PRINTED: 01/10/2023

FORM APPROVED 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: _ IL6003768 B. WING 12/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET **BRIAOF MASCOUTAH** MASCOUTAH, IL 62258 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 **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation: 2249658/IL154011 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) Section 300.610 Resident Care Policies a) 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 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five

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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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X:	(X3) DATE SURVEY COMPLETED		
IL6003768		B. WING			C 12/13/2022			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								<u>-</u>
BRIA OF MASCOUTAH 901 NORTH TENTH STREET MASCOUTAH, IL 62258								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
S9999	Continued From page 1		S9999					-
	notification.							
	Section 300.1210 (Nursing and Person	Seneral Requirements for al Care		colo				
	and services to attain practicable physical well-being of the research resident's complan. Adequate and care and personal c	provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.						
	These Requirement evidenced by:	s were NOT MET as		§ .				
	review, the Facility fa and treatment to add for 1 of 5 residents (on, interview and record alled to provide timely care dress a change in condition R2) reviewed for quality of f 13. This resulted R2 having ting his pneumonia.			=f			
	Findings include:							
	R2's Admission Reco documents R2 was a 4/18/22.	ord, print date of 12/8/22, admitted to this facility on						
	documents that R2 is 13) and requires exte	Set (MDS), dated 10/28/22, s cognitively intact (BIMS of ensive assistance from two Activities of Daily Living.				-		
	documents "At appro asked CNA (Certified	ated 12/4/22 at 6:45 AM, ximately 4:00 AM, resident Nursing Assistant) to get to the dining room to watch		9				

(X2) MULTIPLE CONSTRUCTION

台属PRINTED: 01/10/2023 ₹ FORM APPROVED 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 IL6003768 12/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET **BRIAOF MASCOUTAH** MASCOUTAH, IL 62258 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 tv (television). When he was up, he told CNA to go and tell the nurse to call an ambulance because he wanted to go to the ER. This nurse asked resident what was wrong, and he said that when (V7, Registered Nurse) and (V6, Physician) had seen him yesterday that (V6) had touched him and out an evil spell on him and (V7) had given him a shot of something on her way out the door. Resident said that those things had caused

R2's Nurse's Note, dated 12/4/22 at 10:12 AM, documents "Resident has been agitated this morning. He stated that (V6) came to visit him last night and "put an evil spell on me." Resident stated he cannot walk, but he is not ambulatory. Resident did take morning medication. He also stated, "I know someone put something in my food," VS (Vital Signs) 100.5 (temperature)-68 (pulse)-18 (respirations)-128/78 (blood pressure). O2 sat, 94% on room air. Lung sounds are diminished with scattered rales. Occasional non-productive cough. I called (V6) and informed him about resident's condition. New orders were received for chest x-ray and laboratory tests. I will continue to monitor resident."

R2's Chest Xray Results, with reported date as

him to lose his ability to move. This nurse took his

temperature = 99.1 166/100 (blood pressure), 76 (pulse), 96% on room air. Respirations = 18, neuro checks at baseline, bowel sounds four quadrants, lung sounds severely diminished. Temperature and blood pressure were high, but at the time they were taken, resident was velling at nurse and calling her a f***** b****. This nurse attempted to convince resident that it would be best to run some tests at facility instead of going to the emergency room, because the ER is meant

vital signs and assessed him physically.

for emergency situations."

Illinois Department of Public Health

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forms printed for ER and EMS. 12:00 PM, (Local)

11:56 AM, Face sheet, med list and POLST (Physicians Order for Life Sustaining Treatment)

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 IL6003768 12/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET **BRIA OF MASCOUTAH** MASCOUTAH, IL 62258 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 DATE DEFICIENCY) S9999 Continued From page 4 S9999 EMS called for transport." R2's Physician Order, dated 12/6/22, documents "Send to ER for evaluation." R2's Nurse's Note, dated 12/6/22 at 6:32 PM, documents "Resident returned to facility via ambulance with two EMT'S (Emergency Medical Technicians) present. Resident assisted to bed per EMT'S and staff no c/o (complaint of) pain. voiced no s/s (signs/symptoms) of distress, noted N.O. (New Order) received Azithromycin 250 MG tablet one tablet PO (oral) daily. Take first two tablets together, then one tablet every day until finished. Order faxed to pharmacy." R2's Physician Order, dated 12/6/22, documents "Azithromycin Tablet 250 MG. Give 500 MG by mouth one time a day for infection for one day. then give 250 MG by mouth one time a day for infection for four Days." R2's "Hospital Visit Summary", dated 12/6/22, documents "Diagnosis: Pneumonia due to infectious organism, unspecified laterality, unspecified part of lung." On 12/7/22 at 12:50 PM, R2 stated "I told the nurse (V3, Registered Nurse/RN) that I wanted to go to the hospital because I didn't feel good and she said no because I didn't have enough symptoms to go to the ER, and that the ambulance was going to cost me money. She took my temperature and blood pressure and still did not send me. My temperature went up to 101. A couple days later, I told another nurse that my whole body was hurting and that I asked (V3) to send me to the hospital but she didn't, and that nurse told me that I had a right to go to the hospital whenever I wanted. When I finally went

