

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  07/02/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 48944</b></p> <p>Based on interview and record review the facility failed to maintain a universal updated list of residents identified as high risk for elopement and failed to train its staff on its elopement policy. The facility also failed to update resident elopement care plans based on their elopement assessments.</p> <p>This applies to 20 out of 21 residents (R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, and R24) reviewed for safety and supervision.</p> <p>The findings include:</p> <p>On 6/22/2024 at 12:30 PM, V2 (Director of Nursing/DON) said the facility had nine residents identified as wanderers. V2 said social workers were responsible for assessing residents at risk for elopement who were displaying purposeful exit-seeking behaviors. Then at 1:30 PM, V2 said the facility had three residents (R5, R6, and R9) identified as high risk for elopement. Then on 6/25/2024 at 3:00 PM, V2 said she reviewed the residents at high risk for elopement and now there were three residents (R5, R7, and R8) at risk.</p> <p>On 6/25/2024 at 3:38 PM, V22 (Receptionist) said she looked at the list of residents identified as high risk for elopement located in the reception area to identify residents she should monitor for elopement. The updated list at the reception desk showed three residents (R5, R7, and R8) identified as high risk for elopement.</p> <p>On 6/25/2024 at 3:40 PM, V23 (Licensed Practical Nurse/LPN) was working on one of the wings on the first floor. V23 said she identifies residents at high risk for elopement based on the list provided by the facility. V23's high elopement risk resident list dated 9/15/2023 located on the unit showed ten residents (R5, R7, R8, R10, R11, R12, R13, R14, R21, and R23) at risk. From that list, R14's Elopement Evaluation dated 6/27/2024 and R12's Elopement Evaluation dated 6/26/2024 (both evaluations completed during the survey) showed they were not at risk for elopement, yet both had an active care plan for elopement. Also, two residents on the list had already been discharged from the facility; R21 was discharged on [DATE], and R23 on 4/03/2024.</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
---	-------	-----------

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  07/02/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/25/2024 at 3:45 PM, V24 (LPN) was working on the rehab wing on the first floor. V24 said she identifies residents at high risk for elopement based on the list provided by the facility. V24's high elopement risk resident list dated 5/28/2024 located on the unit showed nine residents (R5, R6, R7, R8, R10, R11, R12, R13, and R14) at risk. Then on 6/27/2024 at 11:52 AM the rehab wing had an undated list of residents at risk for elopement posted. The list showed five residents (R5, R6, R7, R8, and R9) at risk. Then at 11:55 AM V24 (LPN) said she had another list of residents at risk for elopement, the updated list showed eleven residents (R7, R10, R12, R15, R16, R17, R18, R19, R20, R21, and R22) at risk. From that list, R22 was discharged from the facility on 3/27/2023.</p> <p>On 6/26/2024 at 10:15 AM, V26 (LPN) was working on one of the wings on the second floor. V26 said she identifies residents at high risk for elopement based on the list provided by the facility. V26's high elopement risk residents list dated 5/28/2024 located on the unit's nurses' station, showed nine residents identified (R5, R6, R7, R8, R10, R11, R12, R13, and R14) at risk.</p> <p>On 6/26/2024 at 3:40 PM, V29 (Physical Therapist Assistant) said the rehab gym had a list of residents identified as high risk for elopement to help them identify those at risk. V29's undated high elopement risk resident list showed eleven residents (R10, R12, R13, R15, R16, R17, R18, R19, R20, R21, and R24) at risk. From that list, R19's Elopement Evaluation dated 3/22/2024 showed she was not at risk for elopement but had an active care plan for elopement. Also, from that list, two residents were discharged from the facility, R21 on 1/14/2024 and R24 on 8/24/2022.</p> <p>On 6/26/2024 at 10:30 AM, V27 (Certified Nurse Assistant/CNA) said she had been working at the facility for a year. V27 said she was not sure what was the facility's elopement code nor which residents were at risk for elopement. On 6/26/2024 at 2:40 PM, V16 (Housekeeper) said he had been working at the facility for three years. V16 said he did not know much about elopement nor if the facility had residents who were at risk for elopement. On 6/26/2024 at 3:45 PM, V30 (CNA) said she was new at the facility and did not receive in-servicing about elopement.</p> <p>On 6/28/2024 at 10:45 AM, V1 (Administrator), said social services was responsible for reviewing residents identified as high risk for elopement, ensuring they had an elopement care plan, and maintaining an updated resident list. V1 said only residents identified at risk for elopement should have an elopement care plan. V1 said all the facility's centralized areas such as the reception, therapy gym, and nursing stations should have an updated list of residents identified as high risk for elopement to help staff identify those at risk and redirect them when observed exit seeking. V1 continued to say all facility staff should be aware of the facility's elopement policy and the residents identified as high risk for elopement to prevent them from eloping and to keep them safe. V1 said all staff should receive in-servicing on elopement at hire, annually, and as needed.</p> <p>(continued on next page)</p>		

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  07/02/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy titled Elopement with a review date of 09/2023 showed Definition/General: Elopement is defined as a situation where a resident who cannot recognize normal dangers and hazards outside the facility leaves the facility without staff knowledge .Procedure: .2. Any resident identified at risk to elope will be reviewed quarterly. 3. Once the resident is determined not to be an elopement risk (on admission or a subsequent assessment), then no further elopement observations are necessary .Guidelines: 1. Any resident identified as an elopement risk may have pictures available, to be kept at the Reception Desk and the other facility-designated area. 2. Any resident identified at risk to elope may have the Elopement Risk identified and included in the Interim Plan of Care. A comprehensive elopement prevention plan of care will be developed .The plan will be reviewed quarterly or more often if necessary. 3. There will be a Master List of all residents at risk to elope. The Administrator, DON, Nursing Supervisor, Department Heads, therapy Department, each Nursing Station, Reception and Beauty Shop, will keep the list. The Social Services or designee will update the lists as additional residents are determined to be at risk to elope .8. The Activity and Nursing staff together provide a variety of programs and items designed to help redirect residents into safe channels .15. All staff will be trained at the time of hire and yearly thereafter on all aspects of the Elopement policy.</p>		