STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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 Investigation 2541621/IL187209	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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. c) Each direct care-giving staff shall review	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 1	S9999		

and be knowledgeable about his or her residents' respective resident care plan.
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:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to have physician prescribed narcotic pain medication for 1 of 3 residents (R2) reviewed for pain. This failure resulted in the resident experiencing severe pain, becoming incontinent of bowel and bladder, and displaying agressive behaviors.

Findings include:

R2's Undated Face Sheet documents he was admitted to the facility on 12/26/2024, with diagnoses including spinal stenosis, pain thoracic spine, low back pain, and chronic pain syndrome.

R2's Care Plan documents, "focus pain alteration in comfort related to the advanced disease process, chronic physical or psychological disability, musculoskeletal, neurological issues due to diabetic neuropathy and osteoarthritis of the right hip. Goal: resident will not experience a decline in overall function r/t (related to) pain through next review. Will maintain adequate levels of comfort as evidence by no s/s (signs or symptoms) of unrelieved pain or distress, verbalizing satisfaction or expressing with relief and comfort throughout next review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 2	S9999		

Interventions: administer pain meds, assess effectiveness of pain medication, assess pain characteristics: duration, location, quality."

R2's Admission Pain Evaluation, dated 12/26/2024, documents pain diagnoses spinal stenosis, myelopathy and right hip pain. "Hurts a whole lot" describes pain as radiating, stabbing, tightness and tingling. Other comments: has a history of threatening suicide when experiencing pain.

R2's Quarterly Minimal Data Set (MDS) documents he is alert and had pain.

R2's Physician's Order Sheet (POS), dated 1/2025, documents 1/6/2025 Oxycodone 20 mg every eight hours.

R2's Medication Administration Record (MAR), dated 1/2025, documents "9" other see nurse's note for the following dates and times: 1/30/2025 at 2:00 PM and 10:00 PM and on 1/31/2025 at 6:00 AM.

R2's Nurse Progress Note, dated 1/30/2025, had no documentation regarding narcotic pain medication for 2:00 PM and 10:00 PM.

R2's Nurse Progress Note, dated 1/31/2025 at 1:31 PM, V3, Registered Nurse (RN), documented, "resident c/o nausea and several stools today. He has not had his pain medicine-prob side effect of that. Explained to resident with understanding verbalized."

R2's Nurse Progress Note, dated 1/31/2025 at 3:40 PM, V3 documented, "2:30 PM Resident up to desk yelling, demanding his pain medicine which we did not have but were ordered. He

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 3	S9999		

could not be redirected or calmed regarding situation becoming louder and throwing things. 911 called however resident refused to go to hospital. DON (Director of Nursing) trying to get his pain medicine sooner. "

On 2/28/2025 at 9:33 AM, V5, Certified Nurse Aide (CNA), stated, "(R2) uses a urinal and a bed side commode for bowel movements; he is not incontinent, and he is up in his wheelchair self-propelling about the facility most of the day."

On 2/28/2025 at 9:50 AM, V6, CNA, stated R2 is continent of bowel and bladder and is usually up in his wheelchair, but at the end of January 2025, she was working and was assigned to (R2), and he was very upset that he didn't have his pain medication. He was incontinent of bowel and bladder and was curled up in bed at that time.

On 2/28/2025 at 9:58 AM, V7, CNA, stated, "(R2) is continent of bowel and bladder and he is usually up in his wheelchair."

On 2/27/2025 at 2:45 PM V3, RN stated she recalled R2's narcotic pain medication wasn't available at the end of January 2025, but it was on the way to the facility, and she told him. He was really mad and was having side effects from not having the medication, which was incontinent loose stools that day due to the pain he was experiencing.

On 2/27/2025 at 11:48 AM, R2 stated he uses the urinal for bladder, and a bed side commode for bowel moments and is up in his wheelchair self-propelling about the facility. (R2) stated he went several days without his narcotic pain medication at the end of January 2025. Because he didn't have it, he was curled up in the fetal

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 4	S9999		

position s****ing all over himself all day. The nurse (name unknown) came in and told him he was feeling so bad because the facility didn't have his narcotic pain medication, and it was on the way from the pharmacy in (city). He was very upset he didn't have his narcotic pain medication available at that time. He stated he went through h*** those two days because he was in such pain; his body was breaking down, and it takes what "feels like forever" to get out of that severe pain because the pain is so severe it takes several doses of his narcotic pain medication to catch up in his body to start to relive the pain again.

On 2/27/2025 at 1:10 PM, V2, Director of Nurses (DON), stated she wasn't aware any residents, including (R2), missed three consecutive doses of narcotic pain medication because it wasn't available at the facility. She expected staff to call her so she could work on getting the narcotic pain medication delivered to the facility as soon as possible. The nurse should have notified the pharmacy, and if the facility had a signed prescription on file, then the pharmacy would have sent a code and the facility staff could have accessed the medication in the emergency kit.

On 2/27/2025 at 3:30 PM, V2 stated R2 is alert and is usually continent of bowel and bladder. V2 recalled the day R2 missed a few doses of his narcotic pain medication because he was up at the nurse's station calling her a f****** b**** and "everything but a white woman". At that time, she wasn't aware R2 missed three doses of his narcotic pain medication and he was out of control. Facility staff called the police because R2 was so upset, cursing and yelling at everyone. R2 usually contacts her when he is out of his narcotic pain medication, and she was shocked he didn't come to her sooner and let her know he was out

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 5	S9999		

of it. V2 stated when staff realized he was out of narcotic pain medication on 1/30/2025, they printed a prescription and put it in the folder for the Nurse Practitioner to sign on 1/31/2025, but she didn't come to the facility that day, so the prescription wasn't signed. 1/31/2025 was the day R2 "snapped" on the staff and she got the pharmacy to send her a code, and she got a dose of R2's narcotic pain medication from the emergency medication kit. R2 calmed down after receiving the pain medication.

On 2/27/2025 at 12:20 PM, V4, Nurse Practitioner, stated she expected all physician ordered medication to be available at the facility, and she expected staff to follow facility policies on medication administration.

On 2/28/2025 at 9:00 AM, V4, Nurse Practitioner, stated she wasn't aware R2 went without narcotic pain medication for three doses at the end of January 2025. "Although he has a lot of comorbidities including spinal stenosis, which is very painful, if he was usually continent of bowel and bladder and up in his wheelchair propelling about the facility then became incontinent of bowel and bladder and in the fetal position in bed due to not having pain medication, that could potentially cause these side effects due to not having the narcotic pain medication."

The Facility's Medication Administration Policy, revised 5/2017, documents, "if medication is not given as ordered, document the reason on the MAR and notify the Health Care Provider if required. if 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."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001028	A. BUILDING: _____ B. WING _____	C 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF GODFREY	1623 29 WEST DELMAR GODFREY, IL 62035

(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	Continued From page 6 (B)	S9999		