

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  10/25/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>42636</p> <p>Based on interview and record review, the facility failed to respect a resident's right to privacy and dignity during care and when care was needed by being on their cell phones in 4 of 4 residents (R60, R61, R87, R94) reviewed for resident rights in the sample of 45.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 10/23/24 at 10:00 AM, during the resident council meeting, R60 stated the CNAs are always on their cell phones; he has had one CNA that was on speaker mode on her cell phone while she was helping R60 in the bathroom, so he felt as though no privacy was being provided.</li> <li>On 10/23/24 at 10:00 AM, during the resident council meeting, R61 stated the CNAs are always on their cell phones, when residents are needing assistance, they are ignored because the CNA is on their phone and the CNAs are on their phones while providing care.</li> <li>On 10/23/24 at 10:00 AM, during the resident council meeting, R87 stated the CNAs (Certified Nurses Assistant) are always on their cell phones and don't respond to the resident's request for care because they are too busy on their phones.</li> <li>On 10/23/24 at 10:00 AM, during the resident council meeting, R94 stated the CNAs are always on their cell phones and aren't responding to the residents that are needing care, they are ignoring them because they are on their phones.</li> </ol> <p>On 10/25/24 at 8:59 AM, V2, Director of Nurses (DON), stated the facility is having problems mainly with the agency CNAs being on their cell phones while working. V2 stated she is trying to stop it, and if she catches them on their cell phone, they are told to put it away. If it continues, the disciplinary process is followed; if it is an agency CNA, they are put on the do not return list.</p> <p>The Resident Rights policy, dated 8/1/22, documents the objective of the accommodation of resident needs and preferences is to create an individualized, home-like environment to maintain and/or achieve independent functioning, dignity, and well-being to the extent possible in accordance with the resident's own needs and preferences.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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**</b> 42636</p> <p>Based on interview, observation, and record review, the facility failed to provide personal hygiene to 2 of 2 residents (R2, R43), reviewed for ADL (Activities of Daily Living Care) in the sample of 45.</p> <p>Findings include:</p> <p>1. On 10/22/24 at 8:53 AM, R2 was observed in bed. R2's mouth was dirty with debris in it; skin on her face was dry and flaky; her hair was messy; and her nails were dirty and untrimmed.</p> <p>R2's Face Sheet, undated, documents R2 has a diagnosis of Hemiplegia, Weakness, Need for Assistance with Personal Care and Dementia.</p> <p>R2's MDS (Minimum Data Set), dated 10/1/24, documents R2 is dependent with hygiene.</p> <p>R2's Care Plan, dated 10/20/15, documents R2 has an ADL self-care performance deficit and requires extensive assistance of 1-2 staff for personal hygiene and oral care.</p> <p>2. On 10/22/24 at 8:50 AM, R43 was observed in her room in bed. R43's mouth was dirty with debris; her hair was messy; her gown was dirty; her nails were dirty and untrimmed.</p> <p>R43's Face Sheet, undated, documents R43 has a diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction and Encephalopathy.</p> <p>R43's MDS, dated [DATE], documents R43 is dependent with hygiene.</p> <p>R43's Care Plan, dated 1/16/23, documents R43 requires assistance with daily care needs and staff are to assist resident with ADLs.</p> <p>10/25/24 at 8:59 AM, V2, Director of Nursing (DON), stated the staff are to provide morning care to the residents. V2 stated R2 is set up with morning care and R43 is set up, but is more dependent.</p> <p>The Activities of Daily Living policy, dated 6/2015, documents a program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. Hygiene - a residents self-image is to be maintained.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44953</p> <p>Based on interview and record review, the facility failed to ensure that 1 resident (R81) received medications as ordered out of 4 residents reviewed for medications in the sample of 45.</p> <p>Findings include:</p> <p>R81's Face Sheet, undated, documents he was admitted to the facility in Hospice care on 8/2/24.</p> <p>R81's Face Sheet undated documents medical diagnosis as Cerebral Infarction, Unspecified Infarction Unspecified, Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus, Dementia in Other Disease Classified Elsewhere, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, Anxiety, and Nutritional Anemia.</p> <p>R81's Minimum Data Set (MDS), dated [DATE], documents severe cognitive impairment.</p> <p>Nurse Progress Notes, dated 8/19/24, documents R81 was given the medication of another resident (R94).</p> <p>Medication error report, dated 8/19/24, documents V24, Licensed Practical Nurse/LPN, an agency nurse, went in to give R94 his medications. R81 responded to R94's name. R81 was given R94's morning medications. Shortly thereafter R94 came up and asked for his medications and that is when it was realized the computer had 2 residents in the same bed. The Director of Nursing (DON) was notified immediately.</p> <p>R94's Electronic Medication Administration Record (eMAR), dated 8/19/24, documents R94's 8:00 AM medications as Ipratropium-albuterol Inhalation, Methadone HCL Oral Tablet 10 mg (Give 2 tablets), Pantoprazole Sodium 40 mg Delayed Release, Fluticasone 2 puffs, Multivitamin 1 tab, Folic Acid 1 mg, Folic Acid 400 mcg.