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do a complete assessment on that resident and if they are in their right mind, will send them to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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	to."	right to go when they want	ł	, <u>=</u>		532		
	ιο.	10 E 2				***		
	On 12/7/22 at 3:40 I	PM, V2 stated "If a resident						
25	wanted to go to the	ER, I would do a thorough				180		
	assessment obtain	their vital signs, maybe read	10 W 10					
	some past notes in	their medical record and talk	23.5%	× 20	19			
- 66	to some of the staff	about it. I will always do		***************************************		-2		
	what's best for the re	esident. If they're insistent on		5a (fd 57)				
7.0	going, I will send them, they know their body if it's							
	hurting or not, more	than I do. Based off my	1.00	ॐ				
	nursing judgement,	would have sent (R2) to the	1	\$ i		1		
	ER. He had a chang	e of condition and appeared	**			200		
	normally alort as he	rning I saw him. He was was the morning, I cared for	V					
Œ	him On Tuesday (1)	2/6/22) at around 10:00 AM,		1.				
	(R2) appeared worse	e to me and he asked to go		-		1 4 1		
	to the hospital and s	ince he was alert and		×				
	oriented, I went ahea	ad and sent him out. He's		A		1 1		
	normally not like that	so he probably should have	13					
	been sent when he v	vas saying crazy things."						
	0- 40/7/00 4 0 50 5)X		100		
	On 12///22 at 3:50 P	M, V1, Administrator, stated						
120	We are a twenty four	our residents to the hospital. r-hour medical service here		(a)		1		
10	and can do a lot for a	our residents to avoid going				9.1		
	to the hospital. Our s	tandard procedure is to			- 02	1		
1	assess the resident.	call the physician to get				0 [
	orders if needed, and	can treat that resident here				1		
	at the facility without	sending them to the hospital.				1,6		
ĺ	I believe that is what	our nurse was doing that		85		1		
	morning."	w ^{ee} just				1 1		
	On 10/9/00 == 40:45	AM VO Divertelle						
	was at the facility on	AM, V6, Physician, stated "I		≨				
	to see some other re-	Saturday evening (12/3/22) sidents, but I have been		14				
	taking care of (R2) fo	r a long time now, so !	82					
	stopped in to see him	. (R2) was full of complaints				\$11		
	about his contraction	s hurting his arms and						
	shoulders. I assessed	him and did not see	'o	9				

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN OF CORRECTION		DENTIFICATION NOMBER.	A. BUILDING:					
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
BRIA OF	BRIA OF MASCOUTAH 901 NORTH TENTH STREET							
			TAH, IL 622					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
S 99 99	Continued From pa	ge 7	S9999	4.7				
	anything. He was no see him coughing a anything at that time criteria for a hospital sent him then. I got complaints, and I or the results indicating antibiotic. (R2) does when he wants to. I the hospital on Tues sixteen hours to get long for someone where the results "Change of the Facility's "Change of the Facility o	ot tachycardic, and I did not to that time. I did not see that would have met the all admission, or I would have a call the next day about his dered an x-ray. When I got g an infiltrate, I ordered an a have a right to go to the ER didn't even know he went to say (12/6/22). I do think that an antibiotic started is too ith Pneumonia." If is the policy of the facility, emergency, to alert the physician and resident's a change in condition. I he resident is ent or incident. b. There is a not the resident's physical, all status. c. There is a pattern at or medication. d. The discharged or leaves AMA.						
N. A.	best interest of the rephysician has been developed, the nurs alert the resident an physician orders. 3. resident and their rephysician will be documedical record or of the physician will be documed to the physician will be doc	esident. 2. Once the	\$ F		¥8			
	(B)				25%			