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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE... DATE DEFICIENCY) S 000i **Initial Comments** S 000 Annual Health Survey S99991 Final Observations S9999 Statement of Licensure Violations: 1 of 4 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)4)A) 300.1210 d)4)B) 300.3060 a)7) 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 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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 Attachment A Statement of Licensure Violations plan. Adequate and properly supervised nursing

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 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: Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: Each resident shall have proper A) daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene. Section 300,3060 Nursing Unit General Requirements for Bedrooms Nurses' call system shall be provided in accordance with Section 300.3140(e). These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to meet the residents' need for assistance with personal care, bathing, showers, and oral care, and failed to ensure residents were provide an effective way to call for help for 5 of 7 (R23, R41, R45, R150, R151) residents reviewed for ADLs (Activities of Daily Living) in the sample of 34. This failure resulted in R151 feeling frightened and scared.

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 Findings include: R151's Admission Record, not dated. documents R151 was admitted on 7/12/23, and lists Type 2 Diabetes with diabetic Polyneuropathy, Hemiplegia, and Hemi paresis following Cerebral Infarction affecting Left Non-Dominant Side as diagnoses. R151's Interim Baseline Care Plan, effective date 7/12/23, documents, "B. Falls, 3. Intervention Call light within reach." R151's Admission Observation, effective date 7/12/23, documents R151 is responding to environment, alert to person, place, and time. R151's Call light Ability Screen, effective date 7/12/2023, documents R151 is able to use the call light. On 7/18/2023 at 11:23 AM, R151 was sitting in a wheelchair at the foot of the bed. Call light was tied to the handrail at the head of the bed. R151 stated he could not reach his call light, R151 stated he is unable to use the call light system at the facility, and is unable to call for help. R151 stated he yells out at his roommate, and his roommate pulls the call light. R151 stated his hands are numb and that he can't feel anything with his hands. R151 stated, "It is scary not being able to call for help. If my roommate is not in the room, I can't get help and I must wait. I am concerned and not sure what to. I don't want to get anyone in trouble, but I worry if I need help will anyone be there? That this is frightening." On 7/18/2023 at 11:28 AM, R13 stated he has to call for help for his roommate, R13 stated R151

PRINTED: 09/25/2023 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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1623 29 WEST DELMAR **BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX COMPLETE DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 tells him, and he pulls it. R13 stated his roommate needs help. 2. R150's Admission Record, not dated. documents R150 was admitted 7/7/23, and lists Methicillin Resistant Staphylococcus Aureus Infection, Diabetes Mellitus, Morbid (Severe) Obesity, Local infection of Skin, Open wound, Right Thigh, Elevated White blood Cell Count, Hypokalemia, Leg with Necrosis of the bone, Left Leg Above the Knee Absence as diagnoses. R150's MDS, dated 7/19/23, documents R150 is dependent for showers/bath. The facility's 24-hour Shift Report Form documents R150 is scheduled for a shower/Skin Checks on Monday and Thursday. R150's Electronic Health Records does not document R150 received or refused showers and or baths. On 7/17/2023 at 10:50 AM, R150 was lying in bed on his back. Multiple gnats were on R150's face and chest. A fly was on R150's chest and flying around R150. R150's hair was greasy, face with stubble, not shaven. R150 had a strong foul smelling body odor. R150 stated he is new to the facility, and has been there for about a week and a half. R150 stated he has not had a shower since being at the facility. R150 stated he knows he is big, and it may be a problem with him

Illinois Department of Public Health

getting into the shower. R150 stated he doesn't get a bed bath either. R150 stated he would like a bath because he is large, and has multiple wounds that smell. R150 stated the staff come in

On 7/20/23 at 9:00 AM, V2 stated she was not

and clean him when he has an accident.

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: _ IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 aware of the residents not getting showers or baths. V2 stated she has a form the staff utilize with the shower dates listed. V2 stated when the staff complete the showers they document on the Skin Monitoring: Comprehensive, CNA Shower Review for showers and refusals, and place them in the shower binder. V2 stated the documentation for the showers given and refused would be in that binder. As of 7/20/23 at 1:00 PM, the facility was unable to provide documentation of R150's shower or bath, or refusals on 7/10/2023, and 7/13/2023. R23's Admission Record, undated, documents R23 was admitted to the facility on 6/2/23. R23's Electronic Medical Record, documents R23's Diagnoses include: Chronic Obstructive Pulmonary Disorder, (COPD), Emphysema, Type 2 DM, (Diabetes Mellitus), Cerebral Infarction. Lumbago with Sciatica, Gastrostomy, Convulsions, Major Depressive Disorder, Malignant Neoplasm of lung, Atherosclerotic Heart Disease, (ASHD), Anemia, Adult Failure to Thrive, Myocardial Infarction, (MI), Hypertension. (HTN), Hyperlipidemia, and Malignant Neoplasm. of Pelvic Bones, Sacrum, and Coccyx. R23's Care Plan, dated 6/5/23, documents, "(R23) requires assist with daily care needs r/t. (related to), weakness from Lung Cancer, Sacral Cancer Lumbago and Emphysema, Interventions: Assist resident with ADLs, (Activities of Daily Living), encourage/Assist with turning and repositioning every two hours and as needed. Keep clean and dry after each incontinent episode, monitor skin integrity during routine care and report abnormal findings. It continues, "(R23) has a self-care deficit in dressing and grooming

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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 5 S9999 r/t weakness/pain." It continues, "(R23) is at risk for skin complications r/t dx, (diagnosis), of type 2 DM, protein-calorie malnutrition, malignant lung neoplasm. Interventions: Assess and document of progress of areas weekly. Assist and encourage resident to turn and reposition every one to two hours and PRN, (as needed), educate resident on MD, (Medical Doctor), orders for wound care, monitor area for s/s. (signs/symptoms), of infection; odor, drainage. color, size, observe and assess regularly, skin assessment weekly." It continues, "(R23) is at risk for skin complications r/t dx of type 2 DM. protein-calorie malnutrition, malignant lung neoplasm." R23's MDS, dated 7/13/23, documents R23 has a moderate cognitive impairment, with a Basic Interview for Mental Status, (BIMS) of 11, R23 requires extensive assistance from one staff member for personal hygiene and dressing, total dependence of one staff member for toileting, and limited assistance from one to two staff members for all other ADLs. R23 is always incontinent of both bowel and bladder. R23's "Skin Monitoring: Comprehensive CNA (Certified Nursing Assistant) Shower Review" only documents one shower being done on 7/5/23. The Facility's Shower Schedule, undated, documents, R23 was scheduled for a shower/skin checks on Wednesday and Saturday Days. On 7/17/23 at 9:13 AM, R23 was lying in bed, appeared very unkempt with his hair messy, unshaven with long facial hair, and has a smell of body and/or urine odor. R23 stated, "I haven't had a shower lately, it's been a long time ago. They don't give me a bed bath either.'