</p> <p>On 10/24/24 at 4:13 PM, V24, LPN, stated the names were wrong in the electronic health care record, as it did not reflect the room change for one of the residents. I can't remember which one. The wrong patient was given a narcotic; I don't remember what other meds that patient received. The DON was notified, and she was going to notify the doctor. The resident family was present at that time and did not require notification. The resident (R81) was monitored and did not suffer any ill effects. The other resident (R94) did receive his medication and did not miss a dosage.</p> <p>On 10/24/24 at 4:30 PM, V2, DON, stated, I had not fully come onboard yet, but was notified of the med error. We contacted the doctor and did monitor both residents for any negative symptoms. There was no change in condition for either resident. At this time, we are unable to duplicate the roster to show that both (R81) and (R94) were listed for bed B.</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 - Few</p>	<p>On 10/25/24 at 9:46 AM, V25, Pharmacist, stated, Due to residents' current medication regimen of Morphine, the ingestion of Methadone did not pose any increased clinical significance to resident. The Medical provider could possibly provide more information on the impact of the wrong medication on the resident, based on health conditions. Signs and symptoms of toxicity would be increased sedation, nausea and vomiting.</p> <p>On 10/25/24 at 10:40 AM, V27, Nurse Practitioner (NP), stated all R81's care is handled by hospice. However, she was notified of the medication error and R81 was monitored for 72 hours. R81 did not experience any negative side effects.</p> <p>The facility policy Medication Administration, dated 5/2017, documents check medication administration record prior to administering medication for the right medication, dose, route, patient/resident and time.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>33110</p> <p>Based on interview, record review, and observation, the facility failed to provide the required amount of protein to serve the residents. This has the potential to affect all residents in the facility.</p> <p>Findings Include:</p> <p>The facility recipe for Oven Herb Roasted Turkey Breast documents, slices 2.5 ounces of weighed portions. Serve 2.5 ounces of weighed portions to provide 2 ounces protein serving. Use scale to weigh and portion accurately. The facility was not observed initially utilizing a scale to weigh the turkey portions. V21, District Manager, stated, It's about one slice per person.</p> <p>On 10/22/24 at 12:00 PM, the kitchen was serving oven herb roasted turkey, with the portions appearing small.</p> <p>On 10/22/24 at 12:05 PM, V21, District Manager, brought out the scale. The oven roasted turkey breast portion was weighed and it was only 2 ounces. They continued to serve out the 2 ounces of oven sliced turkey, which was one slice of turkey meat. The kitchen then ran out of the oven sliced turkey and had to offer a substitute.</p> <p>On 10/23/24 at 12:00 PM, V12, Dietary Manager, stated, I don't know why we ran out, it may have been the double portions or requests for more.</p> <p>On 10/23/24 at 10:00 AM, during Resident Council Meeting, R28, R60, R61, R87, R90, R94, all complained about food portions and running out of food.</p> <p>On 10/24/24 at 2:40 PM, V22, Consulting Dietician, stated, If they ran out of food, they didn't order enough food. If the recipe says give 2.5 ounces, they must get that to have enough protein.</p> <p>The facility Small and Large Portions policy documents altered portion sizes may be served to meet individual resident's needs. Persons on small portions will be reviewed for additional snack preferences and provided additional meal servings on request. Meat small portions is 2 ounces protein.</p> <p>The Facility Policy Meal Planning, dated July 15, 1999, documents each resident shall be served food to meet the resident's needs and to meet physician's orders. Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. Three ounces (excluding bone, fat, and breading) of any cooked meat such as whole of ground beef, veal, pork, or lamb; poultry, organ meats such as liver, heart, kidney; prepared luncheon meats.</p> <p>The CMS 671 Long Term Care Facility Application for Medicare and Medicaid form, dated 10/22/2024, documents the facility has 102 residents.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>33110</p> <p>Based on interview, record review, and observation, the facility failed to employ hygienic practices and then handled food. This has the potential to affect all the residents in the facility.</p> <p>Findings Include:</p> <p>On 10/22/24 at 12:15 PM, V23, Dietary Aide, was putting diet cards on the residents trays; she was also putting lids on the resident's tray. V23, Dietary Aide, was rubbing her nose repeatedly and rubbing sweat off the brow. The Direct Care staff were standing at the kitchen door asking her to wash her hands, but she seemed confused and did not wash her hands. V14, Area Manager, asked V23, Dietary Aide, to wash her hands. V23, Dietary Aide, then washed her hands, but immediately rubbed her nose again. V23, Dietary Aide, continued to scoop ice cream from a 5-gallon ice cream bucket and place it into bowls. V23 gave the ice cream to the direct care staff to distribute to the residents.</p> <p>On 10/23/24 at 12:05 PM, V26, Regional Director of Dining, stated she (V23, Dietary Aide) will no longer be on the tray line. She (V23, Dietary Aide) will have other duties.</p> <p>The Facility Policy Food: Preparation, dated 2/2023, documents all foods are prepared in accordance with the FDA (Food and Drug Administration) food code. Procedures: all staff will practice proper hand washing techniques and glove use.</p> <p>The CMS 671 Long Term Care Facility Application for Medicare and Medicaid form, dated 10/22/2024, documents the facility has 102 residents.</p>		