

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  02/20/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42108</p> <p>Based on interview and record review, the facility failed to notify the Power of Attorney of medication changes for 1 of 3 (R5) residents reviewed for notification in a sample of 15.</p> <p>Findings include:</p> <p>R5's Care Plan, dated 10/21/2023, documents PSYCHOTROPIC MEDS: (R5) requires the use of psychotropic medication, Risperidone to assist with managing mood and behavior related to DX (diagnosis) Huntington Disease; anxiety and metabolic encephalopathy. ANXIETY MEDS: (R5) requires the use of anxiety medication, Clonazepam and Ativan to assist with managing anxiety related to DX Huntington Disease; anxiety and metabolic encephalopathy. DEPRESSION MEDS: (R5) requires the use of depression medication, Fluoxetine and Mirtazapine to assist with managing depression related to DX Huntington Disease; anxiety and metabolic encephalopathy.</p> <p>R5's Admission Record, not dated, lists Huntington's Disease as diagnosis.</p> <p>R5's Physician Order Sheet (POS), dated 11/09/24 Fluoxetine HCl Oral Tablet 20 MG (Fluoxetine HCl) Give 1 tablet by mouth one time a day for depression. 1/15/2025 Seroquel Oral Tablet 100 MG (Quetiapine Fumarate) Give 1 tablet by mouth two times a day related to HUNTINGTON'S DISEASE (G10) 12/29/2024 at 11:50 AM buspirone HCl Oral Tablet 10 MG (Buspirone HCl) Give 1 tablet by mouth three times a day related to GENERALIZED ANXIETY DISORDER (F41.1)</p> <p>R5's Medication Administration Record, dated January and February, documents R5 received these medications.</p> <p>R5's Progress Note, dated 2/5/2025 at 2:30 PM, Nurses Notes: Note Text: This nurse spoke with (V6) POA (Power of Attorney) and update given on risperidone and Seroquel and she is okay with the new orders.</p> <p>R5's Progress Note, dated 2/5/2025 at 3:52 PM, documents Nurses Notes: Note Text: This nurse called POA and consent received on new medication orders. No futher concerns noted at this time.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/10/2025 at 11:42 AM V6, R5 POA, stated she was notified last weekend of R5's new orders. V6 stated R5 was receiving medications prior to admission to facility. V6 stated she was not informed of risk versus benefits of the medication until this last week. V6 stated she did not know R5 was on the buspar, and this was the first time she had heard of it.</p> <p>On 2/10/2025 at 1:12 PM V18, Psychiatric Nurse, stated she was made aware by the family they were not aware that their loved one was on psych medication and had not given consent for the medication.</p> <p>On 2/20/2025 at 1:30 PM V2, Director of Nursing, stated she expects the nurses to notify the Power of Attorney of new orders. V2 stated the Nurse Practitioner puts their own orders in the system. V2 stated she is not sure if they notify families, but doubts it. V2 stated she expects the resident and/or family to be notified of new orders.</p> <p>The facility's Psychotropic program, dated 10/2024, documents, Guideline: 9. If a new order for psychotropic medication is obtained, the resident, resident's representative, or POA must be informed of the risks and benefits of the medication. The facility must obtain informed consent. If the family or resident's representative is not able to sign the consent at the time of the order, a verbal consent will be obtained by the nurse and documented on a psychotropic consent form until written consent can be obtained. This form will be part of the medical record.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on interview and record review, the facility failed to provide showers for 4 of 4 (R1, R11, R12, R15) residents reviewed for Activities of Daily living in a sample of 15.</p> <p>Findings include:</p> <p>The facility's Resident Council Minutes, dated 12/5/2025, documents 400 hall not getting showers.</p> <p>On 2/18/2025 at 2:50 PM Requested January's shower documentation. As of 2/19/2025 at 4:21 PM the facility had not provided any shower documentation for January.</p> <p>1. The facility's 400 Hall Shower Sheet documents R1's scheduled showers are on Wednesday and Saturday, day shift.</p> <p>R1's Shower/Bathe task documents R1 received a shower on 1/25, 2/13 and 2/17/2025. On 2/1, 2/5, 2/8, and 2/15 documents not applicable.</p> <p>R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact.</p> <p>On 2/10/2025 at 12:20 PM, R1 stated the shower room on 500 hall doesn't have heat and doesn't have hot water. R1 stated because of his size, he is not able to take a shower, because the 400 hall doesn't have a large enough equipment for him to take the shower.</p> <p>2. The facility's 400 Hall Shower Sheet documents R11's scheduled showers were Monday and Thursday, day shift.</p> <p>R11's Shower/Bathe task documents R11 received a shower on 2/13, 2/17 and a bath on 2/10. It documents on 1/23, 1/27, 1/30, 2/3, 2/6, and 2/10, documents not applicable.