

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Godfrey		STREET ADDRESS, CITY, STATE, ZIP CODE  1623 29 West Delmar Godfrey, IL 62035	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42636</p> <p>Based on interview, observation, and record review, the facility failed to provide perineal care and adhere to infection control practices to prevent infections in 2 of 3 residents (R1, R5) reviewed for UTIs (Urinary Tract Infection) in the sample of 5.</p> <p>Findings include:</p> <p>1. R1's Face Sheet, undated, documents the following diagnoses: Acute Cystitis, Polyuria, Alzheimer's Disease and Need for Assistance with Personal Care.</p> <p>R1's MDS (Minimum Data Set), dated 4/1/24, documents R1 is dependent with toileting and incontinent of bowel and bladder.</p> <p>R1's Care Plan, dated 1/1/24, documents R1 has an ADL (Activities of Daily Living) deficit.</p> <p>R1's Progress Note, dated 4/17/24 at 1:19 PM, documented, Resident difficult to arouse, resident did not eat breakfast or lunch, resident did take her medication, Vital signs were WNL (within normal limits), except oxygen was between 70-60's, oxygen placed at 2 L (liters) per N/C (nasal cannula), oxygen now at 95%, MD (medical doctor) assessed resident, new order received to send out for evaluation and treatment, daughter will meet resident at the hospital.</p> <p>R1's Progress Note, dated 4/17/24 at 8:27 PM, documented that R1 was admitted to the hospital for UTI.</p> <p>R1's Progress Note, dated 4/20/2024 at 3:30 PM, documented, readmitted from the hospital, to room [ROOM NUMBER] A at 12:30. Arrived per ambulance. Diagnosis of UTI. Alert, rambling, and confused. Skin warm and dry, respirations non labored on room air. Noted several small bruises to both forearms, possible venipunctures. No other skin issues noted at this time.</p> <p>R2's Post Acute Transfer Record, dated 4/17/24, documented R1 was admitted to the hospital on 4/17/24 with a primary problem of Acute Cystitis with Hematuria.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/25/24 at 11:35 PM, perineal care was observed on R1 with V4, CNA (Certified Nurses Assistant), and V6, CNA, with the following noted: V4 came into R1's room with gloves on. No hand hygiene was performed and gloves were not changed during perineal care. V4 touched the inside of the clean incontinence brief and then grabbed clean wipes. V4 pulled down the front of R1's incontinence brief, which was soiled with urine and feces. V4 then took 1 wipe and wiped down the center of R1's labia. V4 and V6 then turned R1 onto her left side, used the soiled incontinence brief, V4 wiped downward towards R1's urethra and then removed the brief. V4 then took a clean wipe, wiped downward towards R1's urethra then disposed of the wipe. V4 did this several times. V4 and V6 then turned R1 onto her back and using a clean wipe, wiped down the center of the labia and then disposed of the wipe. V4 and V6 then placed the clean brief on R1 before cleansing the rest of R1's perineal area, leaving R1 still soiled with urine and feces.</p> <p>2. R5's Face Sheet, undated, documented R5 had a diagnosis of Obstructive and Reflux Uropathy and Retention of Urine.</p> <p>R5's MDS, dated [DATE], documented R5 was dependent with toileting and has an indwelling urinary catheter.</p> <p>R5's Care Plan, dated 2/19/24, documented R5 required assistance with ADLs, requires the use of an indwelling urinary catheter and is at risk for infection.</p> <p>R5's Progress Note, dated 3/8/24 at 8:55 AM, documented, Resident very confused, hard to arouse, resident normally A&amp;O (alert and oriented) times 3-4. Resident A&amp;O to self at this time, resident vital signs taken, and are as follows Temperature 96.8, Oxygen saturation 97%, Pulse 67, Blood Pressure 146/82, resident currently on antibiotic related to pneumonia, more edema noted to BLE (bilateral lower extremities), NP made aware with orders for UA (Urinalysis), CBC (Complete Blood Count), and CMP (Comprehensive Metabolic Panel) on 3/11/24.</p> <p>R5's Progress Note, dated 3/8/24 at 8:29 PM, documented, Resident returned from ER (emergency room ) via ambulance with 3 attendants. Resident returned with a diagnosis of Weakness, UTI, Urinary retention and an indwelling urinary catheter. New order for Macrobid 100 mg (milligrams) capsule by mouth twice daily for 5 days. Caregiver also present in room with resident. DON (Director of Nurses) made aware. Resident resting in bed with call light within reach.</p> <p>R5's Progress Note, dated 4/1/24 at 12:09 PM, documented, UA reported to MD (Medical Doctor), N.O (new order) for Cipro 500mg BID (twice daily) 5 days for UTI.