Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Revisit to Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)3) 300.1220 b)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 300.1210 General Requirements for Nursing and Personal Care 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.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide adequate supervision and implement interventions to prevent elopement	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 and potential self-harm for 1 of 3 residents (R2) reviewed for supervision/accidents in a sample of 10. This failure resulted in R2 eloping 3 times, police intervention 4 times, and 3 visits to the hospital via ambulance. Findings include: R2's Face sheet documents R2 was admitted on 11/04/22. R2's Physician Order, dated 11/10/22, documents, "Unspecified intellectual disabilities, developmental disorder of scholastic skills unspecified, altered mental status unspecified, other convulsions, epilepsy unspecified, bipolar disorder, unspecified asthma." R2's Minimum Data Set (MDS), dated 11/23/22, documents a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating R2 is cognitively intact. R2's MDS documents R2 had the following behaviors 1 to 3 days: other behavioral symptoms not directed towards others (e.g., physical symptoms such as hitting or scratching self, pacing, rummaging, public sexual acts, disrobing in public, throwing or smearing food or bodily wastes, or verbal/vocal symptoms like screaming, disruptive sounds). The MDS did not document R2 had wandering behaviors. The MDS documents R2 requires extensive assistance of one-person for bed mobility, locomotion on unit, and locomotion off unit. The MDS documents R2 requires extensive of two plus persons for transfer and toilet use. Resident is not steady, only able to stabilize with staff assistance. Resident uses wheelchair for mobility. R2's Elopement Evaluation, dated 11/10/22 at 2:04 PM, documents "Score: 2.0 no risk."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 R2's Nurse's Note, dated 11/17/22 at 11:30 AM, documents, "Nurse in hallway by residents room resident walking in hallway screaming for everyone to get out of her way. CNA (Certified Nursing Assistant) tried to help her into wheelchair since her balance is off and is wheelchair bound. Punched CNA and screaming foul words to get everyone away from her managed to get to double front doors. CNA closely behind with her with wheelchair; punched another staff member and threw self on the floor. After 10 minutes, resident tried to get up and walk. This nurse tried to assist resident; punched me and then foul language followed. Resident striking out and stating she'd kill someone if they got close to her. Police and EMS (Emergency Medical Services) phoned. Upon attempts to get resident onto stretcher she was kicking biting and screaming; did finally agree to go en route to (metropolitan hospital) report given awaiting exam reports." R2's clinical record has no updated Elopement Evaluation following this incident. R2's Nurses Note, dated 12/05/22 at 4:06 AM, documents, "Resident crying and sobbing and when asked why she is crying resident states that she doesn't want to be here any longer, that she wants to go home to sleep in her bed, that her bed at home is bigger and is queen size and that she doesn't want to be here for Christmas. This nurse attempted to encourage and comfort resident but was unable to redirect resident. Will inform social services." R2's Nurses Note, dated 01/01/23 at 7:45 AM, documents, "Received call from employee who stated that resident was on Veterans Parkway	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

Drive and Columbia Centre Drive walking with her walker, and she is attempting to redirect resident back to facility. This nurse went to resident's location and asked resident to please get in the car and come back to the facility and resident was crying and stated, 'another resident yelled at me this morning and I tried to talk to you, and you were busy so I left.' This nurse asked resident again if she would get in my car and come back to the facility and she would not answer the question. This nurse informed resident that if she would not return to facility that I would have to call 911. Resident at this point grabbed a stick and started banging on this nurse's window of her car, this nurse and another employee was able to remove stick from resident and then resident began punching this nurse's car window. This nurse and another employee remained with resident until police arrived. When police arrived, resident began punching at police and swinging at police. (Local EMS) arrived and at this point resident was placed on stretcher and left for (metropolitan hospital) with 2 attendants."

On 01/10/23 at 9:30 AM, observation of road where R2 was found. Distance from facility to corner of Veterans Parkway Drive and Columbia Centre Drive is exactly 0.2 mile or 1056 feet. The road goes up hill. There are no sidewalks on either side of street. It is a residential neighborhood. The speed limit is 30 miles per hour.

On 01/06/23 at 12:19 PM, V11, Agency Licensed Practical Nurse (LPN), stated, "I was leaving for the day. I stopped by the bathroom on the way out and heard the alarm go off. There was a CNA at the door looking to see if anyone left. I told her that I would look on my way to my car. When I got to my car, my windows were frosted so I waited

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

for them to defrost. I was deciding if wanted to go left or right out of the parking lot because I had never worked there before. I decided to go left and go to (fast food restaurant). That's when I saw (R2). I knew it was her because she was wearing a green shirt. She (R2) told me she wasn't going back, and she was crying. She (R2) said that another resident had yelled at her. I tried to get her to get in my car and she wouldn't. I called the facility and let them know where she (R2) was. I afraid she (R2) was going to get ran over and it was cold. Another nurse, (V10), LPN came and (R2) started banging on her windows. 911 was called and they took her to the hospital. I don't think she (R2) has ever eloped before, but I don't work there."

