

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145405	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/22/2024
NAME OF PROVIDER OR SUPPLIER  Bria of Westmont		STREET ADDRESS, CITY, STATE, ZIP CODE  6501 South Cass Westmont, IL 60559	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540</b></p> <p>Based on observation, interview, and record review the facility failed to use a two person assist to safely turn a resident requiring a two a person assist during cares. This applies to one (R2) of three residents reviewed for safety/supervision in the sample of seven. This failure resulted in R2 [NAME] off the bed and sustaining a laceration to the forehead requiring sutures.</p> <p>The findings include:</p> <p>On 5/22/2024 at 10:29AM, R2 was observed laying in bed in her room. R2 had approximately 1/2 to 3/4 inch scar in the hairline of her left eyebrow. R2 appeared to have limited range of motion to all four extremities.</p> <p>On 5/22/2024 at 11:21AM, V8 Certified Nursing Assistant (CNA) said on Sunday 4/28/2024 he was providing incontinence care for [R2] between 9:00PM and 10:00PM. V8 said he was providing care to [R2] alone without the assistance of other staff. V8 said he turned [R2] to her right side and because she was on an air mattress she began to slide out of bed. V8 said he was unable to stop [R2] from sliding out of bed and she fell out of bed and onto the floor. V8 said [R2] was sent to the hospital for treatment. V8 said [R2] is a 2 person assist with transfers and incontinence care. V8 said they use two people for safety reasons. V8 said residents can slide on the air mattresses. V8 said [R2] returned from the hospital later that night with sutures above her eye.</p> <p>On 5/22/2024 at 11:52AM, V10 Nurse Practitioner (NP) said [R2] was sent out to hospital following the fall. V10 said [R2] had sutures placed due to the fall and the laceration she sustained.</p> <p>On 5/22/2024 at 11:40AM, V2 Director of Nursing (DON) said [R2] is a two person assist with transfers and turning. V2 said they use two people for safety reasons, due to [R2's] limited mobility. V2 said [R2] is on an air mattress and they can be slippery. V2 said two people should be used if the resident is a 2 person assist. V2 said [R2] was sent to the hospital following the fall.</p> <p>V10's Progress Note dated 4/30/2024 notes physical exam other left side forehead 9 sutures - left cheek abrasion.</p> <p>R2's Progress Notes dated 4/28/2024 state the resident fell out of bed during a brief change and landed on the floor. R2 was sent to the hospital with emergency medical services.</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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R2's Progress Notes dated 4/29/2024 state the resident hospital diagnosis was fall with laceration to the left forehead. Resident returned to the facility at 2:08AM on 4/29/2024 with sutures in place to the left forehead area.</p> <p>R2's Care Plan dated 4/23/2024 lists Bed Mobility as a focus with interventions including Dependent 2 person assist initiated on 4/24/2017.</p> <p>R2's Care Plan dated 4/23/2024 lists ADL (activities of daily living) toileting every two-hour dependent 2 assist.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>45540</p> <p>Based on interview and record review the facility failed to ensure a resident was sent to dialysis on time. This applies to one (R1) of three residents reviewed for dialysis in the sample of seven.</p> <p>The findings include:</p> <p>On 5/22/2024 at 9:39AM, R1 said facility staff transport him to dialysis. R1 said his treatments are early and gets up around 3:30AM to get ready for his dialysis treatments. R1 said he has been so late to dialysis that his treatments have been cut short sometimes. R1 said it's happened in the last couple of weeks.</p> <p>On 5/22/2024 at 12:11PM, V6 Dialysis Nurse said [R1's] start time is 5:15AM, but sometimes he comes later, and his treatments are cut short. V6 said she has not known [R1] to cut his treatments short or refuse treatment. V6 said [R1] does his time whatever is ordered. V6 said [R1's] treatment time is 4 hours and 15 minutes. V6 said [R1] was late on 5/13/2024. V6 said [R1] only received 3.55 hours of treatment that day. V6 said since [R1] transferred to his current floor transport has been an issue. V6 said it is important for a resident to receive their full treatment time. V6 said the treatment time is specific to each resident to remove the right amount of toxins and fluid. V6 said the resident needs to in the dialysis treatment room prior to the treatment start time because they must be assessed, accessed, and have vitals taken.</p> <p>On 5/22/2024 at 9:36AM, V5 Dialysis Tech said the facility staff are responsible for bringing the patients to dialysis. V5 said dialysis staff don't have control over when a resident gets down to dialysis, they must wait for them. V5 said [R1] has had a couple treatments cut short because of being late. V5 said dialysis has a schedule to keep and sometimes residents get cut short because they arrived so late to dialysis. V5 said in the last two weeks [R1] has had a couple treatments cut short by 20-30 minutes or so.</p> <p>On 5/22/2024 at 1:35PM, V13 Certified Nursing Assistant (CNA) said she was working the night of 5/12/2024 into the morning of 5/13/2024 and got [R1] up for dialysis that day. V13 said [R1] normally goes to dialysis at 4:45AM-4:50AM because he has an early treatment time. V13 said I couldn't get him to dialysis on time because I had to wait for staff to help me transfer him with the mechanical lift. V13 said we were short staffed that night and it took a while to find someone to help me transfer him, so he was late to dialysis.</p> <p>On 5/22/2024 at 9:02AM, V3 CNA said [R1] goes to dialysis early in the morning. V3 said night shift gets him up before the day shift comes in because he goes so early. V3 said dialysis gives us a schedule for resident's treatment times.</p> <p>R1's Hemodialysis Treatment Information dated 5/13/2024 has a listed prescription time of 4.25 hours (4 hours 15 minutes) and shows a listed total treatment time of 3.55 hours. R1's treatment was started on 5:43AM on 5/13/2024.</p> <p>The facility provided dialysis schedule for Monday 5/13/2024 shows a start time for [R1] of 5:15AM.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Care Plan dated 4/26/2024 states [R1] has renal insufficiency related to ESRD and is receiving hemodialysis.</p>		