STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145717	A. Building B. Wing	07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Columbia	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 33110 Based on interview, observation, and record review, the facility failed to cohort residents with the same infectious conditions and follow infection control protocol for COVID-19. This has the potential to affect all 112 residents in the facility. Findings Include: 1.The Facility's Infection Surveillance Monthly Report, dated 7/16/24, documents R5 and R6 were both positive for Covid-19 on 7/6/24. The July Infection Surveillance report documents there are 48 residents in the facility with Covid-19 infection. On 7/16/2024 at 9:00 AM, V10, OT (Occupational Therapist), was in R5 and R6's room with a N95 mask intact, no other PPE noted. V10 stated she thought they (R5 & R6) were off (isolation) today. Contact/droplet precautions signage was on the R5's and R6's door of the room they were residing in. On 7/16/24 At 10:00 AM on 500 Hall, isolation carts were on the hall. V8, CNA (Certified Nursing Assistant) was on the hall with N95 mask intact. V8 stated, Gowns, gloves, and masks are placed on when in the resident's room, providing care. We do have some residents that are positive for COVID on the hall. On 7/16/2024 at 9:05 AM, V5, Licensed Practical Nurse/LPN, stated the signs on the doors indicative of positive COVID residents, she stated, Yes they are on isolation for COVID. Everyone has to be in full PPE (gloves, mask, face shields, and gown). On 7/16/24 at 9:25 AM, V6, Housekeeper, stated she wears gowns, gloves, N95 mask when cleaning the rooms. V6 is unaware of face shields to be worn. On 7/16/24 at 1:00 PM, V17, Computer/Internet technician, stated, I did not know that they had COVID, and I didn't know I should be wearing a mask. I probably should have. V17 stated he will put one on when he comes back into the building. On 7/16/24 at 1:39 PM, V4, LPN/Infection Control Preventionist, stated she expected the staff to be wearing gowns, gloves, mask, and face shields. V4 stated the nursing staff do not like to wear the goggles/eyewear. (continued on next page)

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

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 07/17/2024
NAME OF PROVIDER OR SUPPLIER Bria of Columbia		STREET ADDRESS, CITY, STATE, ZIP CODE 253 Bradington Drive Columbia, IL 62236	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. R3's Physician Order Sheet, dated 7/9/24, documents strict contact/droplet isolation related to COVID until 7/20/24 all services rendered in room. R4's Labs Results Report, dated 7/11/24, documents R4 was negative for COVID19. On 7/17/24 at 11:00 AM, R4 was coming out of her room with her mask down below her nose. R4's roommate (R3) was in her room asleep. No privacy curtains were pulled. On 7/16/24, V1, Administrator, stated, We didn't have a room to put her in, so we had to house them together. I know we admitted a lady today, but she had been waiting for over a week, and we have centralized admitting. The Facility Policy COVID-19 Management of Residents, dated 6/2024, documents staff will wear full PPE (N95 respirator, gown, gloves, and eye protection). If limited single rooms are available or if numerous residents are simultaneously identified to have known COVID 19 residents will remain in their current location, privacy curtain between beds will be drawn and will wait for test results. If cohorting only resident with the same respiratory pathogen will be housed in the same room. The 671 Long Term Care Facility Application for Medicare and Medicaid documents there are 112 residents in the facility.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0885 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Report COVID19 data to residents and families. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33110 Based on interview and record review, the facility failed to notify positive COVID test results to Family Representatives and or Power of Attorney for 2 of 4 residents (R3 and R4) reviewed for COVID notification in the sample of 4. Findings Include: 1. R3's Minimum Data Set (MDS), dated [DATE], documents R3 is moderately cognitively impaired. R3's Physician Order Sheet, dated 7/9/24, documents strict contact/droplet isolation related to COVID until 7/20/24 for all services rendered in room. R3's Nurses Note for 7/9/24 did not document her responsible party was notified of her being COVID positive. R3' s Electronic Health Record documents the facility's electronic messaging system, dated 7/15/24, a message was left about COVID in the building. The Electronic Health Record (EHR) did not document any other messages were left. The facility's COVID Line list documents their first COVID case for this outbreak was dated 6/30/24, and an electronic messaging system message was not sent out to R3's POA (Power of Attorney) on 6/30/24 or 7/1/24. On 7/17/24 at 9:00 AM, V23, R3's daughter, stated she was notified when R3 tested positive for COVID on July 9, but she was not notified when the facility first had COVID in the building on June 30th. 2. R4's MDS, dated [DATE], documents R4 is severely cognitively impaired. R4's Labs Results Report, dated 7/11/24, documents R4 was negative for COVID 19. R4's Electronic Health Record was reviewed on today, 7/16/24, and did not document R4's POA was notified she was being bound with a COVID positive resident (R3). R4's EHR did not document R4's POA was notified of the COVID outbreak on 6/30/24. The facility's Change in Resident Condition Policy, revised on 11/2023, documents it is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician, and resident's responsible party of a change in condition. Communication with the resident and their responsible party as well as the physician will be documented in the resident's medical record or other appropriate documents. The residents' care plan will be updated as appropriate.