

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 08/01/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>42636</p> <p>Based on interview, observation, and record review, the facility failed to maintain a clean environment for 3 of 6 residents (R1, R3, R4), reviewed for safe/functional/sanitary/comfortable environment in the sample of 6.</p> <p>Findings include:</p> <p>On 7/31/24 at 8:30 AM, the 300/400 hall shower room was observed with a foul odor of feces, dirty clothing on the floor, a bag of dirty linen on the floor, and the toilet had toilet paper in it; no feces noted.</p> <p>On 8/1/24 at 8:20 AM, the 300/400 hall shower room was observed with a foul odor of feces.</p> <p>On 7/31/24 at 8:05 AM, R1 stated he takes care of himself, takes his own showers, and puts on clean clothes every day. R1 stated he has to clean up the shower room before he can take a shower because it is dirty.</p> <p>On 7/31/24 at 8:05 AM, R3 stated he gives himself a shower every other night. R3 stated the shower room on the 400 hall always has dirty clothes and towels on the floor, some still with feces in them. R3 stated housekeeping doesn't go in the shower rooms to clean, and the CNAs (Certified Nursing Assistants) aren't going to do it, so he has to pick/move things before he can shower. R3 stated housekeeping takes his trash out every day, but they don't clean the room usually. R3 stated, This morning the housekeeper came in and swept and mopped the floor really good, but you have to ask for that to be done.</p> <p>On 7/31/24 at 2:05 PM, R4 stated he takes his showers in the evening so no one comes in, but then the shower room is dirty. R4 stated there are always dirty clothes laying on the floor, there is a horrible sewer gas odor, feces in the toilet and on the floor next to the toilet, and some residents use the brown paper towels and flush them down the toilet causing the toilets to overflow. R4 stated there was a pile of feces on the floor next to the toilet for almost a full day before someone cleaned it up. R4 stated he and his roommate only use their toilet in their room because the other ones are gross. R4 stated, They cleaned the shower room earlier today because the staff knew that state was here so now it's clean and doesn't smell.</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
---	-------	-----------

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 08/01/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/1/24 at 8:55 AM, V10, Housekeeping Manager, stated they clean the resident rooms and sweep/mop the floors daily. V10 stated they try to clean the shower rooms and hallway bathrooms daily, but sometimes, they get side tracked and they don't get done; they at least try and empty the trash. V10 stated it's possible to have feces on the floor or left in the toilet and they try and take care of it when they are aware of it. V10 stated there are odors at times due to the resident's having bowel movements, etc. and they do their best to keep them under control.</p> <p>The housekeeping protocols, undated, documents the following: Morning walk through - pull trash, restock supplies, sweep/mop and address odors. PM walk through - pull trash, restock supplies, sweep/mop, address odors and dispose of trash. After morning walk through, housekeeper 2 is to clean the 300/400 hall shower room.</p>		