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: _ B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 On 7/18/23 at 9:13 AM, R23 was lying in bed. remained with an unkempt appearance with body odor; facial hair had been cut, but he still had long facial hair stubbles. R23 stated, "They shaved me with an electric shaver that did not do a very good job. I was not bathed vesterday, and have not been cleaned up today yet." On 7/19/23 at 8:18 AM, R23 was lying in bed with very messy hair with dry flakes seen in hair, remains unshaven, with body and/or urine odor. R23 stated, "I have not been bathed or showered in a while. Can't remember the last time." On 7/19/23 at 10:56 AM, V13, CNA, stated, "My residents get bathed when they are scheduled. I actually have residents come to me after my day off and ask me to give them a bath because they did not get theirs while I was off." On 7/19/23 at 2:15 PM, V31, CNA, stated, "When we do a shower or bed bath, we are supposed to document it on the shower sheets, along with a skin assessment, and not anything with the skin on that sheet." R41's Admission Record, undated, documents. R41 was admitted to the facility on 1/12/23. R41's Electronic Medical Record, documents R41's Diagnoses include: Type 2 DM, Morbid Obesity, Fracture of fifth cervical vertebra, Displaced fracture of fourth vertebra, Compression fracture of thoracic vertebra. Central Cord Syndrome, Rhabdomyolysis, HTN. Major Depressive Disorder, Obstructive and Reflux Uropathy, and neuromuscular Dysfunction of bladder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER:	A. BUILDING	: <u> </u>			
			10	·			
		IL6001028	B. WING		07//	0/0000	
	0772	07/20/2023					
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
BRIA OF GODFREY 1623 29 W			VEST DELM	AR		-	
1.	,	GODFRE	Y, IL 62035	90:		_	
(X4) ID PREFIX		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)	
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API		COMPLETE DATE	
				DEFICIENCY)			
\$9999	Continued From page 7		S9999		 -		
	·	•	03333	# 8			
	R41's Care Plan, da	ated 5/8/23, documents,	İ			1	
		ist with daily care needs r/t	188	12 P			
		e cervical and thoracic spine					
		e of a cervical collar at all	933	3	6 5		
	times. He receives	PT, (physical therapy), and		0%			
	OI, (occupational ti	nerapy), therapy services and		191			
	requires assistance	with all ADLs. He has an					
	indweiling catheter	that the nursing staff/CNAs	18	4.		i !	
	care for, interventio	ns: Assist resident with ADLs,		100			
	overs two hours one	rith turning and repositioning				AV.	
3		d as needed. He prefers his d to the bed rail per his		E		=	
		echanical lift) with two assists					
	for transfers Keen	clean and dry after each				33	
		, monitor skin integrity during	0.4	-		170	
		rson assist for transfers with	214				
		ical lift)." It continues, "(R41)	=:	1		==	
	has a self-care defic		-	220			
		position or reposition self in				200	
4		Position and reposition				~	
	resident in bed for o	comfort, joint support and skin					
	integrity." It continue	es, "(R41) has a self-care					
		nd grooming r/t cervical fx,					
	(fracture)." It continu	ues, "(R41) requires use of an		27	\$3		
	indwelling catheter r	r/t neurogenic bladder from		, .			
		me and obstructive uropathy				l f	
		nfection. Intervention: Keep					
		d to promote privacy.".It	1,0,				
		at risk for skin complications		2)			
ä	r/t being admitted w	ith multiple open areas to the	1	8	263		
	skin. He is to see ou	ır (wound company) wound			1		
	specialist and has D	X of Type 2 DM, morbid		90			
		5th cervical vertebrae and					
	thoracic vertebrae.	He requires assistance with					
39		entions: Low air loss mattress		77	*::		
		encourage resident to turn				12	
	and reposition every	one to two hours and PRN,	.1.				
		alignment, resident education		35			
	on risk of not turning	y and repositioning		(-)			
	approximately every	two hours." It continues,					

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: _ B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 **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 DEFICIENCY) S9999 Continued From page 8 S9999 (R41) risk for skin complications r/t dx of type 2 DM, morbid obesity, fracture of 5th cervical vertebra and thoracic vertebra, requires assists with transfers and is non-compliant. Interventions: Assess and document of progress of areas weekly. Observe and assess regularly, protect elbows and heels if being exposed to friction. protect heels, skin assessment weekly." R41's MDS, dated 4/14/23, documents R41 is cognitively intact, with a BIMS of 14, R41 requires extensive assistance from one staff member for all ADLs. R41 has a urinary catheter in place, and is always incontinent of bowel. R41's "Skin Monitoring: Comprehensive CNA Shower Review" only documents one shower being done on 7/12/23. The Facility's Shower Schedule, undated. documents R41 is scheduled for a shower/skin checks on Wednesday and Saturday Evenings. On 7/17/23 at 9:26 AM, R41 was lying in bed. appeared unshaven, unkempt, with his hair messy. R41 stated he broke his neck and was basically paralyzed, but he can now use his arms. but his legs aren't working yet. R41 stated he gets maybe one shower a week, and gets incontinent care while in bed. On 7/18/23 at 9:16 AM, R41 was seen lying in his bed, and stated he has not been bathed or showered this week yet. On 7/19/23 at 8:25 AM, R41 was seen lying in his bed. R41 stated he gets a shower on Wednesdays, and should be getting one today.

Illinois Department of Public Health

5. R45's Admission Record, undated, documents.

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: IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 R45 was admitted to the facility on 6/2/23. R45's Care Plan, dated 6/5/23, documents. "(R45) requires assist with daily care needs r/t weakness from lung cancer, sacral cancer, lumbago and emphysema. Interventions: Assist resident with ADLs, encourage/Assist with turning and repositioning every two hours and as needed. keep clean and dry after each incontinent episode, monitor skin integrity during routine care and report abnormal findings, one person assist for transfers." It continues, "(R45) has a self-care deficit in dressing and grooming r/t weakness/pain." R45's MDS, dated 6/12/23, documents R45 is cognitively intact with a BIMS of 14. R45 requires extensive assistance from one to two staff members for all ADLs. R45 is always incontinent of bladder and frequently incontinent of bowel. There was no Shower Sheet completed for R45. indicating that a shower or bath was given. The Facility's Shower Schedule, undated. documents R45 is scheduled for a shower/skin checks on Monday and Thursday Days. On 7/17/23 at 9:06 AM, R45 was lying in bed and appeared to have greasy, messy hair, with his mouth extremely dry, with dry flakes on his tongue and lips. R45's teeth appeared very brown and decaying. R45 stated he's been here around 20 days or so, and he does not get any showers. On 7/18/23 at 9:07 AM, R45 stated he was already cleaned up (incontinent care) this morning; still appeared unshaven, hospital gown on. R45's mouth appears to be very dry, with his lips dry and flaky, his tongue is still very dry.

