

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145785	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Bria of Mascoutah		STREET ADDRESS, CITY, STATE, ZIP CODE 901 North Tenth Street Mascoutah, IL 62258	

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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview and record review, the Facility failed to ensure an environment free from abuse for 2 of 4 residents (R1, R2) reviewed for abuse in the sample of 4. This Failure caused R1 to be fearful of R2 and causes her to have trouble sleeping.</p> <p>Findings include:</p> <p>R1's Face Sheet documents, R1 was admitted to the facility on [DATE] with diagnoses, including type 2 diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, anxiety, depression, osteoarthritis, and muscle weakness and atrophy.</p> <p>R1's Minimum Data Set, (MDS), dated [DATE] documented, R1 was independent with cognitive skills for daily decision making with short term memory intact. The MDS documented R1 required substantial/maximal assistance with bed mobility and transfer and ambulated with manual wheelchair.</p> <p>R1's Undated Care Plan, documents, R1 is at risk for abuse and neglect.</p> <p>R2's Face Sheet, documents, R2 was admitted to the facility on [DATE] with diagnoses, including encephalopathy, multiple sclerosis, difficulty walking, lack of coordination, weakness, insomnia, bipolar disorder, schizoaffective disorder, and major depressive disorder.</p> <p>R2's MDS dated , 04/17/24, documented, R2 was moderately cognitively impaired with inattention and disorganized thinking, used wheelchair, and required partial/moderate assistance with bed mobility and transfer.</p> <p>R2's Undated, Care Plan, does not address risk for abuse or identified sexual behaviors.</p> <p>The Facility's 04/18/24, Room Roster, documents, R1 and R2 resided in room [ROOM NUMBER].</p> <p>R2's Progress Note, by V9, Licensed Practical Nurse, (LPN), on 04/18/24, at 11:54PM, documents, R2 crawled into roommate's bed.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Progress Note, by V9, LPN, on 04/19/24 at 4:28AM, documents, Resident noted to be talking sexually to roommate making sexual comments stating that her roommate is her lover, yelling for staff, roommate, people to have sex with her, asked her roommate for help with masturbation, and making sexual comments and personal questions when roommate was receiving care. Resident was able to be redirected and asked to lower her voice, r/t, (related to), others sleeping, will continue to monitor. (V2) and (V1) notified of behavior.</p> <p>On 04/24/24, at 3:53PM, V9, LPN, stated, early in the morning of 04/19/24, the (unknown) CNA, (Certified Nursing Assistant), reported to her, that R2 tried to crawl in bed with R1. She stated, R1 pushed her call light and told the CNA. When V9 entered the room, R2 was saying inappropriate things, and she told R2 that was inappropriate, and she should try to get some sleep.</p> <p>On 04/25/24, at 8:35AM, V14, CNA stated, On the night of 04/18/24, I responded to (R1)'s call light and found (R2) sitting in (R1)'s bed rubbing her leg and asking her to help her masturbate. I separated them and put (R2) back in (her) bed and notified the nurse. When I (first) walked in the room (R1) mouthed, Help me, and said she felt extremely uncomfortable. Prior to that, (R2) kept interrupting (R1)'s care, making sexual comments when we were trying to care for (R1) and asking us to touch her.</p> <p>On 04/20/2024, at 4:20PM, R1 stated, One day (R2) came to my bed and was rubbing my legs, and telling me she could masturbate with me, and I could watch if I wanted or she could touch me if I wanted her to and I said, No.</p> <p>On 04/24/24, at 1:00PM, R1 stated, I was scared .afraid (R2) was going to do something to me. She came over to me and said, I masturbate a lot. Would you like to come over and watch? I told her, I don't think so. My eyes aren't so good, and I probably couldn't see anyway. She yelled, a lot and talked constantly in a very loud voice, so I had trouble sleeping, but I was also afraid to go to sleep, after that day she sat on my bed and was rubbing my leg. I asked her to get up and she wouldn't, so I told her I was going to call the nurse. Then she got up. I told staff about it the next day. I know (R2) was disturbed, but she made me very nervous. Honestly, she scared the hell out of me.