Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation 2246237/IL149885 2246236/IL149890 89999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)2) 300.1210d)3) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies The facility shall notify the resident's Attachment A physician of any accident, injury, or significant Statement of Licensure Violations change in a resident's condition that threatens the health, safety or welfare of a resident, including, Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) \$9999 Continued From page 1 S9999 but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for **Nursing and Personal Care** The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a 3) resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

Illinois Department of Public Health						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER STREET AD		DDRESS, CITY, STATE, ZIP CODE				
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	Based on interview failed to assess, me address the medica	are not met as evidenced by: and record review, the facility onitor, and provide services to al needs of a newly admitted				
	addition, the facility of change of condit levels in a timely mareviewed for quality This failure resulted	dress diabetic needs). In failed to notify the Physician ion including blood sugar anner for 1 of 3 residents (R2) of care in the sample of 14. In R2 having not receiving for over 12 hours and was			ě	
	record documented Room (ER) on 7/15 hospital. The Record discharged on 7/25/	epartment (ED) to Hospital R2 arrived at Emergency /22 and was admitted to d documented R2 was 22. The Record documented een in emergency room, she	á .		47	-
i	(R2) was evaluated hypotensive with blo Sugar (BS) was 528 diabetic ketoacidosi	she was found to be not pressure of 85/67, Blood and was found to be in and was therefore admitted it under the consultation of the				5
16	record documents F and was discharged Record documented occasional shortnes lower extremity edel cannot put on her pr swelling, patient was	dmission (Discharge) hospital R2 was readmitted on 7/26/22 to the facility on 8/1/22. The I "Patient (R2) reports of s of breath and reports of ma and stated that she costhetic leg due to increased a seen in emergency room uated, she was found to be				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (**×**3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 hyperkalemic with potassium of 7.0, and nephrology consult was requested for immediate dialysis to correct hyperkalemia." The record documented "Discharge Medications: Current Medications, insulin lispro 100 unit/milliliter (mL) pen for injection. Inject 0-10 Units under the skin 3 (three) times a day with meals Per sliding scale as directed by primary MD (Medical Doctor). LANTUS 100 unit/mL pen for injection. Inject 10 Units under the skin nightly." R2's Admission Record, print date of 08/10/22. documents R2 was admitted to the facility on 08/01/22, with a diagnosis of Type II Diabetes Mellitus (DM), Sleep Apnea, and End Stage Renal Disease. R2's Physician's Order (PO), dated 08/01/22, documents vital signs daily, every day shift, Full Code, Humalog Solution 100 UNIT/mL (milliliter) (Insulin Lispro) inject as per sliding scale: if 0-70 notify Medical Doctor (MD) and initiate hypoglycemia protocol; 71-200= 0 units; 201-250= 2 units; 251- 300= 4 units; 301- 350=8 units; 351+ = 10 units; 351 and greater (>) give 10 units and notify MD, subcutaneously before meals related to Type 2 Diabetes Mellitus (DM), Lantus Solution 100 UNIT/ML Solution (Insulin Glargine), Inject 10 units subcutaneously at bedtime for diabetes mellitus. R2's Interim Baseline Care Plan, dated 08/01/22. documents monitor vital signs, assess lung fields/breath sounds. The Care Plan, documents "Resident is at risk for hypo/hyperglycemia. Resident blood sugar and other lab values will be within acceptable parameters according to physician, Accucheck as ordered, administer medications as ordered, monitor for hypoglycemia signs and symptoms: sweating,