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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) S9999 Continued From page 10 S9999 R45's teeth are dry with particles visible. R45 stated they do not do any oral care on him. On 7/18/23 at 11:35 AM, V14, LPN (Licensed Practical Nurse), was administering medications to R45 via g-tube, and when finished. V14 did not provide any oral care to R45 when his mouth was visibly dry and flaky. On 7/19/23 at 8:21 AM, R45 was lying in bed and appeared unkempt with messy hair, unshaven. and his mouth extremely dry with flakes on tongue, and particles on teeth. R45 stated it has been about two weeks since his last shower/bed bath. On 7/19/23 at 4:18 PM, V30, Regional Director of Operations, was advised of R45's dry and flaky mouth and tongue. V30 checked for herself and stated, "He does have a very dry mouth. I will have someone do some oral care right away." V30 sent a staff member to swab R45's mouth and provide some gel for his lips. The Facility's "Activities of Daily Living" Policy. dated 9/2022, documents, "A program of activities of daily living is provided to prevent disability and return or maintain residents at their maximal level of functioning based on their diagnosis. Procedure: A. Resident self-image is maintained, Resident is positioned at sink or bedside with all necessary equipment within reach, Privacy is provided for resident, Equipment and instruction for oral care are provided, showers or baths are scheduled, and assistance is provided when required." (B)

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: _ IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 11 S9999 2 of 4 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)3) 300.1210 d)5) 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 300.1210 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 c) and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 12 S9999 nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Objective observations of changes in a 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. A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements are not met as evidenced by: Based on interview, observation, and record review, the facility failed to provide wound care. including changing dressings, and failed to perform skin and wound assessments for 3 of 6 residents (R23, R32, R150) reviewed for pressure ulcers in the sample of 34. This failure caused R23 to develop an unstageable pressure sore on his left heel, that went unnoticed by the staff, with no Physician Orders or treatment. Findings include: 1. R23's Admission Record, undated, documents

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		IL6001028	B. WING		07/20/2023			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY	STATE, ZIP CODE				
BRIA OF GODFREY 1623 29 WEST DELMAR GODFREY, IL 62035								
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE			
S9999	Continued From pa	ge 13	S9999					
38	R23 was admitted t	o the facility on 10/26/20.						
\$1	R23's Diagnosis inc Obstructive Pulmon Type 2 DM (Diabete	edical Record, documents clude: COPD (Chronic cary Disease), Emphysema, cs Mellitus), Cerebral co with Sciatica, Gastrostomy,		=,-	æ			
e.	Convulsions, Major Malignant Neoplash (Atherosclerotic Hea Failure to Thrive, M (Hypertension), Hyp	Depressive Disorder,	ý	#* #.	**************************************			
×	"(R23) requires ass (related to), weakned Cancer, Lumbago, a Interventions: Assis (Activities of Daily Laurning and reposition needed, keep clean incontinent episode routine care and recontinues, "(R23) has	t resident with ADLs, iving), Encourage/Assist with oning every two hours and as						
20	continues, "(R23) is r/t dx, (diagnosis), o malnutrition, malign Interventions: Asses of areas weekly, ass turn and reposition of	at risk for skin complications of type 2 DM, protein-calorie ant lung neoplasm. os and document of progress osist and encourage resident to every one to two hours and		, s	:4			
	(Medical Doctor), or area for s/s, (signs/s drainage, color, size regularly, Skin asse "(R23) is at risk for	Educate resident on MD, ders for wound care, monitor symptoms), of infection: odor, e., Observe and assess ssment weekly." It continues, skin complications r/t dx of calorie malnutrition, malignant						

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (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 14 S9999 R23's Minimum Data Set (MDS), dated 7/13/23. documents R23 has a moderate cognitive impairment, with a BIMS (Basic Interview for Mental Status) of 11. R23 requires extensive assistance from one staff member for personal hygiene and dressing, total dependence of one staff member for toileting, and limited assistance from one to two staff members for all other ADLs. R23 is always incontinent of both bowel and bladder. R23's Braden Scale for Predicting Pressure Sore Risk, dated 6/2/23, documents R23 is a Moderate Risk for Pressure Sores, with a score of 14. A score of 15-18 is At Risk, 13-14 is Moderate Risk, 10-12 is High Risk, and 9 or below is Very High Risk. R23's Physician order, dated 11/25/22, and discontinued, on 3/24/23, documents, "Left heel: Apply betadine and leave OTA. Previon boots when in bed, every day and evening shift for prophylaxis; Skin care." R23's Physician Order, dated 3/24/23, and discontinued on 4/19/23, documents, "Betadine External Solution 10 %, Apply to Left heel topically every day and evening shift for wound Cleanse Left heel with NS, (Normal Saline), or WC, (Wound Cleanser), apply Betadine and leave OTA, (open to air), monitor for s/s of infection and notify MD if present." R23's Wound Evaluation and Management Summary, dated 4/11/23, documents, "Wound of the left heel: Resolved on 4/11/23." R23's Progress Note, dated 4/19/23, documents. "(V18) in facility to see resident on 4/18/23, area

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION Ю (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 15 S9999 to LLE, (left lower extremity), resolved." R23's only Skin and Wound Assessment, dated 5/5/23, documents R23 had a wound to his left heel. The wound is slow to heal or stalled but stable, little/no deterioration. In-House Acquired. Size of wound: Area: 0.2 CM, (centimeters), X Length: 0.7 CM, X Width; 0.5 CM. There were no other weekly skin and wound assessments completed until 7/19/23, when (V10 Wound Nurse) was informed of the wound. R23's Physician Order, dated 6/7/23, documents, "Weekly Skin Check, everyday shift, every Wednesday for skin integrity." On 7/17/23 at 9:12 AM, R23 was lying in bed and stated he doesn't get out of bed because his legs don't work. R23 stated he has a sore on his left heel. On 7/18/23 at 9:13 AM, R23's legs continued to be elevated with a pillow. No dressing or wound care was done. On 7/19/23 at 8:18 AM, R23's legs were seen elevated with a pillow. No dressing or wound care was done. On 7/19/23 at 10:05 AM, V10, Wound Nurse, stated, "I don't know anything about (R23's) wounds. He was not on my list to see. The staff are supposed to do skin assessments and if a wound is found, they let me know and I get an order to treat it. I see that there are no skin assessments completed on (R23) in the computer." On 7/19/23 at 10:06 AM, V10, Wound Nurse, assessed R23's left heel, which showed a small

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (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 16 S9999 wound that has not been treated or addressed. V10 stated, "I will contact the Physician to get an order to treat the wound. At a minimum, we should be putting Betadine on it." On 7/19/23, V10, Wound Nurse, documented R23's Skin and Wound Assessment, "Pressure Wound, Unstageable, Slough and/or eschar. In-House Acquired, Wound Size: Area 0.7 CM. Length 2.3 CM, Width 0.5 CM," R23's Nurses Note, dated 7/19/23 at 11:18 AM, documents, "New orders to residents left heel to cleanse left heel, apply betadine BID, (twice a day), and PRN, monitor for s/s of infection and notify MD if present. POA, (Power of Attorney), and Physician notified." On 7/19/23 at 10:56 AM, V13, CNA, (Certified Nursing Assistant), stated, "I check on my residents probably less than every two hours. I try to get in and turn them when I check on them. I do skin assessments when I do a shower/bath. I circle on the picture of a person if I find anything on their skin and will tell the nurse." On 7/19/23 at 10:42 AM, V2 DON (Director of Nursing), stated "I would expect the staff to be turning and repositioning the residents at least every two hours. I would expect the staff to perform skin assessments weekly. The nurses need to do their own skin assessment each week and document it in the medical record. The CNAs need to be doing a skin assessment while giving the resident a shower or bath. 2. R150's Care Plan, dated 7/19/2023. documents, "skin: (R150) requires extensive assistance with the bed mobility is always incontinent, of bowel and has multiple stage 3

