STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145656	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bria of Godfrey	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to have a supporting diagnosis for a prescribed antipsychotic for 1 of 6 residents (R6); reviewed for chemical restraints in a sample of 7.Findings include:R6's Facesheet with a print date of 5/4/26, documented she was admitted to the facility on [DATE] and was discharged on 2/5/26. R6's Facesheet also documented she was admitted with the following diagnoses of fracture of right tibia, fracture of upper and lower end of right fibula, alcohol abuse, insomnia, and major depressive disorder.R6's Minimum Data Set (MDS), dated [DATE], documented she was cognitively intact.R6's Medication Order Audit documented V25, Licensed Practical Nurse (LPN), placed an order on 1/16/26 at 9:44 PM for Quetiapine Fumarate oral tablet 50 mg (milligrams) to be given 1 tablet by mouth two times a day for prophylaxis. Additional information on the order documented in red letters Alert? Black Box Warning! R6's Order details on Quetiapine also documented under notes to obtain informed consent. The Order details documented V21 (Medical Director) was the ordering provider.R6's Hospital History and Physical, dated 12/30/26, did not document her being prescribed Quetiapine.R6's Rehabilitation prescriptions, dated 1/14/26, did not document a prescription for Quetiapine.R6's Medication List from previous facility, dated 1/23/26, did not include Quetiapine.R6's Consent for Psychotropic Medications, dated 1/23/26, did not include consent for Quetiapine.R6's Medication Administration Record (MAR) for January 2026 documented R6 was administered Quetiapine from 1/17/26-1/23/26.On 4/22/26 at 10:15 AM, V5 (Hospital Social Worker) stated R6 first came from a different facility that she did not have good experiences at, and had her daughter take her home after only a few days but was sent back to the hospital and discharged to this facility for higher level care. V5 stated R6 reported the facility kept her doped up and took 10 pills at one time but didn't know what they were.On 5/4/26 at 1:40 PM, V2, Director of Nursing (DON), stated she could not find a reason R6 was prescribed Seroquel (Quetiapine); just that the medication is ordered on provider assessments. V2 stated she does not know who originally placed R6 on Seroquel or if she was on it prior to admission.On 5/4/26 at 2:00 PM, V24, Advanced Practice Registered Nurse (APRN), stated she was unable to find a supporting diagnosis for R6 to be on Quetiapine (Seroquel), so she discontinued it. V24 stated she was not sure why R6 was on Seroquel, but it was not appropriate for her. V24 stated she doesn't remember any reports of R6 having side effects from the medication such as slurred speech or being overly tired. V24 stated on 1/20/26, R6 had no mental status change and did not have slurred speech. V24 stated she remembers R6 was admitted to the facility disoriented to begin with and she believed that to be related to DTs (Delirium tremens) from alcohol use, however, she improved throughout her stay, never reported to have any declines. V24 stated for R6 to be on 10 or more pills would be appropriate considering all her treatment needs and supplementation; you can be on 10 or more pills and be medicated appropriately. V24 stated it is a case-by-case situation to be over medicated but having been on 10 or more pills at once does not mean being overmedicated. V24 stated she did not see any harmful effects of Seroquel on R6 and does not believe it to cause any harm for her in particular at her age. V24 stated R6 has recurrent major depressive disorder, alcohol withdrawals and insomnia which is all why she was on (continued on next page)

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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F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ramelteon, Sertraline, Trazadone, and Fluoxetine and these all had appropriate diagnosis.On 5/5/26 at 8:34 AM, V3 (Assistant DON) stated she had been doing psych (psychological) audits for the facility when she saw R6 was on Quetiapine for prophylaxis, which is not an appropriate diagnosis to be prescribe that medication for. V3 stated they calledV24 (APRN) and came to the conclusion R6 should not be on the medication and discontinued it. V3 stated the expectation for antipsychotics is have an appropriate supporting diagnosis to be prescribed them.The facility's Psychotropic Medication Program Policy, dated 10/2024, documented, The second purpose of this process is to ensure the resident is evaluated and the indication for the medication is documented within the medical record including but not limited to the nursing staff, social services, activities and the physician. Also, the resident and or resident representative are aware of the potential side effects and the facility obtains an informed consent for the use of the psychotropic medication.