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S99991 Continued From page 4 S9999 tremors, increased heart rate, confusion, slurred speech, Monitor for hyperglycemia signs and symptoms: increased thirst, increased appetite, increased urination, weight loss." R2's PO, order date of 08/02/22, Humalog Solution 100 UNIT/ML (Insulin Lispro) Inject 5 units subcutaneously three times a day for DM. Hold if less than 100 and not eating. Lantus Solostar 100 UNIT/ML Solution pen-injector. Inject 10 units subcutaneously at bedtime for DM Hold if blood sugar less than 100 and not eating. R2's August 2022 Medication Administration Record (MAR) dated 08/02/22, does not document R2 received an 11:30 AM blood glucose monitoring. The MAR documents "9" means "other/see nurse's notes". There is no documentation for this time in R2's Progress Note regarding the MAR entry. R2's August 2022 MAR's, blood glucose monitoring for 08/02/22 at 4:30 (1630) PM documented "9". There was nothing in the nurse's note regarding R2's 4:30 PM blood glucose monitoring or if R2 received insulin. R2's August 2022 MAR, dated 08/02/22, does not document R2 received a 9:00 (2100) PM blood glucose monitoring, or that R2 received her 10 Units of Lantus as ordered. R2's Physician's Order, dated 08/03/22, documents blood glucose monitoring at bedtime for DM type I. R2's August 2022 MAR's blood glucose monitoring for 08/03/22 at 7:30 AM documented a blood glucose of 540, and "9". There was no

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C IL6005474 B. WING 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 5 S9999 documentation in R2's medical record that V23, R2's primary care physician was notified. R2's Progress Note, dated 08/03/22 at 8:07 AM, documented Humalog Solution 100 UNIT/ML. inject 5 units subcutaneously three times a day for DM, hold if less than 100 and not eating, 15 units given per doctors' orders. There is no documentation in R2's Physician's orders, that a onetime order of Humalog (Lispro) was ordered on 08/03/22 or in R2's MAR on 08/03/22, that the 15 units of Humalog (Lispro) was administered by the nurse. R2's August 2022 MAR, dated 08/03/22 at 4:30 PM, documents R2's blood glucose monitoring was 58, and "9". The Progress Note documented R2 was given apple juice. There was no documentation in the Progress Note V22. Nurse Practitioner, or V23 were notified of R2's low blood glucose level of 58. R2's Progress Notes, dated 08/04/22 at 7:57 AM, documents that R2's blood sugar was too high to register on the blood glucose monitoring machine. V22, Nurse Practitioner (NP), was notified and ordered 15 units of Lispro to be given. R2's Physician's Orders, order date 08/04/22, Humalog Solution 100 UNIT/ML (Insulin Lispro) Inject 15 units subcutaneously one time only for Hyperglycemia for 1 day, start date 08/04/22, end date 08/04/22. R2's August 2022 MAR, order date of 08/04/22. order time of 9:20 AM, documented R2 was given 15 units of Lantus at 11:02 AM.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6005474 B. WING 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) \$9999 Continued From page 6 S9999 R2's Progress Notes, dated 08/04/22 at 8:45 AM, documents R2 refused her breakfast. R2's Progress Note, dated 08/04/22 at 9:30 AM. documented R2's blood sugar levels were too high to register on the blood glucose monitoring device. The Progress Note documents call out to V22, NP, and she again ordered 15 units of Lispro, and to recheck blood sugar in one hour. There was only one order for 15 units of Lispro although the Nurses Notes reflect the 15 Units of Lispro was to be given twice on 08/04/22. R2's Progress Note, dated 08/04/22 at 10:20 AM. documents R2's blood glucose level was 589 and V22 ordered 10 units of Lispro. R2's Physician's Orders, order date 08/04/22. Humalog Solution 100 UNIT/ML (Insulin Lispro) Inject 10 units subcutaneously one time only for Hyperglycemia for 1 day, start date 08/04/22, end date 08/04/22. R2's August 2022 MAR, order date of 08/04/22. order time of 10:27 AM, documented R2 was given 10 units of Lantus at 11:03 AM. R2's Meal Record has no documentation R2 received supper on 08/04/22. R2's Meal Documentation on 08/05/22. documents R2 refused breakfast, ate 26%-50% for lunch, and ate 26%-50% for supper. R2's Progress Notes, dated 08/05/22 at 9:09 AM. document R2's blood glucose level was 590, V22 made aware, stated to give R2 the max dose on sliding scale, and no additional orders at this time. The Progress note documents "Will follow