</p> <p>R5's Progress Note, dated 4/2/24 at 1:00 PM, documented, NP (Nurse Practitioner) here and reviewed urine culture. Changed antibiotic from Cipro, to Macrobid. Order processed. Residents contact person notified.</p> <p>R5's Progress Note, dated 4/16/24 at 1:14 PM, documented, Call received from urology in regards to urine culture, N.O for cefdinir 300mg BID for 7 days, NP made aware, culture results will be faxed to our facility.</p> <p>R5's Urine culture, dated 3/28/24, documented, (R5) was positive for Citrobacter freundii and Enterococcus faecalis VRE (Vanomycin Resistance Enterococcus) in the urine.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's After Visit Summary, dated 3/8/24, documented R5 was diagnosed with a UTI.</p> <p>On 4/26/24 at 10:50 AM, catheter/perineal care was observed on R5 with V14, CNA, and V15, Restorative CNA, with the following noted: V14 and V15 washed their hands and donned gloves. V14 then went to R5, began moving the blankets off of R5 and then took the bed remote and adjusted the bed. V14 then took wipes out of the package, placing them on the bed with no barrier. V14 then took the wipe and performed catheter care. V14 did not maintain clean/dirty field while performing care. V14 did not change gloves or perform hand hygiene until catheter/perineal care was completed the clean incontinence brief was applied.</p> <p>On 4/26/27 at 7:45 AM, V11, LPN (Licensed Practical Nurse), the facility has a lot of UTIs, and she isn't sure if it is because of not being properly cleaned or different reasons.</p> <p>On 4/26/24 at 7:55 AM, V2, DON, stated they have UTIs every once in a while, and denied concerns.</p> <p>The Perineal Care policy, dated 6/2015, documented, Perineal care is provided to clean the perineum, prevent infection and odors, and provide comfort.</p> <p>The Incontinence Care policy, dated 5/2015, documented, Incontinence care is provided to keep residents as dry, comfortable and odor free as possible. Cleansing should always be from front to back.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>42636</p> <p>Based on interview and record review, the facility failed to provide adequate CNA (Certified Nursing Assistant) coverage for residents reviewed for staffing. This failure has the potential to affect all 45 residents residing in the facility.</p> <p>Findings include:</p> <p>On 4/25/24 at 7:50 AM, R2 stated, Sometimes, on the weekend or evening/night time they only have 1 nurse and 1 CNA working.</p> <p>On 4/25/24 at 12:50 PM, R3 stated, They need more CNAs and nurses in the evening and at night.</p> <p>On 4/25/24 at 12:45 PM, R4 stated, They need more CNAs and nurses in the evening and at night.</p> <p>On 4/25/24 at 3:00 PM, V7, CNA, stated she was the only CNA working evenings tonight that is employed by the facility. V7 also stated there were two agency CNAs working and two nurses. V7 stated they are short all the time in the evening.</p> <p>On 4/25/24 at 3:40 PM, V9, RN (Registered Nurse), stated, They need more CNAs; it varies but they need more help on the evening shift.</p> <p>On 4/25/24 at 3:45 PM, V9, LPN (Licensed Practical Nurse), stated during the day, they have enough CNAs and nurses, but she thinks they need more CNAs during the evening and night time.</p> <p>On 4/26/24 at 7:55 AM, V2, DON (Director of Nurses), stated the nurses and CNAs work 8 hour shifts and she staffs as follows each shift: Day shift 2 Nurses, 4 CNAs; Evening shift 2 Nurses, 3 CNAs; Night shift 1 Nurse and 2 CNAs. V2 also stated they are currently using agency and trying to recruit nurses and CNAs. V2 stated they are getting a plan in place to go to the local colleges that offer the CNA and nursing programs to recruit new graduates. V2 also stated if they have a CNA or nurse that calls off or doesn't show up for their shift, first she will reach out to her own staff, if no one agrees to come in, she will call agency for coverage and then if that doesn't work, she'll post a premium and that will get them here.</p> <p>On 4/26/24 at 8:55 AM, V1, Administrator, stated in January and February 2024, their CNA and nurse staffing was great, now they have more call offs. V1 also stated she uses a staffing grid that is based off of their census to know how many CNAs and nurses to schedule. V1 stated they are approved based off of their census for the following: Days - 2 Nurses, 5 CNAs (1 of those CNAs are on light duty); Evenings - 2 Nurses, 3 CNAs; Nights - 1 Nurse and 2 CNAs. V1 continued to state that they also have 3 nurse managers and if they can't get a shift covered, they will come in and work.