Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ **B. WING** 06/06/2023 IL6002778 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) \$ 000 S 000 Initial Comments Complaint Investigations: 2344450/IL160377 2344454/IL160379 S9999 S9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)4)A)B)C) 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 Attachment A Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal

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TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		(X3) DATE SURVEY COMPLETED  C 06/06/2023	
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\$9999	Continued From page 1 care needs of the resident.  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:  4) Personal care shall be provided on a 24-hour, seven-day-a-week basis.  4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:  A) Each resident shall have proper 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.  C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.  These requirements were not met as evidenced by:  Based on observation, interview, and record		S9999	DEFICIENCY		
	review, the facility dependent resider environment that p residents' dignity a resident (R6) review	failed to provide care to a  It in a manner and in an  In oromotes and maintains  Ind quality of life for 1 of 1  I wewed for dignity in the sample of  Sulted in R6 have feelings of				

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Findings include:

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: C B. WING 06/06/2023 IL6002778 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 R6's Admission Record, undated, documents R6 was admitted to the facility on 11/25/19. R6's Electronic Medical Record, documents R6's diagnoses include Morbid Obesity, Acute Kidney failure, Cognitive Communication Deficit, Blind Right Eve. Traumatic Brain Injury, Arthritis, and Major Depressive Disorder. R6's Care Plan, dated 5/3/23, documents, "R6 has an ADL (Activity of Daily Living) Self Care Performance Deficit r/t (related to) Generalized Weakness and Morbid Obesity. R6 refuses to wear clothes, only gowns. Interventions: Requires limited to extensive assist of 1-2 staff participation to use toilet, requires limited to extensive assist of 1-2 assist staff participation with transfers, requires staff participation with bathing. Encourage resident to accept showers per shower schedule." R6's Minimum Data Set, MDS, dated 4/30/23, documents R6 is cognitively intact and requires extensive assistance of one staff member for dressing, toilet use, personal hygiene, and bathing. R6's MDS documents R6 requires limited assistance from one staff member for all other ADLs. R6's MDS documents R6 is always continent of both bowel and bladder. On 5/30/23 at 10:12 AM, R6 was seen sitting on the side of his bed. R6's wheelchair was sitting next to his bed. R6 stated he put his call light on to get someone to help him get a clean hospital gown on his backside so he can get up to a wheelchair.

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On 5/30/23 at 10:15 AM, R6 stated he put his call light on to get someone to help him get a clean

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come in and clean him up immediately. V20

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