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID: PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 next sliding scale order." R2's Physician's Orders, with Order date of 08/05/22, Humalog Solution 100 UNIT/ML Inject as per sliding scale: if 0-70 notify MD and initiate hypoglycemia protocol; 71-200= 0 units; 201-250= 2 units; 251-300= 4 units; 301-350= 8 units; 351+= 10 units; 351 and > give 10 units and notify MD, subcutaneously three times a day related to Type 2 Diabetes Mellitus. Give in addition to scheduled 5 units of Humalog Three times daily (TID) with meals. Do not give lunch time insulin until after dialysis, start date of 08/05/22. R2's Physician's Order, order date of 08/02/22, Humalog Solution 100 UINT/ML (Insulin Lispro) Inject 5 units subcutaneously three times a day for DM. Hold if less than 100 and not eating. Lantus Solostar 100 UNIT/ML Solution pen-injector. Inject 10 units subcutaneously at bedtime for DM Hold if blood sugar less than 100 and not eating, V23's orders on Hold Per 08/05/22 at 8:52 AM to 08/19/22 at 8:53 AM. R2's August 2022 MAR, dated 08/05/22 at 11:30 AM, documents R2's blood glucose monitoring was 418, and she was given 10 units of Lispro. There is no documentation in R2's progress notes that the V22 or V23 was notified of the 418 blood glucose. R2's August 2022 MAR, documents R2's blood glucose on 08/05/22 at 4:30 PM was 136, and no insulin was given per sliding scale. On 8/5/22 from 4:30 PM-9:00 PM, there is no documentation in R2's medical record of assessment of condition, or if she was given an evening snack.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED B. WING IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 R2's August 2022, MAR/Treatment Administration Record (TAR), on 08/05/22 at 9:00 PM, documented that V10, Licensed Practical Nurse (LPN), completed the blood glucose monitoring; however, there was no documentation of the results. R2's Physician's orders, dated 08/02/22, documents Lantus LoloStar 100 UNITS/ML Solution pen-injector. Inject 10 units Subcutaneously at bedtime for DM. Hold if BS less than 100 and not eating. On hold from 08/05/22 at 8:54 AM to 08/19/22 at 8:53 AM. There is no documentation in R2's progress notes as to why the Lantus was being put on hold. R2's Physician's order still shows an active order for the 9:00 PM Accucheck. On 08/19/22 at 10:47 AM, V23, R2's Medical Doctor, stated that he was not aware of R2's Lantus being put on hold. R2's Progress notes have no documentation between 9:00 PM on 08/05/22 through 08/06/22 at 10:23 AM, of any assessment or monitoring of R2 through the night. R2's August 2022 MAR, dated 08/06/22, does not document that R2 received her 7:00 AM vital signs for that morning. R2's August 2022 MAR, dated 08/06/22, does not document that R2's 7:30 AM Accucheck was done. R2's MAR, dated 08/06/22, does not document R2 received her 9:00 AM scheduled medications. There is no documentation that R2 received her breakfast that morning, and breakfast is usually