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 17 S9999 and 4 pressure injuries and several unstageable pressure injuries he was admitted with. He has diagnoses of Type 2 DM, MRSA (Methycillin-Resistant Staphylococcus Aureus) of wound, Peripheral vascular disease and morbid obesity with a BMI of 40. He often puts off getting his treatments done and needs much education as to not refuse treatment." R150's MDS, dated July 14, 2023, documents R150 is cognitively intact. R150's Treatment Administration Record, dated 7/1/23 to 7/31/23, documents: "1, Start Date: 7/15/2023 6AM Ca (Calicium) Alginate everyday shift for wound cleanse wound to right inner thigh. left proximal and distal thigh with NS (normal saline) or WC (Wound cleanser), apply Santy and calcium alginate cover with a dry dressing daily. monitor for s/s of infection and notify md if present." 7/15, 7/16 were blank. "2. wet to dry dressing every day and evening shift for wound Cleanse right glute/hip wounds with NS or WC. pack with moistened gauze and cover with ABD (abdominal) pads and secure with tape BID (twice daily) and prn (as needed) when wound vac not in place awaiting supplies. Monitor for s/s of infection and notify md (medical doctor) if present." -Start Date- 07/15/2023 0600, 7/15 and 7/16 blank. On 7/17/2023 at 10:50 AM, V13, Certified Nursing Assistant (CNA), and V12, CNA, assisted R150 with incontinent care. During incontinent care. V13 and V12 assisted R150 over onto his left side, revealing a pressure ulcer to R150's back. with a large amount of dark brown foul-smelling drainage to R150's back and fitted sheet. R150's pressure ulcer did not have a dressing in place. R150's dressings to right leg were detached, and

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) \$9999 Continued From page 18 S9999 a large amount of foul-smelling brown, red drainage observed on R150's right hip and right buttocks. On 7/17/2023 at 11:00 AM, V4, LPN, stated there should be a dressing in place to the pressure ulcer on R150's back. On 7/17/2023 at 12:30 PM, V10, Wound Nurse, stated she works at this facility helping to train the new wound nurse. V10 stated she worked last Thursday and Friday, and did wounds. V14 stated when R150 came from the hospital he had an order for a wound vac. V14 stated the hospital did not send the correct supplies to perform the treatment. V14 stated the cord for the machine was correct, and the supplies were not enough to perform the treatment. She notified V18, Wound Doctor, and received orders for wet to dry dressings on the 14th until the supplies came in. V14 stated the supplies had not came in as of yet, but she was following up on it today. 3. R32's care plan, dated 12/14/2021, documents has actual impairment to skin integrity related to fragile skin, cognitive deficits, history of falling and anemic. Intervention dated 12/14/2021 documents follow treatment protocols for treatment of injury. R32's MDS, dated 4/10/23, documents R32 requires extensive assistance and one plus physical assistance for bed mobility. R32's Physician Orders, dated 7/14/2023. documents, "apply to Coccyx topically every day and evening shift for Wound Cleanse coccyx with NS or WC. Apply Silvadene, Ca Alginate. collagen and silicone foam bordered gauze bid

Illinois Department of Public Health

and PRN. Betadine External Solution.

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 19 S9999 (Povidone-lodine), apply to affected areas topically every day and evening shift for wound Cleanse right glute, R heel, L heel, R hip with NS. or WC, apply Betadine BID and prn. monitor for s/s of infection and notify md if present." On 7/17/2023 at 1:45PM, V10, Wound Nurse, stated R32 gets betadine to bilateral heel and right hip, and left open to air. V10 stated treatment to sacral area was calcium alginate. Silvadene, and collagen powder, and cover with border dressing. Prior to treatment, R32 had dressing present to right hip, and dressing to sacral wound, dated 7/15/2023, V10 removed dressings and treated wounds as ordered. Wound Nurse cleansed wounds and provided treatment. V10 stated, "Since wound on right hip is now open, it will need a change in treatment. (R32's) treatments are to be done twice daily. Treatments are to be done as ordered by Physician." Wound to right hip was noted with layer of skin missing and bloody. Bilateral heel eschar, sacral wound stage 2, no drainage or foul odor. On 7/19/23 at 10:41AM, V2, Director of Nursing/DON, stated she would expect staff to provide treatments for wound as ordered. The Facility's "Skin Management: Pressure Injury Treatment" Policy, dated 9/2017, documents. "Implement prevention protocol according to resident needs. Activity: turn at least every two hours, reposition in chair, provide appropriate pressure redistribution devices." (B)

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: _ IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1623 29 WEST DELMAR **BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) 1D 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 DATE DEFICIENCY) S9999 Continued From page 20 S9999 300.610 a) 300.1210 b) 300,1210 c) 300.1210 d)6) Section 300.610 Resident Care Policies The facility shall have written policies and a) | 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 300.1210 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. c) 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 necessary precautions shall be

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 21 S9999 taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide safe transfers and progressive interventions for 3 of 4 residents (R30, R32, and R35) reviewed for falls in the sample of 34. This failure resulted in R32 falling and fracturing his right hip requiring surgical repair. Findings include: 1. R35's electronic medical record documents R35 has had 5 falls from 2/1/2023-6/25/2023. Fall report, dated 2/1/2023. documents, "At 18:15 PM, (R35) was getting off the toilet and had pulled up his (incontinence brief), pants still down to knee, he fell and was lying on right side in doorway of bathroom. He stated he did not hit his head. No injury noted." Interdisciplinary Team (IDT) meeting, 2/9/202. documents, "RCA (root cause analysis) resident on toilet and fell pulling up pants, all previously care planned intervention in place and adding education staff to stay with resident while using restroom. Care plan reviewed and updated." R35's record documents R35 had a fall 3/10/232023 at 21:52 PM, "Notified on floor in dining room." Fall report documents, "IDT met and discussed incident. IDT meeting to discuss

Illinois Department of Public Health

and update (R35's) care plan,"

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ANDPLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 22 S9999 Fall report, dated 5/1/2023 at 12:55PM. documents, "(R35) ground level fall during lunch. Resident was positioned on the floor on his buttocks directly in front of his chair. (R35) stated he was eating his lunch in his recliner and slid off the front edge landing on buttocks in a seated position on the floor, direct in front of the recliner. No head trauma." Report documents, "5/2/2023 IDT meeting to discuss incident on 5/1, staff reapplied a new (anti-slip pad), no skid surface refer to therapy PT (physical therapy), OT (occupational therapy), all other Care Plan interventions to remain in place Care Plan reviewed and updated." Fall report, dated 5/31/2023 at 12:21 PM. documents, "While passing medication, Therapy informed the nurse, that the resident was on the floor in the bathroom. Nurse went to resident bathroom and witnessed R35 laying on right side. body halfway in hallway, in the bathroom and other resident room. Nurse went to get Certified Nursing Assistants (CNAs) for assistance and resident was assessed from head to toe, no visible injuries noted. Resident was assisted into chair. (R35) c/o (complaining of) pain to right hip and leg pain at this time. Resident stated he slipped but did not hit anything. Guardian notified. and (R35) sent to the Emergency Room for evaluation". R35's x-ray report, dated 5/31/2023 at 15:14 PM, documents minimally displaced intertrochanteric right femur fracture. Fall report, dated 6/23/2023 at 22:30 PM. documents, "CNA came to the Nurse and said while she was cleaning him up; he rolled off the bed." The fall report documents, "Nurse entered

