

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  07/07/2025
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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review, the facility failed to provide resident care in a timely manner to promote resident's dignity for 3 of 5 residents (R1, R2, and R5) reviewed for dignity in a sample of 5. This failure resulted in R2 having feelings of frustration due to soiling herself and being left on a bedpan for 29 minutes and reporting pain related to this.</p> <p>Findings include:</p> <p>1. R2's Face sheet documented she was admitted to the facility on [DATE] with diagnoses of, in part, congenital subaortic stenosis, type two diabetes mellitus, and acquired absence of bilateral legs below the knee.</p> <p>R2's Minimum Data Set (MDS) dated [DATE], documented she was cognitively intact and dependent on staff for toileting hygiene assistance.</p> <p>R2's Care Plan dated 6/27/25 documented she was at risk for skin complications related to immobility. R2's Care Plan dated 6/20/25 documented she has an alteration in comfort advanced disease process, chronic physical or psychological disability circulatory, musculoskeletal, neurological, skin/tissue impairment trauma. R2's Care Plan dated 6/20/25 also documented she required assist with daily care needs related to morbid obesity, bilateral lower extremity amputee.</p> <p>On 7/7/25 at 9:00 AM, R2 stated she has to wait anywhere from 30 minutes to an hour and 20 minutes for her call light to be answered at times. R2 stated it makes her feel frustrated because she ends up sometimes soiling herself instead of using the bed pan because it took the staff too long to respond. R2 stated she should be treated with respect and care. R2 stated she should feel safe and trust that the staff will take care of her appropriately.</p> <p>On 7/7/25 at 11:05 AM, R2 put her call light on to use the bed pan and at 11:06 AM V6, Certified Nurse's Aide, (CNA) responded and placed R2 on a bed pan. At 11:10 AM, R2 pressed her call light and notified V6 she was done using the bed pan. V6 stated she would be back after helping assist with a mechanical lift.</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
-----------------------------------------------------------------------	-------	-----------

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  07/07/2025
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 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/7/25 at 11:25 AM, R2 stated, How long has it been? I thought she would be right back. R2 stated the bed pan was causing her a lot of discomfort and pain. R2 stated she wants to make sure none of the other residents who can't speak up for themselves have to go through this. R2 stated her pain level was a 9 out of 10 on a pain scale being a sharp/shooting pain caused from the bed pan that was not there prior to being placed on it.</p> <p>On 7/7/25 at 11:35 AM, V6 came back to R2's room with incontinence supplies. V6 had V5 (CNA's) assisted with incontinence care. When R2's bed pan was removed, a noticeable reddened outline on R2's skin from where the bed pan sat was observed.</p> <p>On 7/7/25 at 1:11 PM, V6, stated she had to help assist another CNA with a resident needing a mechanical lift because two people are required for that and couldn't get back to R2 until after that was done. V6 stated she tries to get residents off bed pans as soon as possible because she's sure it can cause discomfort and pain.</p> <p>2. R1's Face sheet documented she was admitted to the facility on [DATE] with diagnoses of, in part, type two diabetes mellitus, chronic bronchitis, and type two diabetes mellitus with diabetic neuropathy.</p> <p>R1's MDS dated [DATE] documented she was cognitively intact and dependent on staff for toileting hygiene assistance.</p> <p>On 7/7/25 at 9:10 AM, R1 stated sometimes it takes staff 30 minutes to respond and that makes her feel like they don't care about her and that she is just an option.</p> <p>3. R5's Face sheet documented she was admitted to the facility on [DATE] with diagnoses of, in part, chronic obstructive pulmonary disease, hypotension, and acute respiratory failure.</p> <p>R5's MDS dated [DATE] documented she is moderately cognitively impaired and dependent on staff for toileting hygiene assistance.</p> <p>7/7/25 at 10:50 AM, R5 stated call lights can take a long time to get answered typically 15-20 minutes. R5 stated she wouldn't put her dog or cat in this place.</p> <p>On 7/7/25 at 1:10 PM, V5, CNA, stated she would expect a resident to be removed from a bed pan within 5-10 minutes after being done with it. V5 stated a bed pan can cause pain and discomfort if left in place for too long.</p> <p>On 7/7/25 at 11:12 PM, V4, CNA, stated she tries to get residents off bed pans as soon as possible and they can be uncomfortable to be on. V4 stated she thinks there is enough staff employed to respond to residents timely except for when there are call offs, today we have a lot.</p> <p>On 7/7/25 at 3:40 PM, V1, Administrator, stated she would expect residents to be removed from a bed pan in the least amount of time possible, and she is sure being left on one for an extended amount of time would cause pain or discomfort. V1 stated she expects staff to respond to residents within 5 minutes if possible.</p> <p>(continued on next page)</p>		

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  07/07/2025
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)		
F 0550  Level of Harm - Actual harm  Residents Affected - Few	<p>Resident Council Meeting Minutes dated 4/3/25, 5/1/25, and 6/5/25 all documented nursing concerns of call lights not being answered in a timely manner.</p> <p>The facility's Pain Management policy revised on 1/2025, documented it is to facilitate and provide guidance on pain observations and management. To facilitate resident independence, promote resident comfort and preserve resident dignity. This will be accomplished through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement.</p> <p>The facility's Resident Rights policy revised on 10/2024 documented, It is the facility's policy to identify and provide reasonable accommodation for resident needs and preferences except when it would endanger the health or safety of the resident or other residents. Residents have the right to retain and use personal possessions to promote a homelike environment and to support each resident in maintaining their independence.</p>		