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET** BRIA OF BELLEVILLE **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 9 S9999 S9999 served at 8:00 AM. V1, Administrator, provided handwritten meal pass times of 8:00 AM, 12:00 PM, and 6:00 PM, with signature of V1. R2's Progress Note, dated 08/06/22 at 10:23 AM, documents deceased. R2's Death Certificate, dated 08/06/22, documents manner of death, Natural causes. R2's Progress Note, dated 08/06/22 at 11:00 AM, documents "res (resident) was found unresponsive with no breath sounds noted at 10:00 AM. Code was called and 911 notified; Fire Department arrived at 10:10 AM to assist with code and EMT (Emergency Medical Technician) arrived at 10:18 AM. Res was pronounced deceased at 10:22 AM." On 08/13/22 at 10:07 AM, V5, Registered Nurse (RN), said she was R2's nurse on 08/06/22. She said at 10:00 AM or a little after, V8, Certified Nurse Assist (CNA), found R2 unresponsive, V5 stated that V8 hollered for help and she (V5) went down to see what was happening. V5 said she checked R2 for breath sounds, called code blue. V5 said the Emergency Medical Service arrived, and they are the ones that pronounced her death. V5 stated when she went to initiate CPR (Cardiopulmonary Resuscitation) on R2, that R2 was a little cold, a little stiff, and they couldn't turn R2 over. On 08/16/22 at 9:35 AM, V8, CNA, said she was passing trays, and that is when she found R2. V8 stated she doesn't remember the specific time R2 was found. V8 said she came into the room and placed R2's breakfast tray on the table, called R2's name, and R2 didn't respond. V8 said she then went around to the other side, because R2

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6005474 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 was lying on her side facing the window. V8 said she bent down in front of R2's face, said R2's name again, and R2 still got no response from R2. V8 stated R2 was cold to the touch, discolored (purple), and when she (V8) touched R2's arm it was stiff. V8 stated when she saw her (R2's) face purple, arm and body cold, and stiff it shocked her. On 08/17/22 at 10:10 AM, V20, Licensed Practical Nurse (LPN), stated the CNA (V8) is the one who found R2 at about 10:00 AM. On 08/18/22 at 2:19 PM, V9, LPN (Agency Nurse), stated she was the nurse working the 100 hallway the day of the incident. V9 said it was approximately 10:10 AM on 08/06/22, and a code was called. She said she ran down to the 400 hall where the code was at. V9 said when they rolled R2 over, her (R2's) arm was stuck up in the air and wouldn't come down. She said Rigor mortis had already set in. Biologydictionary.net. documents, "Rigor Mortis-Is one of the stages of death in which chemical changes that affect muscle fiber elasticity cause the muscles to stiffen. An indication of the time of death in Forensic science, rigor mortis usually initiates at two to three hours after death presents according to the position of the body at rigor mortis onset." On 08/16/22 at 11:04 AM, V14, R2's sister, said the day before R2 passed away she (V14) tried to come and see R2 but was unable to get in to see her. V14 said she was able to talk to R2 on the phone though. V14 said R2 was upset, and R2 told her (V14) she (R2) was complaining about not feeling well. V14 said R2 told her the facility wasn't checking her blood sugars, not giving her

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6005474 B. WING 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **150 NORTH 27TH STREET BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) 59999 Continued From page 13 S9999 especially difficult to manage and often disrupts everyday life. People with brittle diabetes have severe swings in blood glucose (blood sugar). The swings can cause frequent episodes of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar)." On 08/19/22 at 10:47 AM, V23, Medical Doctor (MD), stated that R2 was his patient (pt.) and had been for many years. V23 said that he is the one to recommend that she go to this facility for Rehab, and dialysis. V23 stated that R2 did have an extensive cardiac history and was a diabetic who was non-compliant. V23 said that R2 had just recently been in the hospital with diabetic ketoacidosis and was discharged to another facility. V23 stated that he was not made aware of any issues with R2. V23 said that no one called him about anything until they called and told him that R2 had expired. V23 said they gave him no kind of assessment on R2. V23 stated things could have possible been different if she had been monitored. The facility's Policy Change in Resident Condition, with a review date of 09/2021, documents "General: It is the policy of the facility. except in a medical emergency, to alert the resident, resident's physician and resident's responsible party of change in condition. Responsible Party: RN, LPN, Social Services. Policy 1. Nursing will notify the resident's physician or nurse practitioner when: a. The resident is involved in an accident or incident, b. There is a significant change in the resident's physical, mental or emotional status." It further document "e, It is deemed necessary to appropriate in the best interest of the resident, 2. Once the physician has been notified and a plan developed, the nursing or social service staff will

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