

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

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 07/16/2026
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)		
F 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to convey within 30 days the resident's funds, and a final accounting of those funds, to the resident for 1 of 3 resident (R3) reviewed for resident funds in the sample of 10. The findings include: R3's admission Record, dated 7/15/26, documents R3 was admitted to the facility on [DATE] and was discharged on 11/24/25. On 7/13/26 at 2:10 PM, R3 stated he was discharged from the facility the last week in November 2025. R3 stated he was supposed to get money back from this facility but never received any. R3 stated when he called the facility, he was told they had already sent the check back in April. R3 stated he volunteered to go to facility to pick up the check and the facility told him no because they already sent it to him. R3 stated someone from his current facility also called this facility to inquire about his money and was told they contacted Social Security and they had sent \$720 back to the facility and R3 stated he should have that money too. R3 stated the facility never told him how much they wrote the check for and does not know for sure how much he should receive. When asked about the amount stated in the complaint (\$359.75), R3 stated he does not know where that amount came from. R3 stated he has not heard back from this facility since April 2026. On 7/14/26 at 10:34 AM, V10, Business Office Manager (BOM), stated, I just started on June 1st, and I am not aware of (R3) waiting on a check. I just got a check approved to be sent that I just printed and was going to send to him today. It is dated July 1, 2026, and is for \$689.08. I have never spoken to (R3) about his money. When asked what the process is for a resident getting discharged to get his money owed, V10 stated, When a resident is discharged and they have money in their trust account, I order a check request, then once it is approved, I print the check off and mail to that individual. V10 stated, My corporate BOM may know more about (R3). On 7/4/26 at 10:40 AM, V11, Corporate BOM, stated, It was brought to my attention about a month ago regarding (R3) still having funds with the facility. I reached out to our billers and there was supposed to be a check issued from out AR (accounts receivable) for an overpayment, however that went to Social Security. Our RFMS Trust, which is the resident's accounts, should have sent the remaining balance directly to him. I see where a check was sent to him on 5/28/26 and was voided because it was never received by the resident. Then a second check was sent out on 6/9/26 and again was returned because it was never received by resident. Now we have a new one dated 7/1/26, that (V10) is sending out today. When asked once a resident is discharged, how long before a resident receives his money, V11 stated, The discharged resident should get his/her money within 30 days of discharge. V10 and V11 were discussing R3's present location and V10 was planning on sending the check to the address listed in his Electronic Medical Record. V11 stated, He does not live there, he resides at (another facility in a different town). V10 stated, I'm glad I saw that because I was going to mail it to the address in the computer. V10 stated she was planning on calling R3 at his current location and letting him know his check is on its way. On 7/14/26 at 11:38 AM, V12, Regional Nurse (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 0569 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Consultant (RNC), stated, I was just told about (R3's) money owed and I am having his check delivered to him today. I also told (V10) to run an audit to make sure there is no other residents that is owed money. On 7/15/26 at 3:37 PM, V1, Administrator, stated, I would expect the BOM to keep up with any money due to a resident and to get it to them within 30 days after discharge. The facility's Resident Trust Fund Banking Policy, dated 11/2025, documents, Resident monies shall be held in their facility trust fund (RFMS) which is overseen by the Business Office. Monies shall be made available whenever consumers/residents want to make a withdrawal on their specific banking day(s). All Trust fund accounts will be closed upon permanent discharge or expiration of the resident within 15 calendar days but not to exceed into the next month and a check will be issued to: Resident - if the resident transferred back to community or another facility and the facility was Rep Payee are to be sent to your local Social Security office, marked as Conserved Funds. If facility not Rep Payee a check will be issued in the resident's name for funds left in Trust Fund account.		