</p> <p>On 04/25/24, at 11:50AM, V16, Nurse Practitioner, (NP), stated, she visited R2 for her initial evaluation in the Facility on 04/18/24. She stated, R2 had word garbage, was not able to have coherent conversation, had sporadic words, most of them vulgar, vulgar gestures, and was impulsive. V16 stated, at that point there was nothing that led her to believe, R2 was at risk for touching others and did not think there was anything the Facility could have done to prevent it.</p> <p>On 04/25/24, at 9:56AM, V1, Administrator, stated, she expects the Facility to follow its abuse policy.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	The Facility's Abuse Policy and Prevention Program 2022 revised 10/2022 documents, This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview and record review, the Facility failed to report allegations of abuse in 2 of 4 residents (R1, R2) reviewed for abuse in the sample of 4.</p> <p>Findings include:</p> <p>R2's Face Sheet documents, R2 was admitted to the facility on [DATE] with diagnoses including encephalopathy, multiple sclerosis, difficulty walking, lack of coordination, weakness, insomnia, bipolar disorder, schizoaffective disorder, and major depressive disorder.</p> <p>R2's Minimum Data Set, (MDS), dated , [DATE], documented, R2 was moderately cognitively impaired with inattention and disorganized thinking, used wheelchair, and required partial/moderate assistance with bed mobility and transfer.</p> <p>R2's Undated, Care Plan does not address risk for abuse or identified sexual behaviors.</p> <p>On [DATE] at 9:30AM, V10, Sexual Assault Nurse Examiner, (SANE), Team Lead from Local Hospital, stated, (R2) did pop positive on the pregnancy test, both urine and blood. The blood levels are low, so that can mean other things, and the Doctor is pretty confident she is not actually pregnant, but the tests were positive. (R2) has a daughter that lives in California. (R2) was doing ok until the daughter left, then about 3 days later she barricaded herself in her house and had an acute psychiatric episode and was hospitalized . She was diagnosed with encephalopathy and then sent to (Facility) for long term care. Apparently, she was nothing like that before her husband died and was able to walk and care for herself. Here in the hospital, she has made some very hypersexual statements to her sitter that family (members) say are out of character from before, (she went to) the nursing home. She also, has bruising to her right thigh and shoulder. She does have moments of clarity and would be able to tell me specific things and told me she wanted the exam done. She was helpful during the exam. She had a bump on her palette and stated, an ugly man who was a kitchen worker raped her in bed and, It was so bad. I asked what she meant, and she said, Frontal nudity. It was so cold. I was alone. I asked if he touched her, and she said, He touched my boobies. She said, it was a black man named V17. She did have bruising, purple, to left upper arm and left lateral thigh. There was right forearm redness near the elbow, the right thumb joint was purple, and the right posterior thigh had purple bruising. There was also some older bruising. Her right posterior calf had a circular purple area.</p> <p>On [DATE] at 7:50AM, V1, Administrator, stated, she did not report R2's alleged of rape, because Public Health was already in the building when she found out about it, and she did not know if she needed to.</p> <p>R1's Face Sheet documents, R1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, anxiety, depression, osteoarthritis, and muscle weakness and atrophy.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's MDS dated [DATE], documented, R1 was independent with cognitive skills for daily decision making with short term memory intact. The MDS documented, R1 required substantial/maximal assistance with bed mobility and transfer and ambulated with manual wheelchair/scooter.</p> <p>R1's Undated Care Plan, documents, R1 is at risk for abuse and neglect.</p> <p>The Facility's [DATE] Room Roster, documents, R1 and R2 resided in room [ROOM NUMBER].