

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145717	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/03/2024
NAME OF PROVIDER OR SUPPLIER Bria of Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Bradington Drive Columbia, IL 62236	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>33110</p> <p>Based on observation, interview, and record review, the facility failed to identify and assess an arteriovenous shunt for one of two residents (R2) reviewed for quality of care in the sample of 7.</p> <p>Findings Include:</p> <p>R2's MDS (Minimum Data Set), dated 4/2/2024, documents R2 is severely cognitively impaired.</p> <p>R2's Nurses Note, dated 4/14/24, documents, (R2) moan when left arm was touched. Has large shunt like in left arm. Husband notified. States 'for resident to go to(Regional Hospital) for evaluation' Hospital called report given.</p> <p>R2's (Regional Hospital) After Summary Visit Report, dated 4/14/24, documents, You were sent to the Emergency Department for evaluation of your left upper extremity. Per review of your chart you had a arterio venous shunt (AVShunt) placed in 2019 by vascular surgery to facilitate dialysis there is normal thrill in that site and no external malfunction.</p> <p>R2's Physician Order Sheet (POS), dated 4/16/24, documents, Dialysis Limb Precations: currently not in use. no blood pressure, no accuchecks, no blood draws, no IV's (intravenous) to: left arm every shift. Dialysis: check access site for bruit and thrill to left arm, not in use. every shift.</p> <p>R2's MAR (Medication Administration Record) for the month of April documents Dialysis check access site for bruit and thrill to left arm every shift not in use that began on 4/16/24.</p> <p>On 5/1/24 at 2:12 PM, V3, ADON (Assistant Director of Nursing), stated, We forgot to put the order in for it (checking the AVshunt). We did notice that she had one in the left arm. She had a limb alert on.</p> <p>On 5/2/24 at 2:45 PM, V1, Administrator, stated, They did not find the shunt until right before she went out to the hospital.</p> <p>The Facility policy Dialysis Protocol, dated 9/20/17, documents the dialysis site will be checked daily for signs and symptoms of infection or bleeding. The dialysis site will be checked for thrill and bruit daily.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>33110</p> <p>Based on interview and record review, the facility failed to have a Registered Nurse (RN) in the facility for 8 hours daily. This has the potential to affect all 107 residents living in the facility.</p> <p>Findings Include:</p> <p>The Facility Staff Schedules were reviewed from 4/1/24 through 4/30/24, with no issues for the Certified Nursing Assistant. The Registered Nurse (RN) Staffing Schedule was reviewed for 4/1/24 through 4/30/24, and it appeared there was an RN for eight hours every shift.</p> <p>The Time Cards for V13, Registered Nurse, did not document he was staying until 8:00 AM Sunday 4/7, 4/14, 4/21; for these Sundays the facility did not have an RN for eight hours, because V13 was supposed to work from 12:00 AM to 8:00AM, so the facility would meet it's requirement of a Registered Nurse for 8 hours on Sundays.</p> <p>On 5/2/24 at 2:35 PM, V1, Administrator, stated, Our ADON (Assistant Director of Nursing) works on the floor Monday through Friday and we have another RN (Registered Nurse) that works for 11:00PM to 8:00 AM on Friday and Saturdays.</p> <p>The facility policy Staffing, dated 9/23, documents, To have appropriate numbers of staff staffing is based on IDPH (Illinois Department of Public Health).</p> <p>The Long Term Care Facility Application for Medicare and Medicaid Form 671 documents the facility has a census of 107</p>		