On 01/06/23 at 3:07 PM, V12, CNA, stated, "I was on the 100-hall taking care of (room #). I finished up with him and was heading toward the end of the hall. I heard the alarm for the front door, so I went to check it. I look around the lobby and then open the door and looked around the front door. I didn't see anyone. I turned off the alarm and went to the nurse's station to tell (V10, Licensed Practical Nurse/LPN) that she needed to call a code yellow. A code yellow is for a resident has eloped. She (V10) was already on the phone with another nurse that found (R2) walking down the street. (R2) is known for trying to get out of building. She (R2) tried to leave sometime in December. It was the weekend before Christmas, but I don't remember if was Saturday or Sunday."

On 01/10/23 at 8:51 AM, V10, LPN, stated, "I received a call from (V11), LPN, that (R2) was at the corner of Veterans Parkway and Columbia Centre Drive. I drove up there and tried to get (R2) to get into my car. (V11) was on her way

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

home and had to leave. She (R2) was banging on my windows and refused to get it my car. I called the police. She (R2) made it just up the hill. She (R2) didn't make it all the way out to the busy intersection. It was the street before (fast food restaurant). It was Sunday morning about 7:50 AM. There was no traffic."

R2's Police Report, dated 01/01/23 at 7:55 AM, documents "Location: Veterans Parkway and Columbia Centre Drive. Upon arrival (R2) was observed punching car window of worker. (R2) was restrained and kept on her feet by holding her left arm. (R2) was combative and tried to break free multiple times. At one point (R2) was assisted to the ground to stop the combativeness. (R2) was eventually calmed down and transported to (metropolitan hospital)."

On 01/10/23 at 8:12 AM, V16, LPN, stated R2 was hitting, kicking, spitting, cursing, and punching her. V16 stated R2 was very adamant about leaving. "At first, she was at the nurses' station, trying to hit the nurses." V16 stated they got up and let her have some room. "She then got up out of wheelchair and went after us. She then tried to leave out the front doors. She made it all the way to the second set of front doors and wouldn't let go of the middle beam. The police were called, and she went to the hospital. She was gone for the rest of weekend. We called (V1, Administrator) and (V13, Medical Director)."

On 01/10/23 at 8:42 AM, V18, Social Service Designee (SSD), stated, "I know when I first started, it was some time at the beginning of December, she (R2) wanted to go home. She didn't make it out of the building. She made it to the front door. She didn't make it out of the building, but she was trying to go home."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 On 01/10/23 at 9:00 AM, V19, Activity Assistant, stated, "I saw her swinging at (V16, LPN). She was mad and wanted to leave. I went and got her CD player and tried to calm her down. It didn't work. I called (V1), Administrator." On 01/10/23 at 1:55 PM, V12, CNA, stated a code yellow is do a head count. On 01/10/23 at 2:10 PM, V4, CNA, stated a code yellow means elopement. On 01/10/23 at 2:15 PM, V20, CNA, stated, "I don't know what a code yellow is." On 01/10/23 at 2:50 PM, V22, CNA, stated, "Code yellow is when a resident has gotten out." On 01/10/23 at 2:55 PM V23, CNA, stated, "I don't know what a code yellow is." R2's Nurses Notes, dated 01/01/23 at 7:14 PM, documents "Resident came back via EMS at (7:05 PM). This RN (Registered Nurse) signed the papers from EMS accepting transfer from (local hospital). This RN then was headed down to the resident's room due to the Safety plan that was implemented via administration. The safety plan consisted of that the resident was not to exit the main corridor where the nurses' station is and that she was supposed to remain in site (sic) of a staff member at all times. This RN told the resident of the new safety plan that was implemented, and she erupted and started violently striking me. She close fist punched this RN in the left eye 3-4 times. This RN put up her arms to try and defend herself and was struck numerous times in the face and neck. There were scratch marks evident on neck and face of this	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8 RN. (V17), CNA of the 200-hall witnessed everything that took place and was assisting this RN during this process. The resident was still attacking me as she was trying to exit the facility with her walker. This RN was attempting to redirect the resident back into the facility to keep her safe. After this RN was struck, this RN hollered to call 911. EMS and police both arrived a short while after 911 was called. Patient was then transferred to (metropolitan hospital) ER (emergency room) again where she came from. Admin attempted to contact the guardian for this resident and the call went straight to voicemail which said, 'Your call has been forwarded to an automated voice messaging system.', because the phone was off. This resident is clearly a threat to herself by putting herself and her safety at risk by not making rational and appropriate decisions and she is also a danger to others due to her physical aggression when things do not go her way, or you are in the way of what she is trying to do." R2's Police Report, dated 01/01/23 at 7:17 PM, documents, "Location: (facility). Mental patient combative with nurse and has struck the nurse several times. (R2) suffers from cerebral palsy and wanted to leave the facility and struck (V14) while trying to leave. (V14) did not express interest in pursuing criminal charges against (R2). (R2) went with EMS to the hospital." R2's clinical record had no care plan for elopement in November or December 2022. R2's Care Plan, dated 01/01/23, documents, "(R2) is at risk for elopement related to recent unauthorized exit from facility. (R2) is alert, oriented and coherent, follows rules addressing medication compliance, participation in her	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 treatment plan, appropriate hygiene and grooming and treating her peers with respect. (R2's) ambulation status recently changed from w/c (wheelchair) to wheeled walker without staff assistance." Interventions, all dated 01/01/23, document "1:1 with staff as needed. Allow concerns to be expressed. Direct observation q (every) 72 hours, re-evaluate. Educate (R2) on facility protocol r/t (related to) leaving facility and safety measures. Reward (R2) for good behavior during periods of mood change related to immediate emotional needs. Educate staff that when acknowledging her needs, response should include approximate time and place of requested one to one, continue direct observation until needs are met. Encourage resident to keep busy with activities. Praise resident when cooperative. Reality orientation if appropriate. Redirect resident to activities of choice or SS (social service) group." R2's Elopement Evaluation, dated 01/01/23 at 9:25 PM, documents, "Score: 16.0 high risk. Resident has a BIMS of 15, change in ambulation status: w/c (wheelchair) to wheeled walker without staff assistance." R2's Nurses Note, dated 01/02/23 at 5:00 AM, documents, "Resident arrived back at facility from (local hospital) with N.N.O. (no new orders) Arrived per stretcher with 2 attendants and placed in bed. Resident ambulated up the hall to where this nurse was standing at her medication cart and attempted to push over medication cart, she pushed the water pitcher off of the cart and everything that was sitting on the cart on the floor. Resident then began swinging at this nurse attempting to strike her. Resident began walking towards the front door without her walker and out the front door and broke the fire alarm, staff	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

