STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145785	A. Building B. Wing	05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Mascoutah	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947 Based on observation, interview, and record review, the facility failed to ensure progressive fall interventions were in place and staff were aware of these interventions for 1 of 4 residents (R5) reviewed for falls in the sample of 7. Findings include: R5's Face Sheet documents R5 was admitted to the facility on [DATE] with diagnoses including diabetes mellitus, cerebral infarction, hypotension, dementia and abnormalities of gait and mobility. R5's Minimum Data Set, dated dated dated [DATE] documented R5 was severely cognitively impaired, used wheelchair and required partial assistance with walking. R5's Care Plan documents R5 is at risk for falls. R5's Fall Risk assessment dated [DATE] documented R5 was at high risk for falls. R5's Fall Investigation dated 10/9/24 documents R5 tripped while ambulating and fell . There was no injury. R5's Care Plan Update on 10/9/24 documents staff were educated to ensure R5 is wearing grippy socks at all times when out of bed. R5's Fall Investigation dated 4/13/25 documents R5 was found on the floor in the dining room with a small laceration and large bump on her forehead and skin tears on her right forearm. R5 was sent to the emergency room (ER) for evaluation. R5's ER Note dated 4/13/25 documents R5 sustained a hematoma to the forehead. R5's 4/13/25 Fall Investigation documents a (Non-Slip Mat) will be added to R5's wheelchair. On 5/1/25 at 1:11 PM, R5 was sitting in the dining room in her wheelchair with dark purple bruising under both eyes and yellowish green bruising on her forehead. She was wearing regular socks that did not have grips on the bottom. V9, Certified Nursing Assistant (CNA), stated she was not told to put gripper socks on R5. When asked if R5 has a (Non-Slip Mat), V9 stated, What's that? (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/2/25 at 7:58 AM, V11, CNA, stated she did not know if R5 is supposed to have a (Non-Slip Mat) in her chair. On 5/2/25 at 10:40 AM, V12, Nurse Practitioner (NP), stated the purpose of implementing fall interventions is to prevent additional falls. On 5/2/25 at 11:15 AM, V1, Administrator, stated she expects progressive fall interventions to be in place and staff to be aware of them. The Facility's Fall Prevention and Management Policy last reviewed 6/2024 documents, This facility is committed to maximizing each resident's physical, mental and psychosocial well-being. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible. All resident falls shall be reviewed, and the resident's existing plan of care shall be evaluated and modified as needed.