

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  06/28/2024
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42636</p> <p>Based on interview, observation, and record review, the facility failed to administer medications timely to 4 of 4 residents (R1, R2, R3, R4) reviewed for Pharmacy Services in the sample of 4.</p> <p>Findings include:</p> <p>1. R1's Face Sheet, undated, documents the following diagnoses: Metabolic Encephalopathy, Type 2 Diabetes, Cerebral Infarction, HTN (Hypertension), CKD (Chronic Kidney Disease), HLD (Hyperlipidemia), Depression, Dementia, Muscle Weakness, Malaise, Disorientation and Vitamin Deficiency.</p> <p>R1's Care Plan, dated 3/29/24, documents the following: R1 is at risk for Hypo/Hyperglycemia related to her diagnosis of diabetes, has a diagnosis of Hyperlipidemia, has the potential for altered cardiac function related to hypertension, is at risk for pain/discomfort, requires the use of psychotropic medications, all with an intervention to administer medications as ordered.</p> <p>R1's MAR (Medication Administration Record), dated 6/2024, documents the following physician orders: 3/21/24 - Amlodipine 10 mg (milligrams) Qd (daily) for HTN(hypertension); 3/21/24 - Furosemide 20 mg Qd for HTN, Potassium Bicarb-Citric Acid 10 meq (milliequivalents) Qd, 3/21/24 - Atenolol 25 mg BID (two times daily) for HTN. The medications that are Qd are documented to be given at 8:00 AM and the medications that are BID are documented to be given at 8:00 AM and 4:00 PM.</p> <p>On 6/28/24 at 9:20 AM, V6, LPN (Licensed Practical Nurse) was observed administering R1's 8:00 AM medications.</p> <p>2. R2's Face Sheet, undated, documents R2 has the following diagnoses: Rheumatoid Arthritis, Sjogren syndrome with Keratonconjunctivitis, PVD (Peripheral Vascular Disease), Chronic Kidney Disease (CKD), Vitamin D Deficiency, HTN, Depressive Disorder, Hypothyroidism, Chronic Pain Syndrome, Atherosclerotic Heart Disease, Lymphedema, Hyperlipidemia (HLD), Chronic Gout, Polyneuropathy and Venous Insufficiency.</p> <p>R2's MDS (Minimum Data Set), dated 4/23/24, documents R2 has a BIMS (Brief Interview for Mental Status) score of 15, which indicates R2 is cognitively intact.</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's Care Plan, dated 11/1/23, documents R2 is at risk for bleeding/bruising related to anticoagulant therapy, has the potential for altered cardiac function related to HTN; HLD; CKD; CAD (Coronary Artery Disease), is at risk for complications related to CKD, has the potential for alteration in comfort, and requires the use of psychotropic medication, all with an intervention to administer medications as ordered.</p> <p>R2's MAR, dated 6/2024, documents the following physician orders: 10/30/23 - Allopurinol 100 mg Qd for Gout; 10/30/23 - Cholecalciferol 50 mcg (micrograms) Qd for low vitamin D; 10/30/23 - Colchicine 0.6 mg Qd for Gout; 1/16/24 - Fluticasone 50 mcg/act 1 spray in each nostril Qd for nasal congestion; 10/30/23 - Folic Acid 400 mcg Qd for vitamin supplement; 2/26/24 - Furosemide 60 mg Qd related to HTN and Lymphadema; 5/1/24 - Lisinopril 2.5 mg in the morning related to CKD and HTN; 10/30/23 - Omeprazole 40 mg Qd for GERD (Gastroesophageal Reflux Disorder); 10/30/23 - Oyster Shell 500 mg Qd for low calcium; 1/24/24 - Potassium Chloride 20 meq Qd; 6/5/24 - Renal Vitamin 0.8 mg Qd for vitamin supplement; 10/30/24 - Senna Qd for Constipation; 5/13/24 - Cilostazol 50 mg BID for PVD; 10/30/24 - Eliquis 5 mg BID for history of Pulmonary Embolism; 10/30/23 - Ferrous Sulfate 325 mg BID for low iron; 10/30/24 - Hydroxychloroquine 200 mg BID for Rheumatoid Arthritis; 1/13/24 - Metoprolol 12.5 mg for HTN; 10/30/23 - Baclofen 20 mg TID (three times daily). The medications that are Qd are documented to be given at 8:00 AM, the medications that are BID are documented to be given at 8:00 AM and 4:00 PM, the medications that are TID are documented to be given at 8:00 AM, 2:00 PM and 8:00 PM.