

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 08/12/2024
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38488</p> <p>Based on observation, interview, and record review the facility failed to ensure a sink was secured safely to the wall for 1 of 3 residents (R2) reviewed for furnishings in the sample of 11.</p> <p>The findings include:</p> <p>R2's face sheet showed she was admitted to the facility on [DATE] with diagnoses to include paroxysmal atrial fibrillation, multifocal motor neuropathy, osteoarthritis, chronic pain, essential tremor, and hypertension. R2's facility assessment dated [DATE] showed she has no cognitive impairment.</p> <p>R12's face sheet showed she was admitted to the facility on [DATE]. R12's facility assessment dated [DATE] showed she has no cognitive impairment.</p> <p>R13's face sheet showed she was admitted to the facility on [DATE]. R13's facility assessment dated [DATE] showed she has moderate cognitive impairment.</p> <p>On 8/11/24 at 10:25 AM, R2 said the sink in her bathroom fell on her. R2 said she was unable to reach the emergency cord so it took awhile for staff to come in and assist her. R2 said the sink had broken into several pieces and when staff arrived in the bathroom they assisted her back up to her wheelchair.</p> <p>On 8/11/24 at 10:57 AM, V4 LPN (Licensed Practical Nurse) said she was working the day the sink fell off the bathroom wall onto R2's knees. V4 showed the surveyor a photo she had taken on 5/18/24 at 10:03 AM of the fallen sink to send to the Administrative staff. V4's photo showed a porcelain sink in pieces on the bathroom floor.</p> <p>The facility's incident report dated 5/18/24 showed, . Resident stated, 'I was about to stand up to brush my teeth when the sink just fell off the wall and hit my knees .</p> <p>On 8/11/24 at 1:55 PM, R12 said she remembered the sink falling in her old room. R12 said, It was loose and I reported it on Tuesday of that week. I went to the nurses station and told them. The next day they hadn't come in to fix it so I went back and reported it again. Any time you would even go to turn on the water it would pull away just from using the faucet. According to [R2] it fell when she turned the water on . I heard a loud thud .</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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NAME OF PROVIDER OR SUPPLIER Bria of Westmont		STREET ADDRESS, CITY, STATE, ZIP CODE 6501 South Cass Westmont, IL 60559	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/11/24 at 2:-00 PM, R13 said, All the grout was gone around the sink, it was loose . It had been loose for quite a while.</p> <p>On 8/12/24 at 9:01 AM, V10 Maintenance Director said, Someone from housekeeping came and got me and said the sink had fallen off the wall The sink was attached to the drywall and tiles, I went to the [local hardware store] and got plywood. I put plywood in the wall and attached the new sink to that . no one told me about the sink being loose. We are supposed to have a maintenance book at the nurses stations that they can write in to let me know what needs fixed. They end up mainly telling me verbally. If a resident had reported the sink was loose to a staff member they should have told me about it or put it in the book . If I would have been told it was loose I would have fixed it right then and there.</p> <p>The facility's policy and procedure with review date of 9/20/23 showed, Preventative Maintenance Plan . General: To provide the staff with guidance on preventative maintenance within the facility. Proof of inspections will be record in the electronic system or on paper trackers provided . Preventative Maintenance Plan A. Daily Inspections; B. Weekly Inspections; C. Bi-Weekly Inspections .</p>		