Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6009534 B. WING 08/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 393 EDWARDSVILLE ROAD BRIA OF WOODRIVER WOOD RIVER, IL 62095 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h). 300.1210a) 300.1210b)4) 300.1210d)3) 300.2040d) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the Attachment A health, safety or welfare of a resident, including, Statement of Licensure Violations but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6009534 08/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 393 EDWARDSVILLE ROAD **BRIA OF WOODRIVER** WOOD RIVER, IL 62095 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 LISC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for **Nursing and Personal Care** Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and

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Illinois Department of Public Health

water flushes has been upgrade to mech altered diet and thickened liquids, wt. loss." The Interventions dated 5/5/23 documented "diet as ordered mech altered with thickened liquids

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6009534 B. WING 08/01/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 393 EDWARDSVILLE ROAD **BRIA OF WOODRIVER** WOOD RIVER, IL 62095 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 5/5/23. R48's EHR documented R48 weighed 249.4 lbs. on 5/19/23. R48's Physician Order Sheet (POS) dated 6/1/23 documents regular diet puree texture nectar thick liquids. R48's EHR documented R48 weighed 237.4 lbs. on 6/5/23 which was over a 10 lb. weight loss in one month. There was no documented assessment to address R48's weight loss and there were no interventions to address this weight loss. On 7/26/23 documentation was requested as to how the facility was documenting if R48 was eating less than 50%. This was never provided. R48's EHR documented R48 weighed 235.6 lbs. 7/6/23 and then 215.8 lbs. on 7/27/23 which is a 20 lb. weight loss. R48's Nurse's Note dated 7/25/23 documents R48 noted with a 20-pound weight loss, and she remains on a pureed diet with nectar thick liquids. On 7/26/23 at 1:00 PM V24 Director of Nursing (DON) from another facility stated "We reviewed her chart on 7/25/23, and a note was sent to the dietician for her case to be reviewed. She (R48) has had a 20-pound weight loss from January to July." R48's Dietary Evaluation dated 11/15/22 documents Current ht (height): 63" and wt. (weight): 264.5#; BMI 46.8 Wt. hx: 11/9 and 11/11

Illinois Department of Public Health

264.5# 10/19 277# 9/26- 296# 9/6- 292# 8/25-

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BRIA OF WOODRIVER 393 EDWARDSVILLE ROAD WOOD RIVER, IL 62095						
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