PRINTED: 09/25/2023 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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 23 S9999 (R35's) room and resident was laying on the floor. on right side between the bed and the wall, the bed was in high position, nurse put pillow under resident head, resident moaning out 911 called." Report documents, "IDT meeting to discuss incident on 6/23/23. Staff will ensure bed is in low position, bed against the wall, fall mat on the floor next to the bed. All other Care Plan interventions to remain in place. Care Plan reviewed an updated." Fall report, dated 6/25/2023 at 10:51AM, documents, "Resident had legs hanging off bed, physically observed no injuries noted, resident denies pain." 6/26/2023, "IDT meeting to discuss incident 6/25/23. Staff provided low air loss mattress and staff to offer bedpan/toileting when repositioning. All other Care Plan intervention to remain in place. Care Plan reviewed and updated." On 7/19/2023 at 10:40 AM V2. Director of Nursing/DON stated, "The reason report documents reapply (anti-slip pad) is because the (anti-slip pad) becomes soiled and then does not provide no skid surface. The facility is trying to do something different because (anti-slip pad) is not effective." The investigation of R35's fall did not include witness statement or last time R35 was toileted, and fall occured in bathroom, R35's fall

Illinois Department of Public Health

additional assistance."

out of bed, did not document any type of staff training. V2 stated, "There should always be staff education." V2 was asked, "Would you have expected staff to be providing more assistance since (R35) fractured his right hip on 5/31?" V2 stated, "The CNA should have requested

2. R32's Minimum Data Set, (MDS), dated 4/10/2023, documents R32 requires extensive

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES 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) S9999 Continued From page 24 S9999 assistance for bed mobility and transfer and one-person physical assistance. R32's Care Plan, dated 12/14/2021, documents. "is at high risk for fall r/t confusion, gait, balance problems poor communicating and comprehension. Psychoactive drug use, unaware of safety need, history of falling at his home, history of intentionally lowering himself to the floor from his wheelchair, from the bed to mattress on floor." Intervention dated, 12/16/2021. documents, "keep water pitcher in reach when in bed." 12/14/2021 documents, "be sure resident call light in reach and encourage the resident to use it to call for assistance as needed. The resident needs prompt response to all requested assistance." On 07/17/23 at 10:50 AM during transfer from chair to bed, V11, Certified Nursing Assistant (CNA), and V5, CNA, both placed an arm under R32's armpit and transfered from chair to bed. No gait belt was utilized. R32 had pressure relieving boots on from foot to below knee: they were removed prior to transfer, V11 and V5, CNAs, stood R32 up, and R32 was unable to pivot, V11 and V5 did a complete lift from the chair to bed. V11, CNA, also lifted R32 by grasping pants around R32's waist. On 7/19/2023 at 10:40AM, V2, DON, stated. "(R32) is a (Mechanical lift) transfer and up lift to be toileted. He does not like to use fracture pan. (R32) needs to be up during the day." V2 verified R32 was not up all day yesterday, as she worked on that hall. On 7/19/23 at 11:03 AM, V2 stated she would expect staff to use gait belt during transfers. V2 stated R32 should have had the boots removed

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 25 S9999 prior to transferring to chair. 3. R30's Admission Record, undated, documents R30 was originally admitted to the facility on 12/29/22. R30's Care Plan, dated 6/2/23, documents, "(R30) requires extensive assistance with bed mobility, transfers, dressing, toileting, personal hygiene and supervision with eating and locomotion. She has weakness and has cognitive issues. Interventions: Assist resident with ADLs. (Activities of Daily Living), Encourage/Assist with turning and repositioning every two hours and as needed, keep clean and dry after each incontinent episode, provide wheelchair for mobility, two person assist for transfers." It continues, "(R30) is at high risk for falls r/t, (related to), poor cognitive status, she requires assistance with ADLs and has a propensity to wander about the facility. She has dementia and is unable to express her needs appropriately. Interventions: 1/12/23 brightly colored visual cue reminding to call for assistance with transfers or ambulation, 2/2/23-Mat on floor on open side of bed when in bed, 5/1/23-Environmental survey performed and we applied non-skid strips on floor in front of recliner chair, sink and toilet, encourage appropriate use of wheelchair, encourage use of and provide a reacher as needed to assist resident with getting items from hard reach areas, keep bed in lowest position. promote placement of call light within reach and assess residents ability to use." R30's MDS, dated 7/8/23, documents R30 has a severe cognitive impairment with a Basic Interview for Mental Status (BIMS) of 3, R30 requires limited assistance of one staff member for transfers and extensive assistance of one staff

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: IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 26 S9999 S9999 member for toileting, dressing, and personal hygiene. R30 is occasionally incontinent of urine and always continent of bowel. R30's Nurses Note, dated 5/5/23 at 12:03 PM. documents, "Resident was observed as being on her floor next to her bed. She states that she was attempting to get into her wheelchair. Resident states that she did hit her head on her left side. DON, (Director of Nursing)/Management, notified. Neuro checks are initiated. Nurse called POA. (Power of Attorney), and left a message to return the Nurses phone call. Medical Provider called and message left. Resident has no complaints of acute pain or distress noted at this time. Will make 2nd call to notify POA. Vital signs are 118/74, 18, 72, 97.2, 97% on RA, (room air). Resident is now at the Nurse's Station on close observation to keep safety intact." R30's Nurses Note, dated 5/1/23 at 5:00 PM, documents, "Resident found in floor of bathroom by (V8, MDS Nurse). Resident was seen lying on her left lateral side. Resident states, she walked from her recliner to the bathroom then lost her balance standing up from the toilet and fell onto the floor. Resident denies known head trauma or LOC, (loss of consciousness). Reports only her back is uncomfortable from her position on the cold floor. Resident VS, (vital signs), taken and WNL, (within normal limit), (BP 142/88, HR 87, T 97.5, RR 16, SPO2 (oxygen saturation) 97% on RA/room air.) history obtained, and full head to toe physical assessment performed. Resident assisted to wheelchair and neuro checks initiated due to poor historian and unwitnessed fall." Physical exam as follows: "Pt (patient) is CAO, (conscious, alert oriented). x1 per baseline. Normocephalic without lesions or

