

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  04/09/2025
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 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 medications as ordered by the physician in 2 of 4 residents (R2, R3) reviewed for pharmacy services in the sample of 4.</p> <p>Findings include:</p> <p>1. On 4/8/25 at 11:55 AM, V5, R2's Daughter, stated R2 had not been receiving her daily medications.</p> <p>R2's Face sheet, undated, documents R2 has the following diagnoses: Three Part Fracture of the Left Humerus, COPD (Chronic Obstructive Pulmonary Disease), Neuropathy, MDD (Major Depressive Disorder), CHF (Congestive Heart Failure), Cardiac Pacemaker and Defibrillator, History of Falling, Arthropathy, Gout, HTN (Hypertension), Low Back Pain, and Chronic A. Fib (Atrial Fibrillation).</p> <p>R2's MAR (Medication Administration Record), dated 4/1/25 through 4/30/25, documents the following physician orders, dated 4/1/25: Spironolactone Oral Tablet 25 MG (Milligrams) give 0.5 tablets by mouth one time a day for High Blood Pressure; Sertraline HCl (Hydrochloride) Oral Tablet 25 MG give 1 tablet by mouth one time a day for Depression; Furosemide Oral Tablet 40 MG give 1 tablet by mouth one time a day for Cardiac Failure; Empagliflozin Oral Tablet 10 MG give 1 tablet by mouth one time a day for Heart Failure; Neurontin Oral Capsule 100 MG give 1 capsule by mouth one time a day for Neuropathy; Protonix Tablet Delayed Release 40 MG give 1 tablet by mouth one time a day for GERD; Clopidogrel Bisulfate Tablet 75 MG give 1 tablet by mouth one time a day for blood clot prevention; - Atorvastatin Calcium Oral Tablet 40 MG give 1 tablet by mouth one time a day; and Amiodarone HCl Oral Tablet 200 MG give 1 tablet by mouth one time a day for Atrial Fibrillation. The MAR goes on to document those medications were not administered on 4/2/25 or 4/3/25.</p> <p>R2's Progress Notes, dated 4/2/25 and 4/3/25, document these medications were not administered due to not on hand.</p> <p>2. On 4/8/25 at 8:00 AM, R3 stated she is supposed to get 4 calcium carbonates after meals, and they were out for a while, so she wasn't getting them.</p> <p>R3's Face sheet, undated, documents R3 has a diagnosis of GERD (Gastro-Esophageal Reflux Disease).</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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's MAR, documents an order, dated 3/22/25, for Calcium Carbonate Oral Tablet Chewable 500 MG (Antacid) give 4 tablets by mouth three times a day for supplement. R3's MAR goes on to document that R3 did not receive her medication as ordered on 3/22/25, 3/23/25, 3/24/25, 3/25/25, 3/26/25, and 3/27/25; therefore, missing a total of 8 doses.</p> <p>R3's MDS (Minimum Data Set), dated 3/29/25, documents R3 has a BIMS (Brief Interview of Mental Status) score of 14, indicating R3 is cognitively intact.</p> <p>R3's Care plan, dated 3/24/25, documents R3 has a diagnosis of GERD and is at risk for complications related to hyperacidity with an intervention to administer medications as ordered.</p> <p>On 4/8/25 at 4:44 PM, V2, Director of Nurses, stated medications are to be given as ordered by the physician.</p> <p>The Medication Administration Policy, dated 6/2015, documents all medications are to be administered safely and appropriately to aid the residents to overcome illness, relieve and prevent symptoms and help in diagnosis.</p>		