</p> <p>On 4/26/24 at 10:10 AM, V3, SSD (Social Services Director), stated staffing was a concern, they had a lot of staff leave within a week to go to other facilities for a higher pay rate. V3 stated they do use agency for staffing, and she (V3) was also a CNA, so she has worked the floor many times.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The Daily Staffing Sheets were reviewed from 4/1/24 - 4/25/24 with the following noted: 4/14/24 - Days - 1 LPN, 1 RN, 2 CNAs, Evenings - 1 LPN, 1 RN, 1 Nurse in training, 2 CNAs; 4/13/24 - Evenings - 1 LPN, 1 RN, 2 CNAs; 4/7/24 - Evenings - 1 LPN, 1 RN, 2 CNAs.</p> <p>The Staffing policy, dated 6/2015, documented, The facility is to have appropriate numbers of staff available to meet the needs of the residents.</p> <p>The Midnight Census Report, dated 4/25/24, documented there were 45 residents residing in the facility.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>42636</p> <p>Based on interview and record review, the facility failed to administer pain medication as ordered by the physician in 1 of 3 residents (R2) reviewed for pharmacy services in the sample of 5.</p> <p>Findings include:</p> <p>R2's Face Sheet, undated, documented R2 had a diagnosis of Chronic Pain.</p> <p>R2's Physician Order Sheet, documented the following order, 4/18/24 Hydrocodone/Acetaminophen 10/325mg (milligrams), give one tablet by mouth every 4 hours.</p> <p>R2's MAR (Medication Administration Record), dated February 2024, documented the following order, 2/9/24 through 2/20/24 - Hydrocodone/Acetaminophen 10/325mg, give on tablet by mouth 4 times a day and every 6 hours as needed for pain.</p> <p>R2's MAR, dated April 2024, documented the Hydrocodone/Acetaminophen was not administered 4 times as ordered.</p> <p>R2's MDS (Minimum Data Set), dated 2/16/24, documented R2 had a BIMS (Brief Interview for Mental Status) score of 15 which indicates that R2 was cognitively intact.</p> <p>R2's Care Plan, dated 2/12/24, documented, (R2) has an alteration in comfort.</p> <p>R2's Progress Note, dated 2/10/24 at 1:26 PM, documented, Medication Administration Note - New admit, awaiting medication from pharmacy.</p> <p>R2's Progress Note, dated 2/13/24 at 1:04 PM, documented, Pharmacy contacted about res Norco (Hydrocodone/Acetaminophen) prescription. Needs a hard script from NP (Nurse Practitioner)/MD (Medical Doctor) to fulfill order. NP made aware via phone. Awaiting script to be sent to pharmacy.</p> <p>R2's Progress Note, dated 4/9/24 at 6:30 PM, documented, At 6:00 PM, this nurse informed resident that a call was placed to pharmacy regarding medication order for Norco (Hydrocodone/Acetaminophen). Per pharmacy, medication to be delivered on 4-9-2024 during evening run. Per resident I can wait until it comes. No other concerns at this time.</p> <p>R2's Progress Note, dated 4/9/24 at 9:07 PM, documented, 8:30 this evening, resident yelling and screaming out at staff regarding his pain medication. This nurse entered residents room and informed resident medication to be delivered this evening. Per resident I been waiting all f***** day. This nurse, with pharmacy assistance, removed Norco (Hydrocodone/Acetaminophen) 10/325mg from emergency kit and administered it to resident at 8:50 PM resident complaining of pain to legs and back. Results pending.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/25/24 at 7:50 AM, R2 stated when he came to the facility, he didn't get any medications for a week and they ran out of his pain medication. R2 stated the nurse told him they were sending them in, but the pharmacy wasn't refilling them.</p> <p>On 4/26/24 at 7:55 AM, V2, DON (Director of Nurses), stated, If a resident is out of a pain medication, they call the NP (Nurse Practitioner) to get a written prescription and then send it to pharmacy. If they have the medication available in the Pyxis (emergency medication kit), they can get it from there. V2 stated, All the nurses have access to the Pyxis system, if they don't already have a password/code, they can call the pharmacy to get one 24/7.</p> <p>The Medication Administration policy, dated 6/2015, documented, All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms and help in diagnosis. Document as each medication is being prepared on the MAR. If a medication is ordered, but not present, check to see if it was misplaced and then call the pharmacy to obtain the medication. If available, obtain it from the contingency or convenience box.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42636</p> <p>Based on interview and record review, the facility failed to provide quality and good tasting food to 3 of 3 residents (R2, R3, R4) reviewed for food palatability, in the sample of 5.