QV7X11

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 27 S9999 tenderness. Trachea midline, Airway clear. handling own secretions. Respirations even non labored, Lungs CTA, (clear to auscultate). throughout anteriorly and posteriorly. No JVD, (jugular vein distention), noted, GCS, (Glasgow coma score), 15. Pupils PEARRL, (pupils equal and round, reactive to light). No focal deficits noted. Skin PWD, (pink warm dry), no abnormalities, lesions, or rashes noted. Abdomen SNT, (soft non-tender), non-distended. No obvious injuries or bony deformities. No midline spinal tenderness. No cervical step offs palpated. MAE, (moves all extremities). NAD, (no acute distress), noted." On 7/1723 at 10:18 AM, R30 was sitting in her wheelchair talking with her family. A fall mat was seen by her bed, and a sign "Don't forget to use your call light for assist." seen on the wall. On /17/23 at 10:22 AM, V28, R30's daughter, stated, "Mom fell when she first got here, she was confused and tried to get up on her own to her wheelchair from her bed and fell. She broke some ribs and spent some time at (Regional Hospital)." On 7/17/23 at 11:18 AM, R30 was seen being assisted to her wheelchair by V5, CNA, who was holding onto R30's pants, and had R30 stand up and pivot to her wheelchair. There was no gait belt used. On 7/17/23 at 11:20 AM, R30's Daughter, stated, "They usually just hold onto her pants, so she doesn't fall and get her up. They don't usually use a belt around her." The facility policy Gait Belts, dated 6/2015 and reviewed 9/2017, documents gait belts are used

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 28 S9999 to help prevent injury of staff or residents during transfers and ambulation. The policy documents gait belts should be used by all staff when ambulating or transferring a resident. The facility Fall prevention and management policy, dated reviewed 7/2022, documents the facility is committed to maximizing each resident's physical and psychosocial wellbeing. 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. The policy documents care plan to be updated with a new intervention based on root cause analysis after each fall occurrence. (A) 4 of 4 300.610 a) 300.1210 b) 300.1210 d)4) 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.

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 29 \$9999 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 300.1210 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. 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: Personal care shall be provided on a 24-hour, seven-day-a-week basis. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide timely and complete incontinence and catheter care for 5 of 5 (R23, R41, R42, R45, 150) residents reviewed for incontinent care in a sample of 34. This failure resulted in R42 feeling angry, sad, alone, and like no one wants to take care of her. Findings include: 1. R42's Care Plan, dated 5/25/23, documents, "skin: (R42) has potential for skin integrity issues

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 30 S9999 such as pressure ulcers/injuries as she always is incontinent of bowel and bladder and requires limited assistance with the bed mobility ADL. She has diagnoses of DM type 2, anemia, and morbid obesity due to excess calories." R42's Minimum Data Set, (MDS), dated 5/23/2023, documents R42 is cognitively intact. always incontinent of bowel and bladder, and is totally dependent on 1 staff for toileting. On 7/18/2023 at 12:50 PM, V2. Director of Nursing, and V5. Restorative Aide, assisted R42 with incontinent care, R42 was incontinent of urine and bowel. V5 opened R42's incontinent brief and revealed a large amount of loose stool. Using premoistened wipes, V5 wiped each side of R42's groin. V5 did not cleanse R42's inner and outer labia, V2 and V5 then assisted R42 onto her right side and partially cleansed R42's left buttock and anal area. V2 and V5 turned R42 over to her right side, and V2 partially cleansed R42's left buttock, V2 and V5 then turned R42 onto her back. V2 then left the room, and V5 wiped R42's inner thighs leaving stool on legs. V2 and V5 did not cleanse R42 entire buttocks. leaving bowel on the upper left buttock. On 7/18/2023 at 12:45 PM, R42 stated she has been wet since last night. R42 stated the staff do not come in and check on her every 2 hours. She has been wet for hours. R42 stated she pulls her call light, but it takes a long time to answer her light, if it is answered at all. They are supposed to check every 2 hours, but they don't. R42 stated it makes her angry. R42 stated she does not have family and friends in the area. R42 stated it makes her feel sad, alone, and like no one wants to take care of her.

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: IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (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) Continued From page 31 S9999 S9999 2. R150's Care Plan, dated 7/14/23, documents "(Indwelling catheter): (R150) requires use of an indwelling catheter size 16/30ml, (milliliters), r/t, (related to), Obstructive uropathy, wounds and bladder retention and is at risk for infection of the bladder." R150's Interim Baseline Care Plan, dated 7/10/2023, documents, Catheter Care per orders. R150's Admission Observation, dated 7/7/2023. documents R150 is Responding to environment, oriented to person, place, time, and frequently incontinent of bowel. On 7/17/2023 at 10:50 AM, V13, Certified Nurse Assistant (CNA), and V12, CNA, assisted R150 with incontinent care. R150 was incontinent of urine and bowel. V13, using premoistened wipes, wiped R150's groin. V13 cleansed R150's penis and wiped R150's urinary catheter. V13's catheter had dark brown drainage on it that remained after V13 wiped the catheter. V13 and V12 then rolled R150 over onto his left side. V13 then, using a premoistened wipe, cleansed bowel from R150's anal area, and right buttock. V13 and V12 assisted R150 onto his right side and removed the soiled incontinent undergarment and incontinent pad from beneath R150. V13 and V12 then assisted R150 onto his back. V12 stated they were finished with incontinent care, and covered R150 with a sheet. V12 and V13 did not retract R150s skin and cleanse penis, did not cleanse R150's scrotum, and did not cleanse R150's left buttock. On 7/17/2023 at 11:10 AM, V13 stated she was not going to put an incontinent brief on R150 because he needed to "air out."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 32 S9999 The facility's Foley Catheter Care Policy, dated 04/2019, documents, "Policy: Daily and PRN catheter care will be done to promote comfort and cleanliness. Responsible Party: RN, LPN, C.N.A." It further documents "Procedure: 1. Wash your hands before beginning the procedure. 2. Assemble all equipment and supplies that will be necessary to perform the procedure. 3. Knock before entering the room. 4. Arrange the supplies so they can be easily reached. 5. Identify yourself. Explain procedure to resident. 6. If visitors are present, ask them to wait outside unless the resident allows visitor (s) to remain in the room. 7. Close the door. 8. Pull the cubicle curtain around the bed for privacy. 9. Position resident in semi-fowlers position if tolerated, 10. Put gloves on. 11. Cleanse area of catheter insertion site. using soap and water or pre-moistened wipes. Being careful not to pull on catheter or advance further into urethra. 12. Wash catheter itself by holding on to catheter at insertion site, wash with one stroke downward, suing same procedure for rinsing. 13. Secure and anchor the catheter by utilizing a leg strap or other device. 14. Position resident for comfort. 15. Remove and discard gloves. Wash hands, 16. Catheter bag to be emptied at the end of every shift, and PRN. Make sure to record output." 3. R23's Admission Record, undated, documents R23 was admitted to the facility on 6/2/23. R23's Electronic Medical Record, documents. R23's Diagnosis include; Chronic Obstructive Pulmonary Disease, (COPD), Emphysema, Type 2 DM (Diabetes Mellitus), Cerebral Infarction, Lumbago with Sciatica, Gastrostomy, Convulsions, Major Depressive Disorder. Malignant Neoplasm of lung, Atherosclerotic Heart Disease, (ASHD), Anemia, Adult Failure to