</p> <p>R11's MDS, dated [DATE], documents R11 is moderately cognitively impaired and requires partial/moderate assist with showers/bath.</p> <p>3. The facility's 500 Hall Shower Sheet documents R15's scheduled showers were Wednesday and Saturday, day shift.</p> <p>R15's Shower/Bathe task documents R15 received a shower on 2/17 and refused on 2/19/2025. It documents on 2/1, 2/5, 2/8, 2/12, and 2/15 not applicable.</p> <p>R15's MDS, dated [DATE], documents R15 requires Partial/moderate assist with shower/bathe.</p> <p>4. The facility's 500 Hall Shower Sheet documents R12's scheduled showers were Monday and Thursday, day shift.</p> <p>R12's Shower/Bathe task does not document R10 received a shower from 1/20/25 to 2/17/2025. It documents on 1/20, 1/23, 1/27, 1/30, 2/3, 2/6, 2/10, 2/13, and 2/17 not applicable.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R12's MDS, dated [DATE], documents R12 requires partial/moderate assistance with shower/bathe.</p> <p>On 2/18/2025 at 2:30 PM, V14, Regional Nurse, stated the staff document completed showers in the computer. V14 stated the bath and skin report sheet is a QA tool and are not required to use the tool.</p> <p>On 2/18/2025 at 2:55 PM, V15, Certified Nurse's Assistant (CNA), stated they received their shower assignment at the beginning of the shift. V15 stated when the shower is completed, it is documented in the computer. V15 stated all completed showers are to be documented in the computer. V15 stated if its not documented, then it didn't occur.</p> <p>On 2/18/2025 at 2:57 PM, V17, CNA, stated the residents have scheduled shower days, and she gives her resident showers and documents on the shower sheet because she doesn't have charting ability. V17 stated she can't document in the computer.</p> <p>On 2/18/2025 at 3:00 PM, V16, CNA, stated she gives the showers per the schedule and when completed documents in the computer.</p> <p>On 2/20/2025 at 1:30 PM, V2 stated she was not aware of the shower room on 500 being boken. V2 stated the water was cold, and the other shower room was offered for showers. V2 stated she expects staff to utilize the other shower rooms for showers as scheduled and document it in the chart. V2 stated the showers are to be given as scheduled and as needed. V2 stated when the showers are completed or refused, the staff are to document it in the medical record. V2 stated if a resident refuses, she expects the staff to get a nurse or another staff to try as well so the resident can get a shower. V2 stated at times the residents will refuse all attempts, but that's ok, because the staff tried.</p> <p>The facility's Activities of Daily Living policy, dated 9/2024, documents, It is the practice of the facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice. Policy Explanation and Compliance Guidelines: 1. Residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. 2. Partial baths may be given between regular shower schedules as per facility policy.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>42108</p> <p>Based on interview and record review, the facility failed to obtain consent for psychotropic medication for 1 of 3 (R5) residents reviewed for unnecessary medication in a sample of 15.</p> <p>Findings include:</p> <p>R5's Care Plan, dated 10/21/2023, documents PSYCHOTROPIC MEDS: (R5) requires the use of psychotropic medication, Risperidone to assist with managing mood and behavior related to DX (diagnosis) Huntington Disease; anxiety and metabolic encephalopathy. ANXIETY MEDS: (R5) requires the use of anxiety medication, Clonazepam and Ativan to assist with managing anxiety related to DX Huntington Disease; anxiety and metabolic encephalopathy. DEPRESSION MEDS: (R5) requires the use of depression medication, Fluoxetine and Mirtazapine to assist with managing depression related to DX Huntington Disease; anxiety and metabolic encephalopathy.</p> <p>R5's Admission Record, not dated, lists Huntington's Disease as diagnosis.</p> <p>R5's Physician Order Sheet (POS), dated 11/09/24, documents Fluoxetine HCl Oral Tablet 20 MG (Fluoxetine HCl) Give 1 tablet by mouth one time a day for depression. 1/15/2025 Seroquel Oral Tablet 100 MG (Quetiapine Fumarate) Give 1 tablet by mouth two times a day related to HUNTINGTON'S DISEASE (G10) 12/29/2024 at 11:50 AM buspirone HCl Oral Tablet 10 MG (Buspirone HCl) Give 1 tablet by mouth three times a day related to GENERALIZED ANXIETY DISORDER (F41.1)</p> <p>R5's Medication Administration Record, dated January and February, documents R5 received these medications.</p> <p>R5's Progress Note, dated 2/5/2025 at 2:30 PM, Nurses Notes: Note Text: This nurse spoke with (V6) POA (Power of Attorney) and update given on risperidone and Seroquel and she is okay with the new orders.