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide Oxygen (O2) to a resident while the resident is out of their room for 2 of 3 residents (R4, R7) reviewed for residents receiving Oxygen in the sample of 10. The findings include:1. R7's admission Record, dated 7/15/26, documents R7 was admitted to the facility on [DATE] with diagnosis of Cerebral Infarction, Hemiplegia, Chronic Obstructive Pulmonary Disease (COPD), Acute Respiratory Failure, Right Above Knee Amputation (AKA), Obesity, Hereditary and Idiopathic Neuropathy, Hypothyroidism, and Peripheral Vascular Disease (PVD). R7's Care Plan, dated 7/14/26, documents R7 has potential for difficulty in breathing r/t (related to) COPD, Acute Respiratory Failure and recent trachea decannulation. R7 had a tracheostomy prior to admission which is no longer present. Interventions: Administer oxygen as ordered, assess respiratory status: rate, depth, pattern, skin color, head of bed elevated to prevent shortness of breath, monitor every shift for shallow respiration, diaphoresis, dyspnea, observe for changes in breathing pattern. R7's Minimum data Set (MDS) has not been completed. R7's Brief Interview for Mental Status (BIMS), dated 7/10/26, documents R7 has a moderate cognitive impairment. On 7/13/26 at 4:08 PM, R7 was seen lying in bed on O2 at 4 Liters (L)/Nasal Cannula (NC) while hooked to a concentrator. R7 stated she always has her O2 on and has not run out, but if she gets out of her bed or goes out of her room, sometimes the staff will take her concentrator with her and sometimes not. On 7/14/26 at 8:24 AM, R7 was seen in the dining room for breakfast with no O2 on. When asked about her O2, R7 stated, I told them I needed it, and they didn't bring it with me. When asked how she is doing without it, R7 stated, I am a little short of breath right now. R7's Physician Order, dated 7/10/26, documents, Oxygen at 3 LPM (liters per minute) per nasal cannula, every 24 hours as needed for Shortness of Breath. On 7/14/26 at 9:20 AM, R7 was pushed back to her room after breakfast and left sitting in her wheelchair by the side of her bed. R7 had her call light on because she wanted to get back in bed. R7's breathing appeared to be slightly labored with R7 stating, I feel a little short of breath, can you send someone in to help me? On 7/14/26 at 9:25 AM, V7, Certified Nursing Assistant (CNA), was outside R7's door and advised R7 requested someone to help her. V7 entered, turned off the call light, saw R7 breathing heavy and stated, Are you alright? R7 stated, I'm out of breath and want to get back in bed. V7 stated, I have to go get someone to help me with the (full body mechanical lift) and left the room. V7 was seen going down the hall and assisting other residents sitting in wheelchairs by the nurse's desk and taking them to their rooms. V7 did not tell the nurse at the desk that R7 was Out of breath, so no nurse arrived to assess R7. On 7/14/26 at 9:35 AM, V7, and V8, CNA, entered to transfer R7 to bed. Upon getting R7 back in bed, R7 instantly stated, Raise my head, raise my head. V7 raised R7's head of bed, put R7's O2 NC on her and then turned on the O2 concentrator. R7 stated, I feel better, much better with the O2 on. and calmed herself down. On 7/14/26 at 12:20 PM, when asked if she was going to the dining room for lunch, R7 stated, I'm just going to eat lunch in bed because I am still a little short of breath. On 7/14/26 at 2:18 PM, V13, Registered Nurse (RN), stated, No one told me that (R7) was short of breath. This is my first time working with her. I'm not sure if they always take her O2 with her to the dining room. V13 asked R7 Do they usually take your Oxygen with you to the dining room? How many times out of 10 would you say they take it with you?, with R7 responding One. V13 asked R7 how she feels now, R7 responded, I'm ok now with my Oxygen on. V13 stated, They should have told me that (R7) was short of breath, I would have checked on her. On 7/15/26 at 8:40 AM, V17, R7's family member, stated, I have not seen (R7) out of her room when I visit. Every time I have been here she has been on her (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Oxygen. I think at this point, she is going to have it on all the time because she gets short of breath when she's not on it. She's getting discharged from this facility and going back to her previous facility where her friends are. They always gave her a portable Oxygen tank on the back of her wheelchair that she used when leaving her room. 2. R4's admission Record, dated 7/15/26, documents R4 was admitted to the facility on [DATE] and was discharged on 6/24/26 with diagnosis of Metabolic Encephalopathy, COPD, Chronic Respiratory Failure, Obstructive and Reflux Uropathy, Dementia, Major depressive disorder, Anxiety disorder, Post Traumatic Stress Disorder (PTSD), Hypertension (HTN), Congestive Heart Failure (CHF), Atrial Fibrillation, Diverticulitis, Irritable Bowel Syndrome (IBS), Fibromyalgia, Cardiac Pacemaker, and is Dependent on Oxygen.R4's Care Plan, dated 3/30/26, documents R4 requires assist with daily care needs. 