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:** A. BUILDING: COMPLETED B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 33 S9999 Thrive, Myocardial Infarction, (MI), Hypertension, (HTN), Hyperlipidemia, and Malignant Neoplasm of Pelvic Bones, Sacrum and Coccyx. R23's Care Plan, dated 6/5/23, documents, "(R23) requires assist with daily care needs r/t, (related to), weakness from Lung Cancer, Sacral Cancer, Lumbago, and Emphysema. Interventions: Assist resident with ADLs, (Activities of Daily Living), Encourage/Assist with turning and repositioning every two hours and as needed, keep clean and dry after each incontinent episode, monitor skin integrity during routine care and report abnormal findings. It continues, "(R23) has a self-care deficit in dressing and grooming r/t weakness/pain." It continues, "(R23) is at risk for skin complications r/t dx, (diagnosis), of type 2 DM, protein-calorie malnutrition, malignant lung neoplasm. Interventions: Assess and document of progress of areas weekly, assist and encourage resident to turn and reposition every one to two hours and PRN, (as needed) Educate resident on MD, (Medical Doctor), orders for wound care, monitor area for s/s, (signs/symptoms), of infection: odor. drainage, color, size. Observe and assess regularly, Skin assessment weekly." It continues. "(R23) is at risk for skin complications r/t dx of type 2 DM, protein-calorie malnutrition, malignant lung neoplasm." R23's Minimum Data Set (MDS), dated 7/13/23. documents R23 has a moderate cognitive impairment with a BIMS (Basic Interview for Mental Status) of 11. R23 requires extensive assistance from one staff member for personal hygiene and dressing, total dependence of one

staff member for toileting, and limited assistance from one to two staff members for all other ADLs. R23 is always incontinent of both bowel and

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 **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 PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 34 S9999 bladder. On 7/17/23 at 9:12 AM, R23 was lying in bed, appeared very unkempt, hair messy, unshaven with long facial hair; smell of body odor and/or urine odor noted. On 7/17/23 at 9:15 AM, R23 stated, "I don't get out of bed because my legs don't work. I just go in my bed. I can't tell them when I'm wet or need cleaned up, because I can't find my call light, so I just have to sit in it for a long time. I don't remember if someone came in this morning to clean me up or not," On 7/18/23 at 9:13 AM, R23 was lying in bed. remained unkempt appearance, with body odor and/or urine odor. R23's facial hair had been cut, but he still has long facial stubbles. On 7/18/23 at 9:15 AM, R23 stated, "I think the last time I was cleaned up down there was around 3:00 AM or 4:00 AM this morning. I think I am wet now but, I can't reach my call light." R23's call light was seen still hanging on the bottom of the left side rail, with cord dangling on the floor and out of R23's reach. On 7/18/23 at 11:00 AM, R23 was still lying in bed. R23 stated he has not been checked yet. R23's call light is still out of his reach. On 7/18/23 at 11:40 AM, R23 was still lying in bed. No staff member has checked on him. R23 stated he's still wet. On 7/18/23 at 11:58 AM, V2, DON (Director of Nursing) was notified of R23 still waiting to be cleaned up. V2 was told of R23's call light being out of his reach. V2 found R23's call light tangled

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: IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 35 S9999 with the remote cord to the bed and was not within reach and not usable. V2 stated she would send CNAs, (Certified Nursing Assistants), in to clean him up immediately. On 7/18/23 at 12:10 PM, R23 stated, "They were just in and cleaned me up." On 7/19/23 at 8:18 AM, R23 was lying in bed, with very messy hair with dry flakes, appeared unshaven, with a body odor and/or urine odor. R23 stated he had incontinence care done by the night shift, and has not been check yet this morning. R23 stated he is wet already this am, and is waiting for someone to clean him up. On 7/19/23 at 10:56 AM, V13, CNA, stated, "I check on my residents probably less than every two hours." On 7/19/23 at 12:35 PM, R23 stated, "Someone came in around 10:30 or so and cleaned me up. I think I am dry right now." On 7/19/23 at 10:41 AM, V2, DON, stated, "I expect the staff to be checking on the residents for incontinence every two hours and providing timely and complete incontinent care to the residents." 4. R41's Admission Record, undated, documents R41 was admitted to the facility on 1/12/23. R41's Electronic Medical Record, documents R41's Diagnoses include: Type 2 DM, Morbid Obesity, Fracture of fifth cervical vertebra. Displaced fracture of fourth vertebra. Compression fracture of thoracic vertebra, Central Cord Syndrome, Rhabdomyolysis, HTN, Major Depressive Disorder, Obstructive and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001028			(X2) MULTIPL A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		20	/ DOILDING	·		
		B. WING	<u> </u>	07/20/2023		
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRIA OF	GODFREY		VEST DELM. Y, IL 62035	AR :		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COM	X5) PLETE ATE
S9999	9 Continued From page 36		S9999			
***	W. ·	nd neuromuscular Dysfunction	W	N.		
# # # # # # # # # # # # # # # # # # #	"(R41) requires ass recent fracture of the and requires the us times. He receives	ated 5/8/23, documents, ist with daily care needs r/t e cervical and thoracic spine e of a cervical collar at all PT, (Physical Therapy), and Therapy), therapy services			73	
	and requires assistatindwelling catheter care for. Intervention Encourage/Assist we every two hours and	ance with all ADLs. He has an that the nursing staff/CNAs ons: Assist resident with ADLs, with turning and repositioning d as needed, He prefers his d to the bed rail per his	11 ×			3 6
in the second	choice, (full body m assist for transfers, each incontinent ep during routine care, transfers with a full continues, "(R41) h	echanical lift) lift with two Keep clean and dry after isode, Monitor skin integrity Two person assist for body mechanical lift." It as a self-care deficit in bed	39		7	
	reposition self in be reposition resident i support and skin int has a self-care defi- r/t cervical fx." It con an indwelling cathel	ed ability to position or d. Interventions: Position and in bed for comfort, joint regrity." It continues "(R41) cit in dressing and grooming ntinues, "(R41) requires use of ter r/t neurogenic bladder from		30 19	in .	i i
	and is at risk for of a draining bag covered continues, "(R41) is r/t being admitted with skin. He is to see of specialist and has E	me and obstructive uropathy infection. Intervention: Keep ed to promote privacy." It at risk for skin complications with multiple open areas to the ur (wound company) wound DX of Type 2 DM, morbid	×		€ X	**:
g.	thoracic vertebrae. the transfers. Interv in place, assist and	5th cervical vertebrae and He requires assistance with entions: Low air loss mattress encourage resident to turn y one to two hours and PRN,	100			

