, dated 8/28/25 and 2/26/26, document the CNAs are disrespectful. The Resident Council Minutes, dated 2/26/26, 3/26/26, and 5/26/26 document their call lights are not being answered. The Resident Rights Policy, undated, documents the residents have the right to be treated with dignity and respect. The Call Light Response Policy, dated 2/2017, documents to answer the resident's call light as soon as possible.		

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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