</p> <p>On 6/28/24 at 9:08 AM, R2 stated he has not received his 8 AM medications yet. R2 stated the nurse has the 200 hall and this side of 400 hall. R2 stated he doesn't normally get his 8 AM medications until 10:30 AM, sometimes its noon before he gets them. R2 stated, The nurse gets here around 7 AM and doesn't start administering medications until around 8 AM. The problem is the 400 hall doesn't have its own nurse so the hall is split. The nurses start administering medications on the 200 hall and then when they are finished there, then they will come and administer medications to the 400 hall, so we are always last. R2 stated he has reported his medications are late to V1, Administrator, and V2, DON (Director of Nurses). R2 stated his first report was on 4/25/24, and he has been reporting it weekly since. R2 stated he has not received an explanation as to why his medications are late; he has asked why they split the hall because it isn't working. R2 stated he doesn't have any effects from his medications being late other than when his PRN (as needed) pain medications is late.</p> <p>On 6/28/24 at 9:45 AM, V5, Agency LPN, was observed administering R2's 8:00 AM medications.</p> <p>3. R3's Face Sheet, undated, documents R3 has the following diagnoses: OA (Osteoarthritis), COPD (Chronic Obstructive Pulmonary Disease), Low Back Pain, Weakness, Anemia, Hyperlipidemia, Hypothyroidism and Dementia.</p> <p>R3's Care Plan, dated 11/4/23, documents R3 has the potential for alteration in comfort, has the potential for difficulty in breathing, both with an intervention to administer medications as ordered.</p> <p>R3's MAR, dated 6/2024, documents R3 has the following physician orders: 5/12/24 - Amlodipine 5 mg Qd for blood pressure; 5/12/24 - Asperflex Pain Relieving Patch 4% apply to lower back and right hip topically Qd for pain; 5/12/24 - Citalopram 10 mg Qd for Dementia with Agitation; 5/12/24 - Fish Oil 1000 mg Qd for supplement; 5/12/24 - Levothyroxine 75 mcg (micrograms) Qd for Hypothyroidism; 5/12/24 - Montelukast 10 mg Qd for allergies; 5/12/24 - Multivitamin Qd for nutritional support. The medications that are Qd are documented to be given at 8:00 AM.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/28/24 at 9:25 AM, V4, Agency LPN, was observed administering R3's 8:00 AM medications.</p> <p>4. R4's Face Sheet, undated, documents R4 has the following diagnoses: Type 2 Diabetes, Weakness, Iron Deficiency Anemia, CHF (Congestive Heart Failure), Atherosclerotic Heart Disease, Personal History of Venous Thrombosis and Embolism, Hyperlipidemia, HTN and Depression.</p> <p>R4's Care Plan, dated 9/5/23, documents R4 is at risk for bleeding/bruising related to anticoagulant therapy and requires the use of psychotropic medications, both with an intervention to administer medications as ordered.</p> <p>R4's MAR, dated 6/2024, documents the following physician orders: 9/22/24- Aspirin 81 mg Qd; 9/22/23 - Fluticasone Nasal Suspension 50 mcg/act 2 sprays in each nostril in the morning for nasal congestion; 11/9/24 - Lidoderm Patch 5% apply to neck daily topically in the morning; 1/2/24 - Lidoderm Patch 5% apply to the right shoulder topically in the morning; 9/22/23 - Magnesium Oxide 400 mg in the morning for antacid; 9/22/23 - Metoprolol 25 mg Qd for HTN; 10/20/23 - MiraLax 17 grams daily for constipation; 9/22/23 - Multivitamin 1 mg in the morning for vitamin supplement; 9/22/23 - Oxybutynin 5 mg in the morning