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL Préfix PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 37 S9999 ensure proper body alignment, Resident education on risk of not turning and repositioning approximately every two hours." It continues, "(R41) risk for skin complications r/t dx of type 2 DM, morbid obesity, fracture of 5th cervical vertebra and thoracic vertebra, requires assists with transfers and is non-compliant. Interventions: Assess and document of progress of areas weekly, Observe and assess regularly, protect elbows and heels if being exposed to friction. Protect heels, Skin assessment weekly." ' R41's MDS, dated 4/14/23, documents R41 is cognitively intact with a BIMS of 14. R41 requires extensive assistance from one staff member for all ADLs. R41 has a urinary catheter in place and is always incontinent of bowel. On 7/17/23 at 1:45 PM, V5, CNA, entered to provide incontinence care to R41. V5 carried in one pack of disposable wipes and one incontinent brief. V5 donned gloves and emptied urine from catheter. V5 donned new gloves. V5 unfastened R41's incontinence brief, and a very large amount of liquid stool was seen, covering R41's entire groin and suprapubic area, including R41's penis and urinary catheter. V5 sprayed peri-wash onto R41's penis/groin area and began wiping, V5 noticed she forgot a trash can, and went to R41's roommate's side and took his, and threw soiled wipes in that trash can. V5 wiped R41's left groin and doffed her soiled gloves, then donned clean gloves with no hand hygiene. V5 then wiped R41's left groin again, and had visible feces on her gloves and on her wrist (skin). V5 used the same soiled gloves to get the peri-wash spray bottle and again spray R41's groin area. After wiping several times with the same soiled gloves. V5 doffed her gloves, and did not perform hand hygiene before donning new gloves. V5 then

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: B. WING IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Continued From page 38 S9999 S9999 began wiping R41's right groin, and with feces all over her gloves, continued to get more wipes out of the container and began to wipe R41's penis and pubic area. V5 left the room twice to obtain more wipes and incontinence briefs, with no hand hygiene after doffing her gloves, before leaving the room, or again before resident care. V5 continued wiping feces and using the soiled gloves, then performed catheter care by wiping the urinary catheter and penis. V5 did not dry R41 at any time during incontinence care. V5 doffed her gloves and used her bare hands to push the soiled linen under R41, and apply a new pad onto the bed. V5 then, without gloves on, pushed the soiled wipes and trash down into the trash can and tied the bag up and left the room, with no hand hygiene completed. On 7/18/23 at 9:16 AM, R41 seen lying in bed and stated he was last cleaned up late last night, and no one has checked him this am. R41 stated when (V10, Wound Care Nurse) changed his dressings this morning, all she did was unfasten his brief to get to his penis wound, and did not check him or clean him up. On 7/18/23 at 9:19 AM, V27, CNA, entered R41's room with one incontinence brief, and placed it on R41's bedside table and stated she would be back. On 7/18/23 at 9:58 AM, V27, CNA, entered R41's room and dropped off an incontinence pad on R41's bedside table and left the room without checking R41. On 7/18/23 at 11:15 AM, R41 was lying in bed and stated the CNA brought the stuff in twice to clean him up, and she said she would be right back, but hasn't come back in yet.

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 **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 39 S9999 On 7/18/23 at 11:58 AM, V2, DON, was notified of R41 still waiting to be cleaned up, and has been waiting all morning. V2 went into R41's room with the clean incontinent brief and pad still lying on the bedside table. R41 stated the CNA said she would come back and did not. V2 stated she would send CNAs in to clean him up immediately. On 7/18/23 at 12:15 PM, R41 stated, "They just left here and cleaned me up. I was "dirty" and didn't even know it. I guess she should have checked me earlier." On 7/19/23 at 8:25 AM, R41, lying in bed, stated he gets a shower on Wednesdays and should be getting one today, but will see, R41 stated he was last checked and cleaned for incontinence from the night shift before they left, and no one has checked him yet today. The Wound Nurse changed his bandages this am, but they did not check him or clean him up. R41 is unsure if he is soiled or not. 5. R45's Admission Record, undated, documents R45 was admitted to the facility on 6/2/23. R45's Care Plan, dated 6/5/23, documents, "(R45) requires assist with daily care needs r/t weakness from Lung Cancer, Sacral Cancer Lumbago and Emphysema, Interventions: Assist resident with ADLs, Encourage/ Assist with turning and repositioning every two hours and as needed, keep clean and dry after each incontinent episode, monitor skin integrity during routine care and report abnormal findings, One Person Assist for transfers." It continues "(R45) has a self-care deficit in dressing and grooming r/t weakness/pain."

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: IL6001028 B. WING 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 SUMMARY STATEMENT OF DEFICIENCIES 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 40 S9999 R45's MDS, dated 6/12/23, documents R45 is cognitively intact with a BIMS of 14. R45 requires extensive assistance from one to two staff members for all ADLs. R45 is always incontinent of bladder and frequently incontinent of bowel. 7/17/23 at 9:06 AM, R45 stated, "I just go to bathroom in my bed and the staff will check me at some point." On 7/18/23 at 9:07 AM, R45 stated, "I was cleaned up, (incontinent care), early this morning by the night shift." On 7/18/23 at 10:05 AM, R45 remains as he was earlier. There has not been any staff member check on him and/or provide incontinent care. On 7/18/23 at 11:35 AM, V14, Licensed Practical Nurse/LPN, entered R45's room to give R45 a medication via G-Tube, and when she finished. V14 started to walk out of the door, when this surveyor asked her to check R45 for incontinence. When she did, R45's incontinence brief was saturated in urine. V14 stated she will have a CNA come and clean him up. On 7/18/23 at 11:47 AM, V15, CNA, came in to do peri-care for R45. V15 donned gloves and used bleach wipes to clean bedside table. V15 changed her gloves, with no hand hygiene completed. V15 only donned one glove, as that was all she had with her, when V10, Wound Nurse, walked in and brought V15 a box of gloves. V15 donned a pair of gloves, with no hand hygiene completed. V15 unfastened R45's brief. which appeared to be soaked in urine, with a small amount of feces noted. V15 wiped R45's anal area, and using the same soiled gloves wiped R45's groins, briefly around R45's penis.

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: IL6001028 07/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1623 29 WEST DELMAR BRIA OF GODFREY** GODFREY, IL 62035 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 41 S9999 and did not wipe R45's scrotum. V15 did not dry R45 at any point during incontinence care. V15 fastened the clean incontinence brief, pulled R45 up in bed, and covered R45 up, all while using the same soiled gloves. V15 doffed her gloves and left the room with no hand hygiene completed. The Facility's "Incontinence Care" Policy, dated 3/2022, documents "Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. It also helps in preventing skin breakdown. Guideline: 1. Incontinent residents are evaluated for a bowel and bladder program and placed on one if appropriate. 2. Perform hand hygiene and don gloves. 3. Provide privacy for resident. 4. Remove soiled clothing and linen. 5. Clean peri area with appropriate cleanser and dry. Appropriate cleanser can mean soap and water, peri-wash, etc. Cleansing should always be from front to back. 6. if resident needs more cleansing, then above, a bath or shower may be given. 7. Apply barrier cream if appropriate. 8. Apply clean clothing and linen. 9. Notify housekeeping if floor is wet. 10. Dispose of soiled clothes and linen in appropriate areas. 11. Perform hand hygiene, 12. Notify nurse if areas of red skin or breakdown so that the Health Care Provider may be notified for further orders." (B)