</p> <p>R2's Progress Note, by V9, Licensed Practical Nurse, (LPN), on [DATE] at 11:54PM, documents, R2 crawled into roommate's bed.</p> <p>R2's Progress Note dated, [DATE] at 4:28AM documents, Resident noted to be talking sexually to roommate making sexual comments stating that her roommate is her lover, yelling for staff, roommate, people to have sex with her, asked her roommate for help with masturbation, and making sexual comments and personal questions when roommate was receiving cares. Resident was able to be redirected and asked to lower her voice r/t, (related to), others sleeping will continue to monitor. (V2) and (V1) notified of behavior.</p> <p>On [DATE] at 3:53PM, V9, LPN, stated, on the morning of [DATE] just before medication pass the, (unknown), CNA, (Certified Nursing Assistant), reported to her that R2 tried to crawl in bed with R1. She stated, R1 pushed her call light and told the CNA. When V9 went in R1 and R2's room, R2 was saying inappropriate things. V9 stated, she told R2 that was inappropriate, and she should try to get some sleep.</p> <p>On [DATE] at 8:35AM, V14, CNA stated, On the night of [DATE], I responded to (R1)'s call light and found (R2) sitting in (R1)'s bed rubbing her leg and asking her to help her masturbate. I separated them and put (R2) back in (her) bed and notified the nurse. When I (first) walked in the room (R1) mouthed Help me and said, she felt extremely uncomfortable. Prior to that, (R2) kept interrupting (R1)'s care, making sexual comments when we were trying to care for (R1) and asking us to touch her.</p> <p>On [DATE] at 4:20PM, R1 stated, One day (R2) came to my bed and was rubbing my leg and telling me she could masturbate with me, and I could watch if I wanted or she could touch me if I wanted her to and I said, No.</p> <p>On [DATE] at 1:00PM, R1 stated, I was scared .afraid (R2) was going to do something to me. She came over to me and said, I masturbate a lot. Would you like to come over and watch? I told her, I don't think so. My eyes aren't so good, and I probably couldn't see anyway. She yelled a lot and talked constantly in a very loud voice, so I had trouble sleeping, but I was also, afraid to go to sleep after the day she sat on my bed and was rubbing my leg. I asked her to get up and she wouldn't, so I told her I was going to call the nurse. Then she got up. I told staff about it the next day. I know (R2) was disturbed, but she made me very nervous. Honestly, she scared the h*ll out of me.</p> <p>On [DATE] at 1:35PM, V1, Administrator, stated, she was informed of the incident with R1 and R2, but R1 told her she did not feel violated or harassed, so the incident was not reported.</p> <p>On [DATE] at 9:56AM, V1, Administrator, stated, she expects the Facility to follow its abuse policy.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's Abuse Policy and Prevention Program 2022 revised ,d+[DATE] documents, This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Any allegation of abuse or any incident that results in serious bodily injury will be reported to the Illinois Department of Public Health immediately, but not more than two hours after the allegation of abuse. Any incident that does not involve abuse and does not result in serious bodily injury shall be reported within 24 hours.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview and record review, the Facility failed to investigate an allegation of sexual abuse for 1 of 4 residents (R1) reviewed for abuse in the sample of 4.</p> <p>Findings include:</p> <p>R1's Face Sheet documents, R1 was admitted to the facility on [DATE] with diagnoses including type 2 diabetes mellitus, chronic obstructive pulmonary disease, congestive heart failure, anxiety, depression, osteoarthritis, and muscle weakness and atrophy.</p> <p>R1's Minimum Data Set, (MDS), dated [DATE] documented, R1 was independent with cognitive skills for daily decision making and short-term memory was intact. The MDS documented, R1 required substantial/maximal assistance with bed mobility and transfer and ambulated with manual wheelchair/scooter.</p> <p>R1's Undated, Care Plan, documents, R1 is at risk for abuse and neglect.</p> <p>R2's Face Sheet documents, R2 was admitted to the facility on [DATE] with diagnoses including encephalopathy, multiple sclerosis, lack of coordination, insomnia, bipolar disorder, schizoaffective disorder, and major depressive disorder.