attempted to redirect resident inside the building but was unsuccessful. Resident began walking in the parking lot towards the road with staff consistently trying to redirect her back to the facility which resident refused and kept stating 'I want to go home to (city)'. Resident walked into the road in front of a car and shouted, 'run me over'. 911 called and informed of the situation. Resident started swinging her fists at staff members at this point stating, 'I'll f****** hurt you'. (local police) arrived and resident began punching the police officers. Police officers talked resident into sitting at the front of the building on the patio bench and prior to sitting on the bench she broke the lighted Christmas tree in 2 and ripped the large extension cord from the wreath hanging above the door. Resident then began punching at the police officers again. Eventually the police were able to calm resident down and bring resident back into the facility. Resident when she walked by the nurses' station with the police started crying and then became angry as the police officers were walking with her and she started swinging at them again. Police officers escorted resident to her room where they eventually calmed her down again and the police left."

R2's Nurse's Notes, dated 01/02/23 at 6:00 AM, documents, "Resident ambulated to nurses' station without her walker and stated to CNA standing at nurses' station while raising her fists to her 'I will knock your block off', staff attempted to redirect resident but was unsuccessful. Call placed to (V13, Medical Director) and he was informed of resident's condition and he gave orders for Haldol injection 5 mg (milligram) one time only now. Resident refused to let any staff get near her for injection and stated, 'I don't need any medication and you're not giving me any

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11	S9999		

medicine'. Resident walked towards the front lobby doors and staff redirected resident at front door. Resident came back into facility and grabbed an ink pen off the front desk and walked back to front door corridor and began stabbing herself in the right forearm with the pen, digging in her arm with the pen. Resident then opened the front door and walked outside and dug the pen in the concrete and stabbed herself in the right forearm again repeating this action 3 more times digging the pen in the concrete and stabbing her right forearm. Attempts at staff redirection were unsuccessful. Resident then began walking the parking lot looking for a piece of glass to cut herself with stating 'I want to cut myself' 'I want to go home'. Staff remained with resident to ensure residents safety. 911 called. (Local ambulance service) arrived with 2 attendants and resident left facility per stretcher via ambulance for (local hospital). Attempted to Notify (POA)I of resident's condition, voicemail full. (V13) notified of resident's condition and transfer to (metropolitan hospital)."