</p> <p>Findings include:</p> <p>1. On 4/25/23 at 7:55 AM, R2 stated he doesn't get a full meal, and it tastes horrible. R2 also stated this happens more for the evening meal.</p> <p>R2's MDS (Minimum Data Set), dated 2/16/24, documented R2 had a BIMS (Brief Interview of Mental Status) of 15, indicating R2 was cognitively intact.</p> <p>R2's Grievance, dated 3/26/24, documented R2 filed a grievance in reference to the unsatisfactory food here. The summary was that R2 was educated on the always available menu items and substitutions are available upon request.</p> <p>2. On 4/25/24 at 12:45 PM, R4 stated the food quality was terrible, tasted bad, and sometimes the portions weren't big enough. R2 stated some nights she goes to bed still hungry.</p> <p>R4's MDS, dated [DATE], documented R4 had a BIMS score of 13, indicating R4 was cognitively intact.</p> <p>3. On 4/25/24 at 12:50 PM, R3 stated the food quality and taste is horrible.</p> <p>R3's MDS, dated [DATE], documented R3 had a BIMS score of 14, indicating R3 wa cognitively intact.</p> <p>The Resident Council Note, dated 3/22/24, documented, Dietary, issues/concerns with quality and variety of food, no meat for breakfast and the residents don't want the same meal 3 days in a row.</p> <p>On 4/25/24 at 3:40 PM, V9, RN (Registered Nurse), stated the residents complain about the taste/quality of food and the portion sizes.</p> <p>On 4/26/24 at 7:45 AM, V11, LPN (Licensed Practical Nurse), stated some of the residents complain about the food, but they eat it.</p> <p>On 4/26/24 at 8:55 AM, V1, Administrator, stated the portion sizes at meals are good. V1 stated the menu options aren't the greatest, but they do have a new menu coming out with more meat and potatoes, hearty meals, because that is what the residents are requesting. V1 also stated some residents also like to order out, and the facility has grilled cheese, hamburger, cottage cheese; things like that are always available.</p> <p>On 4/26/24 at 10:00 AM, V13, Dietary Manager, stated she has not had any complaints brought to her attention regarding the food. V13 stated they follow the menu and production guide for guidance. V11 stated the production guide, documents the scoop size to be utilized to ensure the proper portions are being served.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/26/24 at 10:10 AM, V3, SSD (Social Services Director), stated she has had residents complain about the food presentation, taste, stating its slop lately. V3 also stated the food has been an issue for the past year.</p> <p>The facility was unable to provide a policy for Food Palatability when requested.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42636</b></p> <p>Based on observation, interview, and record review, the facility failed to adhere to infection control practices to prevent infections in 2 of 3 residents (R1, R5) reviewed for Infection control in the sample of 5.</p> <p>Findings include:</p> <p>1. R1's Face Sheet, undated, documented the following diagnoses: Acute Cystitis, Polyuria, Alzheimer's Disease and Need for Assistance with Personal Care.</p> <p>R1's MDS (Minimum Data Set), dated 4/1/24, documented R1 was dependent with toileting and incontinent of bowel and bladder.</p> <p>R1's Care Plan, dated 1/1/24, documented R1 had an ADL (Activities of Daily Living) deficit.</p> <p>R1's Progress Note, dated 4/17/24 at 1:19 PM, documented, Resident difficult to arouse, resident did not eat breakfast or lunch, resident did take her medication, Vital signs were WNL (within normal limits), except oxygen was between 70-60's, oxygen placed at 2 L (liters) per N/C (nasal cannula), oxygen now at 95%, MD (medical doctor) assessed resident, new order received to send out for evaluation and treatment, daughter will meet resident at the hospital.</p> <p>R1's Progress Note, dated 4/17/24 at 8:27 PM, documented R1 was admitted to the hospital for UTI.</p> <p>R1's Progress Note, dated 4/20/2024 at 3:30 PM, documented the following: readmitted from the hospital, to room [ROOM NUMBER] A at 12:30. Arrived per ambulance. Diagnosis of UTI. Alert, rambling, and confused. Skin warm and dry, respirations non labored on room air. Noted several small bruises to both forearms, possible venipunctures. No other skin issues noted at this time.</p> <p>R1's Post Acute Transfer Record, dated 4/17/24, documented R1 was admitted to the hospital on 4/17/24 with a primary problem of Acute Cystitis with Hematuria.