

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005474	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/31/2023
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NAME OF PROVIDER OR SUPPLIER BRIA OF BELLEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET BELLEVILLE, IL 62226
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S 000	Initial Comments Complaint Investigation: 2342501/IL157999 2342591/IL158094	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) 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.</p> <p>d) 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:</p> <p>3) 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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure adequate hydration for 1 of 4 residents (R3) reviewed for hydration in the sample of 10. This failure resulted in R3 being admitted to the hospital with severe dehydration.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Findings include:</p> <p>R3's Face Sheet, undated, documents R3 was admitted to the facility on 9/27/22 with a diagnosis of Diabetes Mellitus, Gangrene, Kidney Disease, Non-Pressure Chronic Ulcer of the Left Lower Extremity, Right Below the Knee Amputation, Hypothyroidism and Other Symptoms Concerning Food and Fluid Intake.</p> <p>R3's Minimum Data Set (MDS), dated 1/4/23, documents R3 had moderate cognitive impairment and required supervision with eating.</p> <p>R3's Dehydration Risk Assessment, dated 9/28/22, documents R3 is at risk of dehydration.</p> <p>R3's Progress Notes, document the following: 1/11/2023 at 10:00 AM, Resident refused breakfast this am, writer offered to get resident something different from the kitchen, resident declined stating "I just don't have an appetite". V10, R3's Sister has been informed, no complaints or concerns have been voiced. 1/11/2023 at 1:04 PM, Resident is alert and oriented times 3. Resident is able to verbally make her needs known. Resident does display symptoms of depression. Nursing staff noticed a decline in her health and inquired about hospice. Social Service Director (SSD) plans to reach out to family with updates. Lately the resident tends to self isolate, and she limits her socialization with others. It has been reported that resident refuses medications and food at times. 1/17/2023 at 11:19 AM, SSD discussed discharging with V10. V10 expressed she feels that R3 is on a decline and wants her out of the facility. V10 was informed that resident can be signed out against medical advice but strongly advised against it by</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>medical staff. V10 reported wanting her to discharge back into the community but is concerned about the wound on her foot/toes. Nurse Practitioner and therapy were made aware, and both agree that it would not be a safe discharge. V10 states she agrees and understands that R3 will need 24 hour care if released. Resident remains in the facility; 1/19/2023 at 1:00 PM, Physician's Note: examined today, restless, anxious, confused: oxygen leave 74 on room air , heart rate 188, STAT (as soon as possible) nurse to start oxygen at 2-3 liters per nasal cannula with a goal of > 90 %, vital signs every shift and as needed. Stat urinalysis, Comprehensive Metabolic Paine, Hemoglobin A1C, Complete Blood Count, Thyroid Stimulating Hormone, Chest X-ray, Electrocardiogram. Have Cardiology Nurse Practitioner consult with resident; 1/19/2023 at 6:04 PM, Resident taken off oxygen, saturation increased to 94% on room air. Resident is not showing signs of confusion at this time. Electrocardiogram resulted abnormal. Nurse Practitioner made aware, new order for cardiologist consult. Order entered. Vitals at this time are stable. Non stat eligible labs entered for routine draw on 1-20-22. Attempted to notify family, no answer, voice mail left; 1/19/2023 at 10:25 PM, Lab called in creatinine result of 16.5 (high) and blood urea nitrogen result of 291 (high). Called V16, R3's Physician and notified him of results, V16 instructed to send resident to the emergency room. 1/20/2023 at 4:17 AM, Admitted to hospital with admitting diagnosis of Sepsis; 1/24/2023 at 10:48 AM, This nurse spoke with a nurse at the hospital intensive care unit. The nurse stated that resident has Cholecystitis and has plans to be taken to surgery for a splenectomy as well. There are no discharge plans at this time.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R3's Hospital History and Physical, dated 1/19/23, documents R3 looks extremely dry, skin texture and turgor are markedly decreased, skin tense, oral mucosal membrane is extremely dry, tongue has an appearance of sandpaper. Skin texture and turgor are markedly decreased as noted, skin tense, lower extremities have pigmentation changes consistent with some previous, presumed, chronic venous stasis, toes and feet are almost withered, skin thickened, poor hygiene and long nails. Presents with very severe dehydration. R3's Blood Urea Nitrogen (BUN) was 306 (high) and her creatinine was 14.6 (high).</p> <p>On 3/29/23/ at 10:45 AM, V10, R3's Sister, stated R3 came to the facility for rehab after surgery. V10 stated she is not sure why R3 was there as long as she was because she had an apartment to go back to and was only here for rehab. V10 stated R3 was sent to the hospital because her vital signs were off and "she didn't have any fluids in her."</p> <p>On 3/30/23 at 11:10 AM, V2, Administrator in Training, stated she would expect the nurses to put interventions in place for residents at risk for dehydration.</p> <p>On 3/31/23 at 9:15 AM, V16, Physician, stated if a resident is at risk for dehydration, she would expect the dietician to evaluate the patient, make recommendations and then the facility should consult with her for orders. V16 stated she would expect the facility to notify her of those recommendations and with any changes in a resident's condition. V16 stated a BUN/Creatinine of 306/14.6 is high, some patients can tolerate it that high but others cannot and it would be</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>important to have them evaluated as soon as possible. V16 stated when those numbers (BUN/Creatinine) are elevated it means there is a problem with the kidneys and can be caused by kidney disease and dehydration, among other health conditions.</p> <p>The Hydration policy, dated 5/2015, documents this policy allows for each resident to be provided with sufficient fluid intake to maintain proper hydration and health. This is done through an evaluation to identify risk factors that may lead to dehydration, and, if present, a preventative care plan is developed.</p> <p>(A)</p>	S9999		