4/7/26: R4 has potential for difficulty in breathing r/t COPD, Chronic Respiratory Failure and CHF. She removes her O2 several times per day when she is in bed and when up in her chair. Staff redirects her to put the nasal canula in multiple times a day. Interventions: Administer oxygen as ordered, assess respiratory status: rate, depth, pattern, skin color, head of bed elevated to prevent shortness of breath, monitor O2 saturation if indicated per MD (medical doctor), monitor vital signs and lung sounds. R4's MDS, dated [DATE], documents R4 has a severe cognitive impairment and required substantial/maximal assistance for toileting, and partial/moderate assistance for other ADLs. R4 was frequently incontinent of both bowel and bladder.On 7/13/26 at 2:35 PM, V5, R4's family member, stated she walked in one day and R4 didn't have her O2 on and she is supposed to have it on 24/7 (24 hours a day, 7 days a week) at 3 L/NC. V5 stated she knew R4 would frequently take off her O2, but it wasn't even in the room for her to use, and she would find the tank sitting at the nurse's desk. V5 stated they would put her on a portable tank, and it would be empty. V5 stated she had an O2 machine in her room and all it did was beep one night and no one ever did anything about it. V5 stated she told V1, and V1 blew it off and did nothing. On 7/15/26 at 12:40 PM, V18, Registered Nurse/RN, stated, If a resident is on O2 24/7, then their O2 concentrator will come with them wherever they go, if it is just PRN (as needed), we leave it up to that resident if they need it and if they say yes, then it should be with them and on. The CNAs should let the nurse know if resident is short of breath so they can be assessed. On 7/15/26 at 2:10 PM, V19, CNA, stated, If a resident is on continuous O2 and I have to take them out of the room, I will notify the nurse, and the nurse will take the O2 concentrator out with them. If the resident is on O2 PRN, I will ask the resident if they need it, and if they say they do, then I will tell the nurse to bring the O2 with them. If I find the resident short of breath, I will inform the nurse right away. On 7/15/26 at 2:12 PM, V8, CNA, stated, I ask the resident if they need O2 when getting them out of bed or going to the dining room and if they do, I get the nurse to take the O2 there. The resident will say if they need it or not and I go by what they say. If the resident is short of breath, I will let the nurse know. On 7/15/26 at 10:45 AM, V2, Director of Nursing (DON), stated, I would expect all staff to provide Oxygen to any resident who is on and requesting to use Oxygen and to notify the nurse if a resident is complaining of shortness of breath. Facility Grievance Form, dated 6/11/26, documents V5, R4's family member, complained of, This is on-going problem. I know she takes her hose off, but not in room at all. If you would like to talk call me, I have pictures. Description: Got her a little after 7:00 PM. Mom in bed her O2 machine not in her room & hooked up. They left in the hallway. Bed broke, won't move at all. Steps of investigation: Monitoring resident and talking with staff. Summary/Findings: Resident had just been assisted to bed and staff were bringing her O2 concentrator to her room. Recommendation/Action taken: 1 staff member to push resident w/c (wheelchair) and 1 staff member to push O2 concentrator at the same time. The facility's Oxygen Delivery System Policy, dated 12/1/25, documents, It is the policy of this facility that oxygen will be delivered to the residents (continued on next page)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	based upon physician's orders utilizing the following systems: A. Oxygen concentrators providing> 93% oxygen concentration at flow rates ranging from 1LPMto 10LPM. B. There will always be an adequate number of additional oxygen delivery systems available in the facility to accommodate for new admissions, replacement of concentrators when indicated and for emergency situations. The facility's Oxygen Therapy Policy, dated 12/1/25, documents, It is the policy of this facility that oxygen shall be used in a safe and effective manner in accordance with applicable rules and regulations and the standard of care.		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation, and record review, the facility failed to provide a functional sink for 2 of 10 residents (R1, R4) reviewed for functional equipment to maintain a homelike environment in the sample of 10. The findings include: 1. R1's admission Record, dated 7/15/26, documents R1 was admitted to the facility on [DATE] with diagnosis of Colitis, Clavicle fracture, Myelodysplastic syndrome, Anxiety disorder, Dementia, Attention Deficit Hyperactivity Disorder (ADHD), Opioid dependence, Chronic pain syndrome, Major depressive disorder, Dyskinesia, Osteoporosis, Scoliosis, Dorsalgia, Irritable Bowel Syndrome (IBS), and Falls. R1's Care Plan, dated 2/23/26, documents R1 requires assist with daily care needs related to (r/t) diagnoses of right clavicle fracture, Myelodysplastic Syndrome, Dementia. R1 receives Physical Therapy (PT) and Occupational Therapy (OT) therapy services. R1 is at high risk for falls. R1 is continent of bowel and occasionally incontinent of bladder. 5/29/26: R1 has impaired physical mobility due to diagnoses of drug induced subacute dyskinesia (Tardive dyskinesia), muscle weakness, right clavicle fracture and Scoliosis. R1's Minimum Data Set (MDS), dated [DATE], documents R1 has a moderate cognitive impairment and requires substantial/maximal assistance for toileting and transfers, and requires partial/moderate assistance for other Activities of Daily Living (ADLs). R1 is occasionally incontinent of both bowel and bladder. On 7/14/26 at 8:15 AM, R1 stated, My toilet was broke (sic) for few days and I had to use the shower room. My sink isn't working now; it overflows all over. R1's sink was seen with plastic over it and not in working order. 