for overactive bladder; 11/30/23 - Vitamin C 500 mg Qd for vitamin supplement; 11/30/24 - Zinc Sulfate 220 mg Qd for vitamin supplement; 9/22/24 - Zoloft 25 mg in the morning for Depression; 9/22/23 - Zyrtec 10 mg Qd for allergies; 9/22/23 - Clonidine 0.3 mg every 12 hours for HTN; 11/3/23 - Colace 50 mg Qd for constipation; 10/23/24 - Isosorbide 30 mg BID for unstable angina; 10/20/23 - Metformin 500 mg BID for Diabetes; 9/22/24 - Hydralazine 100 mg TID for HTN. The medications that are Qd/in the morning are documented to be given at 8:00 AM, the medications that are BID are documented to be given at 8:00 AM and 4:00 PM or 8 AM and 8:00 PM, the medications that are TID are documented to be given at 8:00 AM, 2:00 PM and 8:00 PM.</p> <p>On 6/28/24 at 9:38 AM, V4, Agency LPN, was observed administering R4's 8:00 AM medications. R4 stated sometimes her 8 AM medications are administered earlier, but most often they are given around this time.</p> <p>On 6/28/24 at 8:05 AM, V3, LPN, stated she is has the 100 hall today. V3 stated the 8 AM medications are to be given between 7 AM and 9 AM. V3 stated she starts her medication pass at 7:30 AM and doesn't get done until 9:30 AM.</p> <p>On 6/28/24 at 8:15 AM, V4, Agency LPN, stated she has the 500 hall and rooms 408 - 413. V4 stated she started her medication pass this morning around 7:15 AM. V4 stated the time it takes to administer all the medications varies because this is the first time she has worked on this hallway.</p> <p>On 6/28/24 at 8:30 AM, V5, Agency LPN, stated she has the 200 hall and rooms 401 - 407. V5 stated it depends on how long it takes her to administer the medications. V5 stated sometimes she gets stopped in the middle of the medication pass or gets a late start. V5 stated she gets to the facility at 7 AM and starts administering medications after she receives report from the nurse. V5 stated she usually doesn't get done until 9 AM or 10AM. V5 stated she starts on the 200 hall and when she finishes that hall, she goes to the 400 hall.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/28/24 at 8:45 AM, V6, LPN, stated the 8 AM medication pass takes a while. V6 stated she has the 300 hall today. V6 stated she gets to the facility at 7 AM and when she works the 300 hall, it normally takes her until 9 AM or 9:30 AM to administer all the medications, when she works the 200 and 1/2 of 400 hallways, she doesn't finish administering all the medications until 10AM or 10:30 AM. V6 stated things happen during the medication pass that cause delays.</p> <p>On 6/28/24 at 8:50 AM, V2, DON, stated their medication administration times are timed at 8 AM, 12 PM. V2 stated the expectation is that all medications are given 1 hour before to 1 hour after as per regulations. V2 denied concerns regarding medications not being given on time. V2 stated the day shift nurses work as follows: 1 nurse on 100 hall; 1 nurse on 200 hall and rooms 401-407; 1 nurse on 300 hall; 1 nurse on 500 hall and rooms 408-413. V2 stated they divide the nursing assignments as described above by halls/rooms and not by the number of residents on each hallway. V2 stated, They have 1 medication cart for the 100 hall, 1 medication cart for the 200 hall, 1 medication cart for rooms 401-407 and 1 medication cart for the 500 hall and rooms 408-413. V2 stated they have not had any medication errors in the past 3 months.</p> <p>The Medication Administration Policy, with a review date of 4/2024, documents all medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Verify the medication is being administered at the proper time, in the prescribed dose, and by the correct route. If a medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required.</p>		