</p> <p>R5's Progress Note, dated 2/5/2025 at 3:52 PM, documents Nurses Notes: Note Text: This nurse called POA and consent received on new medication orders. No further concerns noted at this time.</p> <p>On 2/10/2025 at 11:42 AM, V6 stated she was notified last weekend of R5's new orders. V6 stated R5 was receiving medications prior to admission to facility. V6 stated she was not informed of risk versus benefits of the medication until this last week. V6 stated she did not know R5 was on the buspar, and this was the first time she had heard of it.</p> <p>On 2/10/2025 at 1:12 PM, V18, Psychiatric Nurse, stated she was made aware by the family they were not aware that their loved one was on psych medication and had not given consent for the medication.</p> <p>On 2/20/2025 at 1:30 PM, V2, Director of Nursing, stated she expects the staff to get consent for psychotropic medication before administration. V2 stated she has been at the facility for a short time. V2 stated there has been a problem with getting and finding the consents. V2 stated they are aware of the problem, and are working on fixing it.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Psychotropic program, dated 10/2024, documents, Guideline: 9. If a new order for psychotropic medication is obtained, the resident, resident's representative, or POA must be informed of the risks and benefits of the medication. The facility must obtain informed consent. If the family or resident's representative is not able to sign the consent at the time of the order, a verbal consent will be obtained by the nurse and documented on a psychotropic consent form until written consent can be obtained. This form will be part of the medical record. 10. once consent is obtained, the order will be entered into the medical record and the diagnosis will be added to the diagnosis list.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on observation, interview, and record review, the facility failed to serve food at a palatable temperature for 4 of 4 residents (R13, R14, R15, R1) in a sample of 15.</p> <p>Findings Include:</p> <p>The (facility) Grievance/Concern reporting form, dated 2/6/2025, documents Resident council concerns relates to dietary. The resident Council met on 2/6/25. Most concerns were dietary, or food related. 4. The wire racks with room trays does not keep the food warm. The food is cold when the resident receives it. Investigation: met with regional dietary manager bases and lids to keep food warm.</p> <p>On 2/18/2025 at 12:40 PM, hall trays were prepared. Each tray had a lid, but no base. The plate was placed directly on the tray that was placed on a wire cart. The hall cart left the kitchen at 12:45 PM and sat at the nurse's station. First tray removed 12:48 PM and completed at 12:53 PM. Temperature tested on sample plate from the metal hall cart. The pasta and ground beef mix temped at 126 degrees and the green beans temped at 120 degrees.</p> <p>1. R13's MDS, dated [DATE], documents R13 is cognitively intact.</p> <p>On 2/10/2025 at 9:57 AM, R13 stated the food is cold when received. R13 stated the food is slightly warm at best.</p> <p>2. R14's MDS, dated [DATE], documents R14 is cognitively intact.</p> <p>On 2/10/2025 at 10:00 AM, R14 stated the food is always cold, but you have to eat it.</p> <p>3. R15's MDS, dated [DATE], documents R15 is cognitively intact.</p> <p>On 2/10/2025 at 10:15 AM, R15 stated, The food is cold when its delivered, and the staff don't warm it for you. By the time they answer the light, they are picking the tray up.</p> <p>4. R1's Minimum Data Set (MDS), dated [DATE], documents R1 is cognitively intact.</p> <p>On 2/10/2025 at 12:20 PM, R1 stated he was the president of resident council. R1 stated he has had multiple concerns voiced to him, and in resident council, of the food being cold. R1 stated the food on 400 and 500 come in an insulated cart, but the other halls have a wire cart, and the food is exposed. R1 stated this is an ongoing issue and have been discussed repeatedly, with no resolution.</p> <p>On 2/20/2025 at 1:33 PM, V23, Dietary Regional Manager, stated the food is held at temp on the steam table. V23 stated they are aware of the concerns regarding cold food. V23 stated they are in the process of purchasing insulated covers for the bottom of the plates. V23 stated they are not in yet, but are being ordered. V23 stated currently, they use a plate warmer and an insulated top. V23 stated when the trays go out on the wire carts they don't have any coverage, and depending how long it takes for the staff to serve, the tray will cause the temperature to drop.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's Food: Preparation, dated 2/2023, documents, 13. All foods will be held at appropriate temperatures, greater than 135 degrees Fahrenheit (or as stated regulations requires) for hot holding, and less than 41 degrees Fahrenheit for cold food holding.</p>		