2. R4's admission Record, dated 7/15/26, documents R4 was admitted to the facility on [DATE] and was discharged on 6/24/26 with diagnosis of Metabolic Encephalopathy, COPD, Chronic Respiratory Failure, Obstructive and Reflux Uropathy, Dementia, Major depressive disorder, Anxiety disorder, Post Traumatic Stress Disorder (PTSD), Hypertension (HTN), Congestive Heart Failure (CHF), Atrial Fibrillation, Diverticulitis, Irritable Bowel Syndrome (IBS), Fibromyalgia, Cardiac Pacemaker, and is Dependent on Oxygen. R4's Care Plan, dated 3/28/26, documents R4 is at high risk for falls r/t history of falling, restlessness and metabolic encephalopathy. R4 needs assistance with toileting hygiene due to occasional incontinence of bowel and bladder. R4 requires assistance with repositioning in bed and also with transferring. 3/30/26: R4 requires assist with daily care needs. 4/15/26: R4 has a self-care deficit in toileting r/t no longer having an indwelling catheter and need for bowel training due to occasional incontinence of bowel. R4's MDS, dated [DATE], documents R4 has a severe cognitive impairment and required substantial/maximal assistance for toileting, and partial/moderate assistance for other ADLs. R4 was frequently incontinent of both bowel and bladder. On 7/13/26 at 2:35 PM, V5, R4's family member, stated, (R4) was in room (#) and her toilet would never flush, the sink didn't work, and they would have these taped off so no one could use them so the residents would have to use another restroom in the facility. I got into it with (V1, Administrator) about these issues and they moved (R4) to another room (room #) and even that toilet didn't flush correctly. On 7/14/26 at 7:50 AM, V6, Maintenance Director, stated, The toilet in (R1's room) was broken for a couple of days, the floater was broken and I had to get the part. The sink was clogged with some sort of a cap, maybe from a toothpaste tube. I got that out and it is draining fine now. I believe the residents in that room had to use the shower room down the hall for a restroom. Right now, all the toilets and sinks on this hall are working fine and I don't have any out of service. When asked if he has a maintenance log to see what is broke or has been fixed, V6 stated, No, I don't keep any kind of maintenance log. On 7/14/26 at 9:10 AM, V9, (continued on next page)		

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Housekeeper, stated, The only sink or toilet that I know of that is not working is the sink in room (#). There was a sink in another room that wasn't working, but it just got replaced. On 7/14/26 at 3:32 PM, the sink in room (#) now has the plastic off the sink with a tall trash can full of blackened dirty water seen under the sink, and water seen on the floor by both the sink and toilet. On 7/15/26 at 8:07 AM, R1's restroom still had a tall trash can under the sink with blackened dirty water, a pair of rubber gloves, and other misc. items in it. There was also a pile of folded towels on the floor under the sink. On 7/15/26 at 8:10 AM, V6 stated, I did not know anything about room (#) sink not working. Nobody told me about it, and I found out yesterday and snaked the drain and now it is working fine. I don't keep any logs of what I fix unless it is a life safety issue. I have not received any maintenance requests from staff in a long, long time, they usually call or text me when something is broken and I go fix it. On 7/15/26 at 10:45 AM, V2, Director of Nursing (DON), stated, I would expect the Maintenance Director to take care of any broken items in the facility and to keep some kind of a log of things broken and/or fixed. On 7/15/26 at 3:37 PM, V1, Administrator, stated, I would expect (V6, Maintenance Director) to keep up with broken things and keep everything working well, especially for residents and their rooms. The facility's Grievance Form, dated 6/1/26, documents, (V5, R4's family member) complained of bathroom not flushing in her room (room #). Steps of investigation: (V1, Administrator), and (V6, Maintenance Director) inspected toilet thoroughly. Residents were moved out of room until toilet was fixed and working properly. Summary/Findings: Toilet was not flushing properly. Toilet needed a part. This part was purchased and put on. Grievance confirmed: (V6) fixed toilet. Other resident returned to room. Family updated, but this particular resident (R4) stayed in new room. The facility's Resident Council Meeting minutes, dated 5/28/26, documents two residents (R6 and R10) sinks were broken. The facility's Maintenance Policy, undated, documents, Communication: Non-emergency work orders are managed through the Tel's platform, while emergencies require immediate phone contact with the maintenance director and regional director. Preventive Maintenance: The maintenance team should conduct daily checks of call cords and operations and log these in the life safety binder. Emergency Equipment: Regular testing and regulation compliance are required per IDPH guidelines, with records recorded in the life safety binder. Safety: Monthly safety meetings should be held with key personnel, and any safety issues reported by staff must be addressed immediately by the maintenance director and administrator.		