EMS report, dated 01/02/23, documents, "EMS dispatched to nursing facility for a female pt (patient) who left the facility and has made suicidal comments and also was attempting to cut her wrist with a pen. EMS arrived on scene just outside the parking lot of the facility to find the pt talking with police officers, EMS is familiar with the pt due to have transported her numerous times within the last 24 hours. Assessment found pt stated she was upset with staff again and doesn't want to be there anymore, EMS noticed very superficial scratches to pt's left wrist, officers on scene advised pt did state she wanted to kill herself. EMS attempted to talk with the pt and inform her what is going to happen now that she has made these comments and actions. Pt

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 12 became upset and stated she didn't want to go back to the hospital. EMS is unsure how much the pt fully understood being that she is developmentally impaired. Pt started walking towards the ambulance, EMS walked along with her, pt was able to step into the ambulance willingly, pt sat on the stretcher and secured with straps and rails. EMS talked with staff, and they stated they are unable to access a medication name (antipsychotic medication) but EMS should be able to give her the shot, EMS informed staff that is no longer in EMS protocol and there's no reason to sedate this pt being that she is currently calm and cooperative with EMS. Staff informed EMS that she cannot stay at their facility cause she is a threat to staff. EMS agreed to transport the pt (patient) due to in the past she hadn't made suicidal comments or 'attempts'. Staff wishing pt be transported back to (metropolitan hospital). EMS then informed the Pt that she will be going back to (metropolitan hospital) where she became upset again, EMS and pt contacted 'grandma' who is POA (Power of Attorney) in which she stated she doesn't really want her transported due to once she calms down she is okay, 'grandma' eventually stated she wants what's best for (R2) and is okay with EMS transporting back to (metropolitan hospital) and look into getting her back into a group home where she was prior to coming to (Nursing Facility). Pt was cooperative en route and eventually fell asleep, EMS contact (local hospital), pt remained sleeping during transport, EMS arrived without issues. Pt was transferred to bed, report given to staff, staff signed for pt. (local ambulance service) 6025 returning." R2's Hospital Report, dated 01/04/23, documents, "32-year-old female presents to emergency department via EMS for reported	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 13 suicidal ideations. Reportedly the patient was trying to cut her wrists with a pen. She was also reportedly yelling at cars to try and hit her. She denies any homicidal ideations, she has also not reportedly slept in 30 hours. She denies any auditory or visual hallucinations. She denies any alcohol or drug use. She denies chills headache weakness numbness loss of taste or smell or any other complaints at this time. Under physical exam; skin: color is normal, warm and dry. No rash or erythema. Subtle abrasion to left wrist. Old cutting marks." There were no revisions or additional interventions for R2's Care Plan following an elopement on 01/02/23. R2's clinical record had no care plan for suicidal/self-injuring behavior. On 01/06/23 at 12:53 PM, R2 stated she can't remember why she left the facility on January 1st. She stated she had never tried to elope prior to that day. On 01/10/23 at 12:55 PM, V1, Administrator, stated nobody had told her she (R2) tried to elope (before 1/1/23). She was told she was having behaviors and they were trying to calm her down and de-escalate. If she would have been told she (R2) was attempting to leave, she (V1) would have done a new assessment like she did when she (R2) eloped on the 1st. She (R2) was on supervision the whole time after she returned from the hospital for suicide and self-injuring behaviors. On 01/10/23 at 2:15 PM, V20, CNA, stated, "(R2) was always on supervision. We were all to watch her."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 14 On 01/10/23 at 2:50 PM, V22, CNA, stated, "If a resident is on observation that you check on them every 10 or 15 minutes. If it's a 1 to 1, you stay with them." On 01/10/23 at 2:55 PM, V23, CNA, stated he wasn't sure if (R2) was on observation or 1 to 1. He did know that she was not allowed to go to the dining room. He stated they were trying to keep her away from everyone and keep her in her room. 01/10/22 at 3:00 PM, V24, Regional Director of Operations, stated the facility does not have a policy for self-injuring behavior. The Facility's "Elopement" policy, review date of 09/2022, documents, "Elopement occurs when a resident leaves the premises or a safe area without authorization (i.e., an order for discharge or leave of absence) and/or any necessary supervision to do so. This does not include alert and oriented residents who handle themselves outside the facility and choose to leave the facility, even if against medical advice and sometimes, common sense. While presenting different care challenges, these alert residents are not in the same category of potential danger as the resident with impaired cognition trying to leave the facility, and their absences from the facility are not considered to be an elopement. 1. c. Notify the Administrator and/or DON immediately and announce facility code (GREEN) overhead." The Facility's "Suicide prevention" policy, undated, documents, "It is the policy of this facility to act quickly and appropriately if a resident expresses thoughts of suicide." It continues, "4.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013106	A. BUILDING: _____ B. WING _____	R 01/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF COLUMBIA	253 BRADINGTON DRIVE COLUMBIA, IL 62236

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 15 The resident will not be left alone. One on one care will be provided until arrangements can be made for the resident to receive emergency psychiatric care, or until the resident's physician determines that the risk of suicide is no longer present." (B)	S9999		