

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 09/10/2024
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 - Minimal harm or potential for 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 residents were free from abuse for 2 of 3 residents (R1, R2) reviewed for abuse in the sample of 3.</p> <p>Findings include:</p> <p>R1's Face Sheet documents R1 was admitted to the facility on [DATE] with diagnoses including major depressive disorder, cerebral infarction, and unspecified dementia with agitation.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documented R1 was moderately cognitively impaired, required partial assistance with bed mobility, was dependent with transfer, and ambulated via wheelchair.</p> <p>R1's Undated Care Plan documents R1 has potential to be verbally aggressive to other residents and staff related to poor impulse control. The Care Plan update on 11/26/22 documents, Pulled female resident's hair in dining room. The Care Plan update on 8/26/24 documents, Hit female resident in the mouth.</p> <p>R2's Face Sheet documents R2 was admitted to the facility on [DATE] with diagnoses including muscle weakness, major depressive disorder, and unspecified dementia without behavioral disturbance.</p> <p>R2's MDS dated [DATE] documented R2 was severely cognitively impaired, but was independent with ambulation and transfer.</p> <p>R2's Undated Care Plan documents R2 is at risk for abuse and neglect related to wandering and dementia. The Care Plan update on 8/26/24 documents, Physical abuse by another resident.</p> <p>The Facility's Initial Report sent to the Illinois Department of Public Health (IDPH) on 8/26/24 documents alleged abuse involving R1, perpetrator, and R2. The Report documents, On Monday 8/26/24 at approximately 9:10 am, (V3, Environmental Services Director) observed (R2) in the dining room near (R1). At first (R1) was swatting at (R2) in attempt to shoo her away. Before (V3) could get to (R2) to help redirect her, (R1) swatted and hit (R2) in the mouth.</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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Progress Note dated 8/26/24 at 9:10 am documents, On Monday 8/26/24 at approximately 9:10am, (V3, Environmental Services Director) observed (R2) in the dining room near resident (R1) At first, he was swatting at (R2) in attempt to shoo her away. Before (V3) could get to (R2) to help redirect her, (R1) swatted and hit (R2) in the mouth.</p> <p>The Facility's Undated Hand-Written Statement by V3, Environmental Services Director, documents, I walked into dinning {sic} room, and (R2) was standing next to (R1). (R1) was swatting at (R2) (didn't hit her yet) trying to get her away. I told (R1) to stop and tried to get (R2) to move. Before I could get (R2) to move (R1) swatted her mouth. I got (R2) to move shortly after.</p> <p>On 9/10/24 at 12:18 PM, V3, Environmental Services Director, stated she was walking through the dining room after breakfast and saw R1 shooing at R2, trying to get her to go away. She stated she was trying to get in and separate them, but before she could get there R1 tapped R2 on the mouth.</p> <p>The Facility's Final Report sent to IDPH on 8/29/24 documents, Based on the known facts from medical record review and interview, the following conclusions have been determined about the original allegation: physical abuse is founded.</p> <p>On 9/10/24 at 1:50 PM, V1, Administrator, stated she expects the Facility to keep residents free from abuse.</p> <p>The Facility's Abuse Policy and Prevention Program 2022 revised 10/2022 documents, This facility affirms the right of our residents 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. Physical Abuse is the infliction of injury on a resident that occurs other than by accidental means and that requires medical attention. Physical abuse includes hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment.</p>		