

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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 Complaint Survey: 2440069/IL168354 & 2440013/IL168292	S 000		
S9999	Final Observations Statement of Licensure Violations 300.1210b) 300.1210d)3 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. 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. These Requirements were NOT MET as	S9999		

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

TITLE

(X6) DATE
01/31/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 1</p> <p>evidenced by:</p> <p>The Facility failed to ensure a bruise of unknown origin was investigated and the appropriate corrective actions were initiated for 1 of 3 residents (R2) reviewed for injuries in the sample of 9.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet for January 2024 documents a diagnosis of: Abnormalities of gait and mobility, lack of coordination, displaced supracondylar fracture without intercondylar extension of lower end of left femur, subsequent encounter for closed fracture with routine healing, abnormal weight gain, cognitive communication deficit, major depression, paraplegia, idiopathic peripheral autonomic neuropathy, anemia, acute infraction of spinal cord, pressure ulcer of sacral region, and altered mental status.</p> <p>R2's Minimum Data Set (MDS) documents she is moderately impaired for cognition. Bed mobility R2 was scored as 3/3 (extensive assist of two plus staff). Transfer 4/3, (total dependence on staff of two plus staff members). R2 does not walk, for toilet use she was scored a 4/3, and for personal hygiene 4/3. For Moving from seated to standing position, walking, turning around, and moving on and off the toilet she was documented as this activity did not occur. R2 was scored from surface-to-surface transfer (between bed and chair) as not steady and only able to stabilize with staff assistance). R2 is in a wheelchair. For Roll left to right, she requires Substantial/maximal assistance and for sit to lying, and lying to sitting she Dependent- staff does all the effort.</p> <p>R2's Care Plan documents, R2 has Alteration in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 2</p> <p>musculoskeletal status related paraplegia. Intervention: Monitor. Document for risk of falls, educate residents, family/caregivers on safety measures that need to be taken in order to reduce risks for falls. Alteration in musculoskeletal status related paraplegia. Fall (Focus Area) Resident is at risk for falls. R2's Shower Sheet dated 12/19/2023 documents red area with an arrow pointing towards the high thigh area on the left side.</p> <p>R2's Shower Sheet dated 12/24/2023 documents a bruise on the right knee area.</p> <p>All abuse investigations were requested on for the past three months and there were no abuse investigations including injury of unknown origin for R2.</p> <p>On 1/2/2024 at 3:04 PM, V12, Registered Nurse (RN) Hospital Nurse stated, "I was working in the ER (emergency room) when (R2) was brought in from the facility. The color of the bruising was almost dark red, you could tell by just looking at the leg because of the rotation of the foot and the degree in which the knee rotated out and that the leg was broken. I cannot say how long it had been like this. We took x-rays and she had a tibia spiral fracture. (R2) could not move or use her legs. I put my hand on her leg and she said she could feel the warmth of my hand but that was all. (R2) could not move her legs, she could only feel the temperature difference. (R2) was not in any pain. The x-rays showed she had a history of previous injuries, but this injury was new. (R2) has a lot of complications because of her spinal cord injuries and she also has issues with her hips and spine. I am not sure how she got the injury, but it was a new injury when she arrived at the hospital, and she could not move her legs."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 3</p> <p>On 1/11/2024 at 4:11 PM, V18, Certified Nursing Assistant (CNA) stated, "I gave (R2) a bed bath, and I noticed bruising on her knee and marked it on the shower sheet, but I did not report it to the nurse. I did not report it to the nurse because it was an old bruise and had yellow coloring to it, so I thought it had already been reported. I did not report it to the nurse."</p> <p>On 1/11/2024 at 4:35 PM, V2, Director of Nursing stated, "I would expect any staff if they saw a bruise new or old to inform a nurse so we can make sure we investigate. I am not sure why (V18) did not report it but she should have reported it.</p> <p>On 1/2/2024 at 12:10 PM, V4, Licensed Practical Nurse (LPN) stated, "I usually do not work that hall. I was working that night as a CNA and the nurse got sent home because she tested positive for COVID. (V10) the CNA working that hall came and got me because she said she was doing rounds and (R2's) leg looked really weird to her and did not look right and she asked if I would come and take a look at it. When I saw it, I was not even sure what was going on and she had bruising on her leg, but it looked old to me because it was greenish purple in color. I immediately took a photo of it and sent it to the NP, and she had me send her out. What I remember the most is that her foot was turned in to a 90-degree ankle and that is not normal. Her leg looked bad to me, and I sent her out. I found out later that she had a fracture, but it did not surprise I could tell something was off."</p> <p>On 1/11/2023 at 11:24 AM, V10, CNA stated, "I am an agency CNA. I was doing my round and when I first went into R2's room she was covered</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 4</p> <p>up. A little later the call light went on and (R2) is confused and does not use the call light but her roommate (R6) does use the call light. I entered the room thinking (R6) needed something and I asked her what she needed but (R6) said no, I need you to check on (R2) because she has been moaning and I think she is in pain. Can you look at (R2). (R2) can't move her legs because she is a paraplegic. But I pulled back the covers to make sure everything was okay, and you do not have to be a rocket scientist to know that your foot does not rotate 360 degrees. (R2) had what appeared to be old bruising with green coloring and I immediately went and got the nurse because I could tell (R2) was injured. The nurse called the Nurse Practitioner and (R2) was sent out to the hospital where we learned later, (R2) had a spinal fracture."</p> <p>On 1/11/2023 at 11:44 AM, R6 stated she was roommates with (R2) and she really missed her. She stated she remembers that night (R2) left because she had not been (R2) acting herself the past few days. She was more confused and a little off. She also said she was moaning in her sleep and thought she might be in pain, so she put on the call light to have the CNA come and make sure everything was okay with (R2). The CNA ran and got the nurse to come and look at (R2's) legs. I cannot get out of bed so I cannot tell you what (R2's) legs look like but I heard that she had bruising on both of her legs and was sent out to the hospital and had broken some bones. (R2) is so fragile, poor thing."</p> <p>R2's Hospital Records dated 1/1/2024 document, "(R2) a 90-year-old female with history of neurogenic bladder paraplegic, neuropathy, constipation, COPD, marginal zone lymphoma presents from (nursing home facility), due to staff</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 5</p> <p>noticing bruising over right and left knees. Patient is paraplegic and reports not falling. She is not pleased with her care at the facility and describes the staff being rough with moving her from the bed to the wheelchair. She notes lying in the bed for multiple hours prior to receiving care when she is asking for help. She states feeling mistreated at the facility was placed approximately one year ago. Denies any pain or significant ROS. Unaware of when bruising occurred or reported any incident where patient fell or was dropped." R2's Hospital Records also document a complete foot drop, Capillary Refill: Capillary Refill takes less than two seconds. Findings: Bruising present. There were bruises noted on both knees. X-rays were taken and documents, Indication: Leg bruising under right knee without documentation of recent fall. Patient is paralyzed from waist down. X-rays show an acute proximal tibial fracture and a bilateral chronic displace femoral fractures.</p> <p>On 1/2/2024 at 3:04 PM, V12, Registered Nurse (RN) Hospital Nurse stated, "I was working in the ER (emergency room) when (R2) was brought in from the facility. The color of the bruising was almost dark red, you could tell by just looking at the leg because of the rotation of the foot and the degree in which the knee rotated out and that the leg was broken. I cannot say how long it had been like this. We took x-rays and she had a TibFib, (Tibia, Fibula) fracture. (R2) could not move or use her legs. I put my hand on her leg and she said she could feel the warmth of my hand but that was it. (R2) could not move her legs, she could only feel the temperature difference. (R2) was not in any pain. The x-rays showed she had a history of previous injuries, but this injury was new. (R2) has a lot of complications because of her spinal cord injuries</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003768	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/12/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER BRIA OF MASCOUTAH	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH TENTH STREET MASCOUTAH, IL 62258
--	--