</p> <p>R2's MDS, dated , 04/17/24 documented, R2 was moderately cognitively impaired with inattention and disorganized thinking, used wheelchair, and required partial/moderate assistance with rolling left and right, sitting to lying, lying to sitting, sitting to standing, and transfer.</p> <p>R2's Undated, Care Plan, does not address abuse or sexual behaviors.</p> <p>The Facility's 04/18/24 Room Roster, documents, R1 and R2 resided in room [ROOM NUMBER].</p> <p>R2's Progress Note, by V9, LPN, on 04/18/24 at 11:54PM documents, R2 crawled into roommate's bed.</p> <p>R2's Progress Note, by V9, LPN, on 04/19/24 at 4:28AM documents, Resident noted to be talking sexually to roommate making sexual comments stating that her roommate is her lover, yelling for staff, roommate, people to have sex with her, asked her roommate for help with masturbation, and making sexual comments and personal questions when roommate was receiving cares. Resident was able to be redirected and asked to lower her voice r/t, (related to), others sleeping will continue to monitor. (V2) and (V1) notified of behavior.</p> <p>On 04/24/24 at 3:53PM, V9, LPN, stated, on the morning of 04/19/24 the (unknown), CNA reported to her that R2 tried to crawl in bed with R1. She stated, R1 pushed her call light and told the CNA. When V9 went in R1 and R2's room, R2 was saying inappropriate things. V9 stated, she told R2 that was inappropriate, and she should try to get some sleep.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 04/25/24 at 8:35AM, V14, CNA, stated, On the night of 04/18/24, I responded to (R1)'s call light and found (R2) sitting in (R1)'s bed rubbing her leg and asking her to help her masturbate. I separated them and put (R2) back in (her) bed and notified the nurse. When I (first) walked in the room (R1) mouthed, Help me and said she felt extremely uncomfortable. Prior to that, (R2) kept interrupting (R1)'s care, making sexual comments when we were trying to care for (R1) and asking us to touch her.</p> <p>On 04/20/2024 at 4:20PM, R1 stated, One day (R2) came to my bed and was rubbing my legs and telling me she could masturbate with me and I could watch if I wanted or she could touch me if I wanted her to and I said, No.</p> <p>On 04/24/24 at 1:00 PM, R1 stated, I was scared .afraid (R2) was going to do something to me. She came over to me and said, I masturbate a lot. Would you like to come over and watch? I told her, I don't think so. My eyes aren't so good, and I probably couldn't see anyway. She yelled a lot and talked constantly in a very loud voice, so I had trouble sleeping, but I was also afraid to go to sleep after the day she sat on my bed and was rubbing my leg. I asked her to get up and she wouldn't, so I told her I was going to call the nurse. Then she got up. I told staff about it the next day. I know (R2) was disturbed, but she made me very nervous. Honestly, she scared the h*ll out of me.</p> <p>On 04/24/24 at 1:35 PM, V1, Administrator, stated, she did not investigate this because R1 stated she did not feel violated or harassed.</p> <p>On 04/25/24 at 9:56 AM, V1, Administrator, stated, she expects the Facility to follow its abuse policy.</p> <p>The Facility's Abuse Policy and Prevention Program 2022 revised 10/2022 documents, This facility affirms the right of our resident to be free from abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property, and mistreatment of residents. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. Sexual abuse includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. All incidents will be documented, whether or not abuse, neglect, exploitation, mistreatment or misappropriation of resident property occurred, was alleged or suspected. Any incident or allegation involving abuse, neglect, exploitation, mistreatment or misappropriation of resident property will result in an investigation. The appointed investigator will, at a minimum, attempt to interview the person who reported the incident, anyone likely to have direct knowledge of the incident and the resident, if interviewable. The investigator will report the conclusions of the investigation in writing to the administrator or designee within five working days of the reported incident.</p>		