</p> <p>On 4/25/24 at 11:35 PM, perineal care was observed on R1 with V4, CNA (Certified Nurses Assistant), and V6, CNA, with the following noted: V4 came into R1's room with gloves on. No hand hygiene was performed and gloves were not changed during perineal care. V4 touched the inside of the clean incontinence brief and then grabbed clean wipes. V4 pulled down the front of R1's incontinence brief, which was soiled with urine and feces. V4 then took 1 wipe and wiped down the center of R1's labia. V4 and V6 then turned R1 onto her left side, used the soiled incontinence brief, V4 wiped downward towards R1's urethra and then removed the brief. V4 then took a clean wipe, wiped downward towards R1's urethra then disposed of the wipe. V4 did this several times. V4 and V6 then turned R1 onto her back and using a clean wipe, wiped down the center of the labia and then disposed of the wipe. V4 and V6 then placed the clean brief on R1 before cleansing the rest of R1's perineal area, leaving R1 still soiled with urine and feces.</p> <p>2. R5's Face Sheet, undated, documented R5 had a diagnosis of Obstructive and Reflux Uropathy and Retention of Urine.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145656	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/26/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Godfrey		STREET ADDRESS, CITY, STATE, ZIP CODE  1623 29 West Delmar Godfrey, IL 62035	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's MDS, dated [DATE], documented R5 was dependent with toileting and has an indwelling urinary catheter.</p> <p>R5's Care Plan, dated 2/19/24, documented R5 required assistance with ADLs, required the use of an indwelling urinary catheter and is at risk for infection.</p> <p>R5's Progress Note, dated 3/8/24 at 8:55 AM, documented the following: Resident very confused, hard to arouse, resident normally A&amp;O (alert and oriented) times 3-4. Resident A&amp;O to self at this time, resident vital signs taken, and are as follows Temperature 96.8, Oxygen saturation 97%, Pulse 67, Blood Pressure 146/82, resident currently on antibiotic related to pneumonia, more edema noted to BLE (bilateral lower extremities), NP made aware with orders for UA (Urinalysis), CBC (Complete Blood Count), and CMP (Comprehensive Metabolic Panel) on 3/11/24.</p> <p>R5's Progress Note, dated 3/8/24 at 8:29 PM, documented the following: Resident returned from ER (emergency room ) via ambulance with 3 attendants. Resident returned with a diagnosis of Weakness, UTI, Urinary retention and an indwelling urinary catheter. New order for Macrobid 100 mg (milligrams) capsule by mouth twice daily for 5 days. Caregiver also present in room with resident. DON (Director of Nurses) made aware. Resident resting in bed with call light within reach.</p> <p>R5's Progress Note, dated 4/1/24 at 12:09 PM, documented the following: UA reported to MD (Medical Doctor), N.O (new order) for Cipro 500mg BID (twice daily) 5 days for UTI.</p> <p>R5's Progress Note, dated 4/2/24 at 1:00 PM, documented the following: NP (Nurse Practitioner) here and reviewed urine culture. changed antibiotic from Cipro, to Macrobid. Order processed. Residents contact person notified.</p> <p>R5's Progress Note, dated 4/16/24 at 1:14 PM, documented the following: Call received from urology in regards to urine culture, N.O for cefdinir 300mg BID for 7 days, NP made aware, culture results will be faxed to our facility.</p> <p>R5's Urine culture, dated 3/28/24, documented R5 was positive for Citrobacter freundii and Enterococcus faecalis VRE (Vanomycin Resistance Enterococcus) in the urine.</p> <p>R5's After Visit Summary, dated 3/8/24 documented R5 was diagnosed with a UTI.</p> <p>On 4/26/24 at 10:50 AM, catheter/perineal care was observed on R5 with V14, CNA, and V15, Restorative CNA, with the following noted: V14 and V15 washed their hands and donned gloves. V14 then went to R5, began moving the blankets off of R5 and then took the bed remote and adjusted the bed. V14 then took wipes out of the package, placing them on the bed with no barrier. V14 then took the wipe and performed catheter care. V14 did not maintain clean/dirty field while performing care. V14 did not change gloves or perform hand hygiene until catheter/perineal care was completed the clean incontinence brief was applied.</p> <p>On 4/26/27 at 7:45 AM, V11, LPN (Licensed Practical Nurse), stated the facility has a lot of UTIs and she isn't sure if it is because of not being properly cleaned or different reasons.</p> <p>On 4/26/24 at 7:55 AM, V2, DON, stated they have UTIs every once in a while, and denied concerns.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Hand Hygiene policy, dated 6/2015, documented, Proper hand hygiene is necessary for the prevention and the transmission of infectious disease.</p> <p>The Perineal Care policy, dated 6/2015, documented, Perineal care is provided to clean the perineum, prevent infection and odors, and provide comfort.</p>		