(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	<p>Continued From page 6</p> <p>and she also has issues with her hips and spine. I am not sure how she got the injury, but it was a new injury when she arrived at the hospital, and she could not move her legs."</p> <p>The Facility Abuse Policy and Prevention Program dated 2022 documents, "The facility affirms the right of our residents to be free from abuse, neglect, exploitation, misappropriation of property, deprivations of goods and services by staff or mistreatment. This facility therefore prohibits abuse, neglect, exploitation, misappropriation of property and mistreatment of residents. The purpose of this policy is to assure that the facility is doing all that is within its control to prevent occurrences of abuse, neglect, exploitation, misappropriation of property, deprivation of goods and services by staff and mistreatment of residents. This facility is committed to protecting our residents from abuse, neglect, exploitation, misappropriation of property and mistreatment by anyone including, but not limited to, facility staff, other residents, consultants, volunteers, staff from other agencies providing services to the individual, family members or legal guardians, friends, or any other individuals. The nursing staff is responsible for reporting the appearance of suspicious bruises, lacerations, or other abnormalities of an unknown origin as soon as it is discovered. The report is to be documented on a facility incident report and provided to the nursing supervisor, administrator, or designated individual. Following the discovery of any suspicious bruises, lacerations or other abnormalities of an unknown origin, the nurse shall complete a full assessment of the resident for other bruises, laceration or pain."</p> <p>(B)</p>	S9999		